*Phytophthora ramorum* Program Nursery Survey

FY19 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.***

\*\*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 PPQ Field Operations hub location. Work plans should be submitted as soon as possible to allow 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 2019

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cooperator:** |  | | | | |
| **State**: |  | | | | |
| **Project**: | ***Phytophthora ramorum* Nursery and/or Environs Survey** | | | | |
| **Project funding source:** | Farm Bill **X**  Other Line Item | | | | |
| **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 ***Phytophthora ramorum* Nursery and/or Environs Survey** and the related roles and responsibilities of the parties [e.g., mutual roles, APHIS role, and Cooperator role] 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?**

*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 response) 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?**

Survey nurseries or specific environs (specify which) for *P. ramorum*; sample plants symptomatic for *P. ramorum*, sample standing or effluent water in nurseries with symptomatic plants or that were previously *P. ramorum* positive, etc. Conduct survey utilizing the IPHIS “All in One” spreadsheet for *P. ramorum* and enter those data into IPHIS. To reference the type of information that is collected in an easy format, see the [*Phytophthora ramorum* Nursery Survey Form](http://www.aphis.usda.gov/plant_health/plant_pest_info/pram/downloads/surveyplan/appendixf.pdf).

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?

[See *P. ramorum* Nursery Survey Accomplishment Report Template](https://caps.ceris.purdue.edu/farmbill/2016) listed at the bottom of the linked webpage.

Use the table below to specify the number of nurseries or other sites to be surveyed, and the number of samples to be taken and tested. Also specify who will conduct which activity by filling in the anticipated number appropriately for each activity.

Table 1. Specify the number of each activity anticipated to be completed under this work plan. Please specify who is anticipated to complete the number of each activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | B | C | D | F | H |
| Who will conduct survey and process samples | Anticipated number of nurseries to be surveyed | Anticipated number of other sites\* to be surveyed | Anticipated  number of water samples | Anticipated number of soil samples | Anticipated number of plant samples |
| **State** |  |  |  |  |  |
| **NDPN** |  |  |  |  |  |
| **PPQ** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

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

c. Methodology used to determine if the results and benefits are achieved:

1. Identified needs are met:

2. Results and benefits are achieved:

3. Who conducts and who funds these activities: clarify in not clear in tables 1 and 2. .

Table 2.Funding for anticipated plant, soil and water analyses, including ELISA, DNA extraction and molecular tests.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A |  |  | D | F | H |  |  |
| Source of funding to process samples | Anticipated number of ELISA tests on plants | Anticipated number of DNA extractions | Anticipated  number of molecular tests | Anticipated number of soil samples - baited | Anticipated number of baits from soil analyzed | Anticipated number of water samples baited | Anticipated number of baits from water samples analyzed. |
| **FB award** |  |  |  |  |  |  |  |
| **NDPN lab** |  |  |  |  |  |  |  |
| **PPQ** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**What resources are required to perform the work?**

1. **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
2. **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 loaned 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 loaned 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 acumulative 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? Indicate rates and total costs in the Financial Plan.

* + 1. What is the method of payment? Indicate rates and total cost in the Financial Plan.

1. **Reports**: All reports will be completed in ezFedGrants. Reports include:

a. Narrative accomplishment reports in the frequency and timeframe specified on the Agreement Award Face Sheet.

b. Federal Financial Reports, SF-425 in the frequency and timeframe specified on the Agreement Award Face Sheet.

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. 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. 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.*

1. APHIS will loan the equipment requested by the cooperator in 4.b.
2. APHIS will provide the supplies requested by the cooperator in 6.b.

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)
2. **DATA COLLECTION AND MAINTENANCE**

During the *P. ramorum* nursery survey, utilize the IPHIS “All in One” spreadsheet for *P. ramorum* and enter those data into IPHIS. For easy reference, see the [*Phytophthora ramorum* Nursery Survey Form](http://www.aphis.usda.gov/plant_health/plant_pest_info/pram/downloads/surveyplan/appendixf.pdf). Data entry into NAPIS is not required under this cooperative agreement. The cooperator will maintain up-to-date records on the # of nurseries surveyed and # of sample collected and record those data in the semi-annual and annual reports. For presence/absence data, the state will maintain records of negative findings and forward samples that are *Phytophthora* sp. positive or *P. ramorum* presumptive positive to a NPPLAP accredited lab and to an APHIS lab, respectively. For samples Confirmed Positive, the SPRO/SPHD, and then the National Operations Manager will be informed via their chain of communication within 24 hours of the diagnostic result. All subsequent positive samples taken at a Confirmed Positive Nursery must be reported to the SPRO/SPHD, then to the *P. ramorum* National Operations Manager, within 24 hours of the diagnostic result. Laboratories will maintain and provide diagnostic data to APHIS upon request.

**VI) TAXONOMIC SUPPORT**

When requesting taxonomic support for *P. ramorum* diagnostic tests, it is critical that you are as specific as possible in **III A 1** (“The Cooperator Will”) by providing the approximate maximum number of nurseries to be surveyed, the approximate maximum # of samples per nursery, and the approximate survey months. This will help the PPQ *P. ramorum* National Operations Manager, the National Identification Services Domestic Diagnostics Coordinator, and the [NPPLAP](http://www.aphis.usda.gov/wps/wcm/connect/aphis_content_library/sa_our_focus/sa_plant_health/sa_program_overview/sa_cphst/ct_npplap) diagnosticians work together to estimate seasonality and the overall diagnostic workload during the year.

