**Appendix J-2**

Survey Work Plan Template

***NOTE: Red italicized notes or prompts in the text are to be deleted when finalizing a work plan. A separate work plan and financial plan is required for each program covered by an “umbrella” agreement.***

**To assist in the development of the program work plan/proposal, we have prepared the following outline as a guide. The work plan/proposal should describe, in detail, the activities to be conducted by the parties to the agreement. Involvement by other parties in the program or project, which is incidental to the agreement, should only be discussed as indicated in III.9.**

**The work plan for a cooperative agreement discusses the roles and responsibilities of the parties to the agreement (those signing) and the interaction between them as well as their resource contributions.**

**For a grant, the proposal would address exclusively activities conducted by the Grantee as APHIS would not have a role in conducting the project.**

**Major topics outlined (I, II, III, IV, V, and VI) should be included in each program work plan/proposal. It is not intended to be all inclusive, but to serve as a reference for items which should be discussed in development of the program narrative.**

**A lead in paragraph should be included to identify the cooperating parties, the agreement number, and the overall purpose of the initiative as illustrated in the next paragraph.**

\*\*As a reminder the work plans should include input by the ADODR and be reviewed and approved by the ADODR before they are submitted to the regional office. Work plans are due into the regional office **NO LATER THAN** August 15th for budgeting purposes.

Final submission of work plans must have signatures of ADODR and ROAR (Recipient Organization’s Authorized Representative).

Survey Work Plan - Fiscal Year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cooperator:** |  | | | | |
| **State**: |  | | | | |
| **Project**: |  | | | | |
| **Project funding source:** | Priority Survey  State Discretionary Survey  Other Line Item Pest | | | | |
| **Project Coordinator**: |  | | | | |
| **Agreement Number** |  | | | | |
| **Contact Information:** | **Address:** | |  | | |
|  | **Phone:** |  | | **Fax:** |  |
|  | **Email Address:** | |  | | |

This Work Plan reflects a cooperative relationship between the *(insert name of organization)* (the Cooperator) and the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Plant Protection and Quarantine (PPQ). It outlines the mission-related goals, objectives, and anticipated accomplishments as well as the approach for conducting a *(insert description of program, e.g., Small Grains Commodity Survey or Exotic Nematode Survey)* and the related roles and responsibilities of the parties [e.g., mutual roles, APHIS role(s), Cooperator role(s)] as negotiated.

1. **OBJECTIVES AND NEED FOR ASSISTANCE**

What relevant need or problem within the cooperator’s mission area requires a solution in

carrying out a public purpose of support or stimulation authorized by a law of the United

States? How does the need or problem align with the mission area and strategic goals of

APHIS? *This section includes a narrative on how financial assistance will facilitate the*

*cooperator in carrying out a public purpose of support or stimulation authorized by a law of*

*the U.S.*

1. **RESULTS OR BENEFITS EXPECTED**

**The Cooperator seeks to conduct a program which is expected to result in:**

1. What results or benefits will be derived from the cooperative effort? Use of bulleted Statements is acceptable.

1. **APPROACH**

**What is the plan of action or approach to the work?**

*Describe the activities to be performed under this work plan. The activities must be within the scope of the Notice of Cooperative Agreement Award and consistent with the terms and conditions therein. Provide a description for* ***each of the functions*** *(e.g., survey, regulatory, control) for which funding is to be expended. The narrative is to include any information or data that will be shared with APHIS.*

*This section should outline roles and responsibilities that are 1). mutual, 2) those of the cooperator, and 3), those of APHIS in terms of work to be performed, expected accomplishments by each party, and resources to be contributed by each. If specific program protocols, action plans, or uniform rules or other program guidelines must be followed, mention them in this section wherever they apply.*

*The following sections will assist in the preparation of a succinct proposal that provides APHIS with the information required to determine the appropriateness of a cooperative agreement. These items are to be included in the work plan as applicable.*

1. **The Cooperator and APHIS Mutually Agree to/that:**
2. **What is the quantitative projection of accomplishments to be achieved?**

**a.** By activity or function, what are the anticipated accomplishments by month, quarter, or other specified intervals?

**b**. What criteria will be used to evaluate the project? What are the anticipated results and successes?

**c.** What methodology will be used to determine if:

1. Identified needs are met

2. Results and benefits are achieved

1. **What type of data will be collected and how will it be maintained?**

**a.** Address timelines for collection and recording of data.

1. How will APHIS be provided access to the data?
2. **The Cooperator will:**
3. **By function, what work is to be accomplished?**

(Cite program standards, action plans, or other program guidelines as a standard for conducting the particular functions for this program, as applicable.)

1. **What resources are required to perform the work?**
2. **What numbers and types of personnel will be needed and what will they be doing?** Tie these needs back to the activities outlined in III.A
3. **What equipment will be needed to perform the work?** Include major items of equipment with a value of $5,000 or more.

**a.** What equipment will be provided by the cooperator?

**b.** What equipment will be provided by APHIS?

**c.** What equipment will be purchased in whole or in part with APHIS funds?

**d.** How will the equipment be used?

**e.** What is the proposed method of disposition of the equipment upon termination of the agreement/project?

1. **Identify information technology equipment, e.g., computers, and their ancillary components.** All information technology supplies (e.g., small items of equipment, connectivity through air cards or high speed internet access, GPS units, radios for emergency operations etc.) should be specifically identified.

