Wild Cervid Chronic Wasting Disease Management and Research Activities 2023

Proposal Work Plan Template

## Instructions

The information requested in this template is required in all project proposal work plans.

Applicants may submit more than one project proposal. Applicants who submit more than one proposal must submit each proposal as a separate application proposal that includes a separate Work Plan.

A project proposal Work Plan must address at least one of the funding priorities described in the Wild Cervid Chronic Wasting Disease (CWD) Management and Response Activities 2022 Funding Opportunity. A description of the evaluation criteria that will be used to assess your proposal is described in Section E.1.

Applicants are encouraged but not required to use this template. Please provide detailed information about the proposed project in the topic areas below. Write in narrative format where indicated and paste or type the appropriate information into each box. Expand boxes or add rows as needed. For those boxes where a word limit has been set, applicants can verify the number of words by selecting the box and referencing the word count in the lower left corner.

Work Plans using this template may not exceed twenty pages in 12-point font. The use of diagrams, visuals, and reference sheets, as well as any letters of collaboration from contributors will not count toward the twenty-page limitation. If a work plan exceeds the page limit the extra pages may not be evaluated.

Work Plans not using this template may not exceed ten pages in 12-point font. The use of diagrams, visuals, and reference sheets, as well as any letters of collaboration from contributors will not count toward the ten-page limitation. If a work plan exceeds the page limit the extra pages may not be evaluated.

#### Template

1. **GENERAL INFORMATION**

**Project Title**

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**Name of Organization Submitting the Proposal**

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**Type of Applicant Entity**

*Select the type of applicant entity from the list below:*

State department of agriculture

State animal health agency

State department of wildlife or natural resources

Federally recognized Native American Tribal governments and Native American Tribal organizations or Universities representing Federally recognized Native American Tribal governments

Research institutions\*

Universities\*

NOTE:

*For Federally recognized Native American tribal governments, or for Native American tribal organizations representing Federally recognized Native American tribal Governments,* ***list the name(s) of the Indian Tribal entities as they appear on the Bureau of Indian Affairs****, Interior*; [Indian Tribal Entities Within the Contiguous 48 States Recognized by and Eligible To Receive Services From the United States Bureau of Indian Affairs website](https://www.federalregister.gov/documents/2021/01/29/2021-01606/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of).

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*\* Research institutes or universities submitting a proposal that includes field work with regulated cervids* ***must******submit*** *a letter indicating support, cooperation, or no objection from the wild cervid regulatory authority for the state(s) involved to be considered for funding.*

**Regulatory Compliance Statement**

*Select one statement from the following:*

The activities described in this proposed Work Plan are compliant with current Federal and State regulations where the activities will occur.

The activities described in this proposed Work Plan are not compliant with current Federal and State regulations where the activities will occur, but a waiver from the regulatory authorities is included in the proposal’s supporting documentation.

The activities described in this proposed Work Plan are not compliant with current Federal and State regulations where the activities will occur.

**Priority Area**

*Select the one 2023 funding priority that your proposal most strongly supports:*

Improve the management of CWD-affected wild cervid populations;

Improve the management of wild cervid CWD-affected areas;

Conduct research on amplification assays in wild cervids or other new test methods in wild cervids;

Develop and/or application of predictive genetics for wild cervids;

Develop and/or deliver educational outreach materials or programs to wild cervid stakeholders or Tribal entities;

Another wild cervid management priority or area included in the scope of activities described in the funding opportunity announcement; or,

Another wild cervid research priority or area included in the scope of activities described in the funding opportunity announcement.

**Total Amount of Funding Requested**

*Each project proposal should not exceed $250,000 in requested funds. Applicants may submit more than one project proposal, submitting each as a separate proposal package.*

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**Period of Performance**

*Enter proposed project start date (on or before September 30, 2023) and end date (not to exceed 12 months from start date).*

|  |  |
| --- | --- |
| **Proposed Project Start Date** | **Proposed Project End Date** |
|  |  |

**Submitting Organization’s Principal Investigator/Primary Point of Contact**

*Primary point of contact for administration of the cooperative agreement.*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone** |  |
| **Email** |  |

**Submitting Organization’s Financial Point of Contact**

*Primary point of contact for financial administration of the cooperative agreement.*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone** |  |
| **Email** |  |

**Contributors**

*Name, title, organization, phone number, and email of co-investigators or other lead technical experts. Add rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Organization** | **Phone** | **Email** |
|  |  |  |  |  |
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**Other Proposals Submitted to These Opportunities**

