Farm Bill Section 10007 Work Plan Template

***NOTE: Red italicized notes or prompts in the text are to be deleted when finalizing a work plan.***

**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.B.10.**

**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.**

**Major topics outlined (I, II, III, IV, V, VI and VII) 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 (Authorized Departmental Officer’s Designated Representative) and be reviewed and approved by the ADODR before they are submitted to the Field Operations SharePoint site. Work plans must have signatures of the ADODR and ROAR (Recipient Organization’s Authorized Representative) and be uploaded to FO SharePoint site **NO LATER THAN** July 1st for budgeting purposes. The local deadline may be earlier to give the ADODR time to review and approve.

Farm Bill Work Plan - Fiscal Year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cooperator:** |  | | | | |
| **State**: |  | | | | |
| **Project**: |  | | | | |
| **Project funding source:** | Farm Bill Section 10007 | | | | |
| **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 programs, e.g., Stone Fruit Commodity Survey or Forest Pest Outreach etc.)* and the related roles and responsibilities of the parties [e.g., APHIS role(s) and 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:**

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 (for bundled survey work plans please include a separate paragraph for each survey detailing survey type, targets, and number of locations)?**

*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 survey function*** *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) those of the cooperator, and 2), 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 will:**
2. **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 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?

1. **What numbers and types of personnel will be needed and what will they be doing?**
2. **What equipment will be needed to perform the work?** Include major items of equipment with a value of $5,000 or more.
3. What equipment will be provided by the cooperator?
4. What equipment will be requested from APHIS on loan?
5. What equipment will be purchased in whole or in part with APHIS funds?
6. How will the equipment be used?
7. 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 (e.g. 4 microscopes at $1500 each) value of $5,000 or more as a separate item.

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

**b.** What supplies will be requested from APHIS (list supplies)?

**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? 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)? Indicate rates and total cost in the Financial Plan.
2. **Reports**:

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 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. If so, list other participating institutions/agencies who will work on the project:
       2. Describe the nature of their effort:

**B. APHIS Will:**

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

**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.*

**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.* **c.** Provide the equipment requested by the cooperator in 4.b. & c.

**d.** Provide the supplies requested by the cooperator in 6.b. & c.

1. **GEOGRAPHIC LOCATION OF PROJECT**

**A.** Is the project statewide or in specific counties? [List the names of ALL counties and tribal areas that apply (denote counties for each separate survey if this is a bundled survey work plan)].

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

project?

1. Are there any unusual geographic features which may have an impact on the project? (list all that apply)
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 and methodology. All survey data from Farm Bill Goal 1 Survey funded projects will be entered into either the National Agricultural Pest Information System (NAPIS) or the Integrated Plant Health Information System (IPHIS) as determined by the program staff, and outlined in the Work Plan and Data Requirements guidelines.

* + - First record for the State and/or County will be entered within **48 hours** of confirmation of identification by a qualified identifier.
    - All other required records, both positive and negative survey data, must be entered **within two weeks** of confirmation.
    - All records are to be entered into the NAPIS or IPHIS database by **December 31st** of the year of survey, so these data can be included in the yearly Plant Board Report.

All survey data performed by federal personnel in conjunction with this agreement should be provided to the State Survey Coordinator for entry into NAPIS or IPHIS. *Additionally, any pest surveys conducted by PPQ will be entered into a PPQ approved database.  The State Plant Health Director, or his/her designee, is responsible for assuring data quality.*

* + - *Survey data and diagnostic results will be entered into USDA-approved database as close to real time as possible, including both positive and negative results.*
    - *All data elements will be provided nationally and will be entered into the USDA-approved database.*
    - *Data management processes and information will be provided nationally.*

1. **TAXONOMIC SUPPORT**
2. Person or Institution that will screen targets (Name & Contact Information) and level of screening/identification.

**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 Farm Bill Survey Summary form to assign your survey samples to the appropriate taxonomic personnel.)

1. **SURVEY SUMMARY FORM**

A Survey Summary Form must be completed to summarize all Farm Bill funded surveys**.** *A FB Survey Summary Form will be completed online on the* [CAPS Resource & Collaboration site](http://caps.ceris.purdue.edu/frontpage)’s Farm Bill page*. The online FB Survey Summary Form must be completed when the work plans are submitted to the SPHD’s office. No work plans will be reviewed or approved without a completed FB Survey Summary Form. States are strongly encouraged to list State contributions to the survey effort on the FB Survey Summary Form and the Financial Plan whenever possible (note that the figures listed in these two forms must equal each other).* ***Please contact the National Operations Manager for Farm Bill Section 10007 if you have any questions.***

1. **SIGNATURES**

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

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

**Farm Bill Section 10007**

**Detailed Financial Plan** (submit with Work Plan)

**COOPERATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME PERIOD: \_Cooperative Agreement Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Financial Plan must match the SF-424A, Section B, Budget Categories

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **APHIS FUNDS** |  | **COOPERATOR FUNDS**  **(Show even if zero)** |
| **PERSONNEL**: |  |  |  |
| Field Staff: 960 hrs. @ $14.00/hr.= | $13,400 |  |  |
| Lab Staff: 500 hrs. @ $14.00/hr |  |  | $7,000 |
|  |  |  |  |
|  |  |  |  |
| Subtotal | $13,400 |  | $7,000 |
| **FRINGE BENEFITS:** |  |  |  |
| 20% of salary of Field Staff pt employee | $ 2,680 |  |  |
|  |  |  |  |
| Subtotal | $ 2,680 |  |  |
| **TRAVEL:** |  |  |  |
| Total of 4,000 miles @ 16 miles/gal.=250 gal  X $2.75/gal. = | $ 688 |  |  |
| Per diem 5 days @ $100.00/day = | $ 500 |  |  |
|  |  |  |  |
| Subtotal | $ 1,188 |  |  |
| **EQUIPMENT** |  |  |  |
| GPS units |  |  | $ 300 |
| Diagnostic Kits |  |  | $ 700 |
| Microscopes |  |  | $3,600 |
| Subtotal |  |  | $4,600 |
| **SUPPLIES** |  |  |  |
| Gloves, batteries, tools, etc. – field use | $ 250 |  |  |
| Misc. chemicals – lab use |  |  | $ 300 |
|  |  |  |  |
| Subtotal | $ 250 |  | $ 300 |
| **CONTRACTUAL** |  |  |  |
|  |  |  |  |
| Subtotal |  |  |  |
| **OTHER** |  |  |  |
|  |  |  |  |
| Subtotal |  |  |  |
|  |  |  |  |
| **TOTAL DIRECT COSTS** |  |  |  |
| **INDIRECT COSTS** | $ 2,412 |  |  |
| **TOTAL** | $ 19,930 |  | $11,900 |
|  |  |  |  |
| Cost Share Information | 62.6% |  | 37.4% |