1. **What supplies will be needed to perform the work?** Identify individual supplies with a cumulative value of $5,000 or more as a separate item. \*\*All information technology supplies (e.g., small items of equipment, connectivity through air cards or high speed internet access, GPS units, radios for emergency operations) should be specifically identified above.

**a**. What supplies will be provided by the Cooperator?

**b.** What supplies will be provided by APHIS?

**c.** What supplies will be purchased in whole or in part with APHIS funds?

**d**. How will the supplies be used?

**e.** What is the proposed method of disposition of the supplies with a cumulative value over $5,000 upon termination of the agreement/project?

1. **What procurements will be made in support of the funded project and** what is the method of procurement (e.g., lease, purchase)?

(Cooperator procurements shall be in accordance with OMB Circulars A-102 or A110, as applicable.)

1. **What are the travel needs for the project?**
   * 1. Is there any local travel to daily work sites? Who is the approving official? What are the methods of payment? Indicate rates and total costs in the Financial Plan. .
     2. What extended or overnight travel will be performed (number of trips, their purpose, and approximate dates). Who is the approving official?
     3. What is the method of payment? Indicate rates and total cost in the Financial Plan.
2. **Reports**:

* 1. Submit all reports to the APHIS Authorized Department Officer’s

Designated Representative (ADODR). Reports include:

* + 1. Narrative accomplishment reports in the frequency and time frame specified in the Notice of Award, Article 4.
    2. Federal Financial Reports, SF-425 (replaces SF-269 October 1, 2009) in the frequency and time frame specified in the Notice of Award, Article 4.

1. **Are there any other contributing parties who will be working on the project?** 
   * + 1. List Participating Agency/Institution:
       2. List all who will work on the project:
       3. Describe the nature of their effort:
       4. Contribution:
2. **APHIS Will:**

**1. Outline the Agency's (USDA APHIS PPQ) substantial involvement.**

**1. (a)** Include any significant Agency collaboration and participation

*Examples: input and oversight in the development and execution of the survey to ensure it meets national program goals and APHIS mission needs within the state; work with the cooperator to maximize all applicable protocols and provide technical assistance; participate in the design or direction of activities to develop the regulatory plan; participate in the analysis or storage of data as needed; general oversight; funds as available to assist the cooperator.*

**1. (b)** Project oversight and performance management

*Responsibility for the management, control, direction or performance of the project is* ***shared*** *by the assisting agency and the recipient. Examples: participating or assisting in the design or direction of activities, selection of contractor staff or trainees, collection and/or analysis, reviewing and approving each stage of a project.*

**2. What equipment will be needed to perform the work?** Include major items of equipment with a value of $5,000 or more.

**a.** Will Equipment be loaned or provided by APHIS? Yes No (If

Yes, please list:

**b.** How will the equipment be used?

1. **GEOGRAPHIC LOCATION OF PROJECT**

**A.** Is the project statewide or in specific counties, townships, and/or national or state

parks? (List the names of all counties, townships, and/or national or state parks, and tribal areas that apply)

1. What type of terrain (e.g., cropland, rangeland, woodland) will be involved in the

project?

1. Are there any unusual features which may have an impact on the project or activity such as rivers, lakes, wild life sanctuaries, commercial beekeepers etc? (list all that apply)

**D.** Identify the kind of data to be collected:

**E.** Establish criteria to evaluate the results and successes of the project:

* + - 1. Results:
      2. Successes:

1. Methodology used to determine if the results and benefits are achieved:
   1. Identified needs are met:
   2. Results and benefits are achieved:
2. **DATA COLLECTION AND MAINTENANCE**

Each State is responsible for entering complete, accurate, and timely pest survey data into an approved database using approved protocol. CAPS funds may be used to purchase and maintain the required equipment to ensure this occurs. Data entry guidance appears below.

Data requirements have undergone some changes since last year. The Agency will be capturing all data collected by PPQ and PPQ-funded agreements in the Integrated Plant Health Information System (IPHIS). However, given the complexities of the CAPS program, we are not yet at the point where all CAPS surveys can be fully incorporated into IPHIS. CAPS leadership is working with the IPHIS staff to assure full CAPS functionality will be provided in IPHIS. The plan is for all CAPS data to be entered into IPHIS for the 2012 field season. The CAPS community will be kept informed, via the NCC and other venues, as IPHIS survey templates and other tools become available for use in CAPS.

**VI) TAXONOMIC SUPPORT**

1. Person or Institution that will screen targets (Name & Contact Information)

OR

1. Request for taxonomic support.

(If you request taxonomic support the Program managers and PPQ’s National Identification Services will use the information you provide in the J-3 Appendix to assign your survey samples to the appropriate taxonomic personnel.)

**A Summary Template spreadsheet (the J-3 Appendix) must be completed to summarize all CAPS surveys funded by the Pest Detection line item; this includes Priority Surveys and State Discretionary Surveys (do not include information regarding surveys funded from other line items, e.g., EPP surveys (like gypsy moth), or domestic program surveys like EAB or LBAM). Please contact your regional survey coordinator if you have any questions. This spreadsheet form must be sent electronically via the PPQ field office to the respective regional office along with the Infrastructure and Survey forms.**

**VII) SIGNATURES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROAR Date** **ADODR Date**