*If submitting multiple proposals to either the VS 2023 Farmed Cervid CWD Funding Opportunity, the WS 2023 Wild Cervid CWD Funding Opportunity, or the WS 2023 Tribal Nations Wild Cervid CWD Funding Opportunity, list all other submissions in the table below.*

|  |  |  |
| --- | --- | --- |
| **Funding Opportunity** | **Application Number** | **Project Title** |
|  |  |  |

**Submissions to Other Opportunities**

*If this proposal has been submitted to Federal funding opportunities other than those listed above, describe those opportunities below (e.g., funding opportunity title, amount requested).*

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1. **PROJECT GOALS, OBJECTIVES, AND NEED FOR ASSISTANCE**

**Objectives**

*List each specific objective the proposed project will accomplish, the funding priority addressed, and the expected results or benefits to be derived from this work and effort. The objectives described in this section are intermediate steps taken to achieve the overall purpose of the project. Objectives should be measurable and lead to specific outcomes and deliverables. No more than 3-5 objectives are recommended per proposal.*

|  |  |
| --- | --- |
| **Objectives** | **Description** |
| Objective 1 |  |
| Objective 2 |  |
| Objective 3 |  |
| Objective 4 |  |
| Objective 5 |  |

**Critical Relevant Need or Problem Requiring Solution**

*Describe in 100 words or less the critical need that this project will address or what problem the project will solve. Include how the need or problem aligns with the priority area(s) described in the Funding Opportunity Announcement.*

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**Background and Significance**

*Provide supporting information for justifying why the proposed work needs to be done. Describe and reference any documents (e.g., articles, reports, testimonies from concerned interests other than the applicant, preliminary data from other ongoing or planned studies, and letters of collaboration) from concerned interests other than the applicant that supports the need for the project. If attachments are needed, list them, and upload them separately from the Work Plan. Please do not include any general information about CWD or why the control of CWD is important.*

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**Alignment to Wild Cervid CWD Surveillance, Testing, Management and Response Activities, including the further development and evaluation of techniques and strategies to prevent or control CWD**

*Describe in 100 words or less how the identified need or problem aligns with the elements of wild cervid CWD prevention, management, and response activities described in the Funding Opportunity Announcement.*

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**Geographic Location**

*List the state(s) or region(s) of the country where the proposed activities will take place.*

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| --- | --- |
| **State or Region** | **Proposed Activities** |
|  |  |

**Target Audience**

*Describe in 100 words or less the specific audience or population that will directly benefit from and/or use the project outcome(s) or deliverable(s).*

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**Expected Impact and Value**

*Describe in 100 words or less the anticipated impact and value that this project will provide in the selected priority area(s) from the Funding Opportunity Announcement.*

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**Relationship to Other Projects**

*Describe in 100 words or less the relationship between this proposed project and other work planned, anticipated, or currently underway, including how the proposed activities will complement and build upon existing activities conducted by other entities.*

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1. **APPROACH**

**Outcomes/Deliverables**

*For each objective listed in Section II, describe the individual outcomes/deliverables that will demonstrate successful completion of the objective. Identify in which quarter of the project Work Plan each activity is expected to begin and end. Add rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Outcomes and Deliverables** | **Start** | **End** |
| Objective 1 | | | |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| Objective 2 | | | |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| Objective 3 | | | |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| Objective 4 | | | |
| 4.1 |  |  |  |
| 4.2 |  |  |  |
| Objective 5 | | | |
| 5.1 |  |  |  |
| 5.2 |  |  |  |

**Activities or Methods**

*For each outcome/deliverable listed above, provide a detailed description of the proposed activities or methods that will be used to achieve the outcome/deliverables for each objective. Include any applicable protocols, standards that will be met, or other supporting information.*

|  |  |
| --- | --- |
| **Activities or Methods for Each Outcome or Deliverable** | |
| Objective 1 | |
| 1.1 |  |
| 1.2 |  |
| Objective 2 | |
| 2.1 |  |
| 2.2 |  |
| Objective 3 | |
| 3.1 |  |
| 3.2 |  |
| Objective 4 | |
| 4.1 |  |
| 4.2 |  |
| Objective 5 | |
| 5.1 |  |
| 5.2 |  |

**Additional Contributors**

*List organizations, cooperators, consultants, or other key individuals, in addition to those listed in Section I, who will contribute to the project. This may include, but is not limited to, land grant or other universities, State or national livestock, wildlife, sporting groups, or conservation organizations with direct and significant interest in the control of CWD; or a Federal agency. A letter of collaboration from each contributor should be uploaded separately from the project proposal Work Plan as attachments. Add additional rows as needed.*

|  |  |
| --- | --- |
| **Name, Title, Organization** | **Role or Contribution** |
|  |  |
|  |  |
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**Need for Animal Plant Health Inspection Service (APHIS) Assistance**