**Complete A. and mark which scenario applies to your state in B. or C.:**

A. Person or Institution that will perform initial prescreening diagnostics if not PPQ (i.e., ELISA test and DNA extraction if ELISA positive for *Phytophthora* spp.).  Provide name & contact information:

B.  Request diagnostic support for approved PCR tests (diagnostician in “A” above provides DNA sample(s) to [NPPLAP](http://www.aphis.usda.gov/wps/wcm/connect/aphis_content_library/sa_our_focus/sa_plant_health/sa_program_overview/sa_cphst/ct_npplap) accredited lab for confirmatory *P. ramorum* PCR tests).Indicate whether costs for these tests are included in the attached financial plan:

Included OR Not included.

If costs are included, provide name and contact information for person or institution providing molecular tests.

OR

C.  Request diagnostic support for **all** tests (i.e. send raw leaf samples for ELISA through PCR tests for *P. ramorum*). Indicate whether costs for these tests are included in the attached financial plan:  Included OR Not included.

If costs are included, provide name and contact information for person or institution providing diagnostics.

**NOTE: Presumptive positive samples will be sent to APHIS for confirmation.**

**VII) SIGNATURES**

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

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

**Detailed Financial Plan**

*Sudden Oak Death (Phytophthora ramorum)* National Survey 20XX

**SAMPLE**

**COOPERATOR NAME:**

**TIME PERIOD: mm/dd/20yy – mm/dd/20yy**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **APHIS FUNDS** |  | **COOPERATOR FUNDS**  **(Show even if zero)** |
| **PERSONNEL**: |  |  |  |
| 60 Nurseries to be surveyed  3 hrs. /nursery (Average)  2 inspectors/nursery (Minimum)  $XX.00/hr (Average hourly wage of employee)  60 Nurseries x 3 hrs/nursery x 2 inspectors/nursery = 360 hrs (Total hours spent surveying nurseries)  360 hours $XX.00/hr = $X,000.00 | $X,000.00 |  | 0 |
| Water samples = 2 inspectors to deploy 2 bait bags at 5 locations @ 3 hours per location = 30 hours  30 x $XX.00 = $XXX.00 | $XXX.00 |  | 0 |
| Collection of water samples = 2 inspectors @ 5 locations @ 2 hours per location = 20 hours  20 x $XX.00 = $XXX.00 | $XXX.00 |  | 0 |
| Training for inspectors on P. ramorum.  XX inspectors – 3 hour training plus travel time.  4.58 hrs (average round trip travel)  258 hours x $XX.00 = $X,XXX.00 | $X,XXX.00 |  | 0 |
| 5 management staff – training and travel time.  5 hrs (average round trip travel)  40 hours x $XX.00 = $X,XXX.00 |
| Total = $X,XXX.00 |
| **Subtotal** | **$XX,XXX.00** |  | 0 |
| **FRINGE BENEFITS:** |  |  |  |
| XX% of salary for permanent employees | $X,XXX.00 |  | 0 |
|  |  |  |  |
| **Subtotal** | **$** |  | 0 |
| **TRAVEL:** |  |  |  |
| 60 Nurseries x 60 miles  (Average miles traveled per inspector for survey and sample delivery)  XX inspectors per inspection = XXXX miles traveled for survey.  XXXX miles x $0.XX/mile = $X,XXX**.**00 | $X,XXX.00 |  | 0 |
| Water samples = X inspectors @ XX miles per X locations x $0.XX = XXX miles x $0.XX = $XXX.00 | $XXX.00 |  |  |
| XX inspectors @ XXX mile average for training.  = X,XXX miles x 0.XX = $X,XXX.00 | $X,X00.00 |  | 0 |
| **Subtotal** | **$X,XXX.00** |  | 0 |
| **EQUIPMENT** |  |  |  |
|  | $ |  |  |
| **Subtotal** | **$** |  | 0 |
| **SUPPLIES** |  |  |  |
| Plastic sample bags, markers, disinfectant, rubber gloves for samples.  Total = $XXX.00 | $XXX.00 |  |  |
| **Subtotal** | **$XXX.00** |  | 0 |
| **CONTRACTUAL** |  |  |  |
| XXX University or other lab to test plant host tissue samples and water baiting samples for *Phytophthora ramorum* @ $XX.00 per sample. | $X,XXX.00 |  | 0 |
| **Subtotal** | **$X,XXX.00** |  | 0 |
| **OTHER** |  |  |  |
|  |  |  |  |
| **Subtotal** | **$0.00** |  | 0 |
|  |  |  |  |
| **TOTAL DIRECT COSTS** | **$XX,XXX.00** |  | 0 |
| **INDIRECT COSTS** (XX% of permanent workers salary)\* | **$X,XXX.00** |  | 0 |
| **TOTAL** | **$XX,000.00** |  | 0 |