*Describe any support needed from APHIS to accomplish the project objectives, such as help from APHIS WS subject matter experts. Include a description of the quantity or duration of the need for assistance. Add rows as needed.*

|  |  |
| --- | --- |
| **Type of Assistance Requested** | **Describe the Need for APHIS Assistance** |
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**Qualifications and Relevant Experience of the Principal Investigator and Lead Technical Experts**

*Present the qualifications of the lead technical experts and other key personnel indicating their qualifications, skills, ability, and experience to successfully achieve the objectives, conduct the proposed methods or activities, and produce successful outcomes/deliverables. Applicants may attach this information in separate documents instead of listing it here. Add additional rows as needed.*

|  |  |
| --- | --- |
| **Name and Title** |  |
| **Organization** |  |
| **Role in this project** |  |
| **Qualifications and Relevant Experience** |  |

**Potential Problems and Anticipated Solutions**

*Describe any factors that may negatively impact the project (potential problems) and how these factors might be mitigated to reduce risk (anticipated solutions). Be sure to address any situations that may cause a delay in the project schedule, resulting in activities not being completed in the proposed period of performance.*

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| --- | --- |
| **Potential Problems** | **Anticipated Solutions** |
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**Best Practices, Innovations, or Unusual Features**

*In 100 words or less, describe any of these that apply: (1) How the proposed approach aligns with best practices, standards, or guidelines that will assure high quality results; (2) How the proposed approach is novel or innovative; and/or, (3) Any unusual features of the project, such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvements.*

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1. **PERFORMANCE METHODS AND CRITERIA**

**Quantitative and Qualitative Project Evaluation Methods and Criteria for Success**

*Describe the methods and the criteria that the Recipient will use to evaluate the project’s results, outcomes/deliverables, including how the Recipient will determine the success for each objective and for the overall project.*

|  |  |
| --- | --- |
| **Objectives** | **Quantitative (Measurable) and Qualitative Evaluation Methods and**  **the Criteria Used to Measure Success** |
| Objective 1 | |
|  | |
| Objective 2 | |
|  | |
| Objective 3 | |
|  | |
| Objective 4 | |
|  | |
| Objective 5 | |
|  | |
| Overall Project | |
|  | |

**Information Management**

*Discuss the management of information or data that is developed and/or collected during the project, including a description of how this information or data will be shared and maintained.*

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**Knowledge Transfer**

*Describe how the knowledge gained and/or results achieved through the completion of the project will be shared with others to control or prevent CWD in wild cervids.* *Recipient will provide a summary and other information that is likely to be of interest at the annual CWD Cooperative Agreement Stakeholder and Tribal meeting.*

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1. **EXECUTIVE SUMMARY**

A concise executive summary of no more than 500 words is required for all projects. [[1]](#footnote-1) **If the executive summary exceeds 500 words, only the first 500 words will be used.**

**Executive Summary**

*Provide a brief overview of the project, including the specific problem that the project solves, what will be delivered and/or accomplished, and the target audience that will directly benefit from the project’s outcomes. Please do not include any general information about CWD or why the control of CWD is important.*

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1. **BUDGET JUSTIFICATION**

All costs must be reasonable and necessary to complete the project objectives and budget requests should reflect a good use of existing resources. Information provided in this section must align with the cost guidance outlined in [Section B.1](#_B.1_Cost_Guidance) of the Funding Opportunity Announcement and support the information provided in the project’s Financial Plan. **Specific and detailed justification for each budget category is required.**

**Funding Requested**

*For each of the objectives listed in Section II, provide the total amount of funding requested.*

|  |  |
| --- | --- |
| **Objectives** | **Amount of Funding Requested** |
| Objective 1 |  |
| Objective 2 |  |
| Objective 3 |  |
| Objective 4 |  |
| Objective 5 |  |
| **Total** |  |

**Personnel Funded by the Project**

*Describe all personnel who will be paid by the project for each objective, including the number of people and the number of hours for each position. Include a short description of the title or type of personnel needed and what they will do (purpose or role). If the personnel name is not yet known, list as Technician 1, Trainer 2, or similar. Add rows as needed.*

|  |  |
| --- | --- |
| **Personnel** | **Role and Justification for Each Position/Person** |
| Objective 1 | |
|  |  |
|  |  |
| Objective 2 | |
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| Objective 3 | |
|  |  |
|  |  |
| Objective 4 | |
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| Objective 5 | |
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**Fringe Benefits**

*Provide the fringe benefit rate and a description of what the rate includes for each of the personnel listed in the table above. Fringe benefits may include health/life insurance, leave, unemployment insurance, workers’ compensation, retirement, social security, pensions, etc.*

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| --- | --- | --- |
| **Personnel** | **Rate** | **Fringe Benefit Description** |
| Objective 1 | | |
|  |  |  |
|  |  |  |
| Objective 2 | | |
|  |  |  |
|  |  |  |
| Objective 3 | | |
|  |  |  |
|  |  |  |
| Objective 4 | | |
|  |  |  |
|  |  |  |
| Objective 5 | | |
|  |  |  |
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**Travel**

*Describe both local and out of state travel needed to accomplish each objective, including details for each traveler. Identify the objective(s) where the travel is needed and number of trips to achieve the objective(s). If a traveler name is not yet known, list as Person 1, Trainer 2, or similar. For local travel (no overnight stay), indicate “0” for number of nights of lodging. For means of travel, describe transportation type (air, GOV for government owned vehicle, etc.). Add rows as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler Name, Title** | **Trip Purpose, Justification, and Objectives Where Travel Is Needed** | **# Trips** | **# Nights Lodging (per trip)** | **Starting Location and Destination** | **Means** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Equipment**

*Describe the type, purpose, and quantity of equipment having a per unit value greater than $5,000 needed to accomplish the project. Identify the objective(s) where the equipment will be used. Recipient procurements must be in accordance with* [*2 CFR Part 200.317*](https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-sec200-317.xml) *or* [*2 CFR Part 200.318*](https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-sec200-318.pdf)*, as applicable. Add rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Type of Equipment to be Purchased** | **Purpose, Justification, and Objectives Where Equipment Will Be Used** | **Quantity and Value** |
|  |  |  |
|  |  |  |
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*Describe how will each type of equipment be disposed of or utilized after the period of performance.*

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**Supplies**

*Describe the type, purpose, and quantity of consumable supplies needed to accomplish the project objectives. Identify the objective(s) where the supplies will be used. Recipient procurements must be in accordance with* [*2 CFR Part 200.317*](https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-sec200-317.xml) *or* [*2 CFR Part 200.318*](https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-sec200-318.pdf)*, as applicable. Describe how any unused supplies totaling more than $5,000 will be disposed at the end of the project. Add rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Type of Supplies to be Purchased** | **Purpose, Justification, and Objectives Where Supplies Will Be Used** | **Quantity and Value** |
|  |  |  |
|  |  |  |
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*Describe how unused supplies totaling more than $5,000 would be disposed of or utilized after the period of performance.*

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**Contracts/Sub-Agreements**

*Describe contracts and/or sub-agreements to be awarded by the recipient to accomplish the project objectives, including specific details about what the contract or sub-agreement will provide to the project. Include the objective(s) where the contract and/or sub-agreement is needed. Add rows as needed.*

|  |  |
| --- | --- |
| **Name of Contractor/Contributor** | **Purpose, Justification, and Objective(s) Where the Contract or Sub-Agreement Will Contribute** |
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|  |  |
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**Other Costs**

*Describe and provide justification for all other costs listed in the Financial Plan. Add rows as needed.*

|  |  |
| --- | --- |
| **Type of Other Cost** | **Purpose, Justification, and Objective(s) Where the Other Costs Apply** |
|  |  |
|  |  |
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**In-Kind Contributions to the Project**

*Describe in-kind contributions that the submitting organization will provide to each objective. Type of contribution may include personnel, facilities, equipment, event space, travel, and other items that will assist in completing the project outcomes or deliverables. Add rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributor Name** | **Type of Contribution** | **Description of the Contribution and Applicable Objectives** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **SUPPLEMENTAL INFORMATION**

**References**

*Provide references to support the proposed method/approach using either current scientific knowledge in the case of CWD research proposals or relevant past experience in the case of CWD management proposals, as applicable.*

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**Supporting Documents**

*List any supporting documents (e.g., articles, reports, testimonies from concerned interests other than the applicant, preliminary data from other ongoing or planned studies, and letters of collaboration) supporting the need for the project. When referring to specific documents from this list in the project proposal Work Plan, applicants may refer to documents from this list using a numbered format. Upload these documents separately from the project proposal Work Plan.*

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| --- |
| **List of Supporting Documents** |
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1. If the project is funded, recipients can expect that this executive summary will be used in its entirety or in part for media purposes including press releases or program reports, and to provide upper echelons of government with a snapshot of the project. [↑](#footnote-ref-1)