# CAPS Combined Infrastructure and Survey Work Plan Template - Fiscal Year 2026

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.A.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, and IV) 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.

Note: Sections in *black italicized text* are prompting questions or statements and should remain in the final work plan.

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

Note: Non-italicized text remains in the work plan.

|  |  |  |
| --- | --- | --- |
| **Cooperator:** |  | |
| **State**: |  | |
| **Project**: | Infrastructure and Survey Work Plan | |
| **Project funding source:** | CAPS | |
| **Total Agreement Amount:** | Infrastructure:  Survey:  Total: | |
| **Start Date:** |  | |
| **End Date:** |  | |
| **Project Coordinator**: |  | |
| **Contact Information:** | **Address:** |  |
|  | **Phone:** |  |
|  | **Email**  **Address:** |  |

This Work Plan reflects a cooperative relationship between the *(insert organization name)* (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 supporting the CAPS infrastructure agreement and the following surveys *(insert description of program and/or list surveys, e.g., Small Grains Commodity Survey or Exotic Nematodes Survey)* 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 United States.*

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.*

Infrastructure:

Survey:

1. **APPROACH**

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

**Infrastructure:**

*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*** *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.*

**Survey:** *Include name*

Duplicate survey section if more than one CAPS survey

*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 survey for which funding is to be expended. The narrative must 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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Survey Name** | **Scientific Name** | **Common Name** | **Survey Method** | **Trap** | **Lure** |
| *Survey A* | *Pest 1* |  |  |  |  |
|  | *Pest 2* |  |  |  |  |
|  | *Pest 3* |  |  |  |  |
| *Survey B* | *Pest 1* |  |  |  |  |
|  | *Pest 2* |  |  |  |  |
| *Etc., add rows as needed* |  |  |  |  |  |
|  |  |  |  |  |  |

1. **The Cooperator Will:**
2. **By function, what work is to be accomplished?**

*Enter specific goals and objectives for the following infrastructure duties. Use the Roles and Responsibilities for the State Survey Coordinator as a guide.*

**Infrastructure:**

1. *Activities:*
   1. *Pest Detection/CAPS Survey Work:*
   2. *Other APHIS or State Survey Work:*
   3. *Committee Service:*
2. *Outreach and Education:*
   1. *Interviews (TV/Radio/Newspaper/Magazines):*
   2. *Outreach materials (Pamphlets/ brochures/ posters):*
   3. *Publications:*
   4. *Public Service Announcements (PSA):*
3. *Meetings:*
   1. *Conference calls:*
   2. *Conferences:*
   3. *Webinars*
4. *Training:*
5. *Other:*

**Survey:** *(duplicate if more than one CAPS survey)*

*Cite program standards, action plans, number of sites, 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?**

**Infrastructure**

**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?*

**Survey** *(duplicate if more than one CAPS survey)*

**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?**

**Infrastructure:**

* *State Survey Coordinator – what will they be doing*

**Survey:** *(duplicate if more than one CAPS survey)*

* *X seasonal laborers – what will they be doing*

1. **What equipment will be needed to do 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 requested from APHIS on loan?*

***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, 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, 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 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?**

*Out of state travel for the SSC (or other state cooperator) is capped at a total of $3,000 per year and must be used for CAPS-specific meetings that the individual attends in the role of state CAPS representative (e.g., Regional Plant Board meeting). It is strongly encouraged that each SSC attend their respective Regional Plant Board Meeting. A National CAPS meeting is not planned, do not include costs to attend a National CAPS meeting.*

* + 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.*
       1. **Infrastructure**
       2. **Survey** *(duplicate if more than one CAPS survey)*
    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.*
       1. **Infrastructure**
       2. **Survey** *(duplicate if more than one CAPS survey)*

1. **Reports**:

All reports will be completed in ezFedGrants. Reports include:

1. Narrative Accomplishment Reports in the frequency and timeframe specified on the Agreement Award Face Sheet.
2. Federal Financial Reports, SF-425 in the frequency and timeframe specified on the Agreement Award Face Sheet.
3. **Are there any other contributing parties who will be working on the project?** *Listing institutions/agencies that assist in state CAPS committee meetings would be appropriate.*
   * + 1. *If so, list other participating institutions/agencies who will work on the project:*
       2. *Describe the nature of their effort:*
     1. **APHIS Will:**

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

**a.** *Include any significant Agency collaboration and participation.*

*Examples: work with the cooperator to maximize all applicable protocols and provide technical assistance; participate in the analysis or storage of data as needed; provide PPQ data as appropriate to cooperator for NAPIS data entry; 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.** *APHIS will provide the equipment requested by the cooperator in 4.b. & c.*

**d.** *APHIS will provide the supplies requested by the cooperator in 6.b. & c.*

1. **GEOGRAPHIC LOCATION OF PROJECT**

Is the project statewide or in specific counties? (*List the names of ALL counties and tribal areas that apply. If counties change throughout the survey, ensure to capture this on the semi-annual report and work with your PSS to identify next steps*)

**Infrastructure:**

**Survey:** *(duplicate if more than one survey)*

1. **DATA COLLECTION AND MAINTENANCE**

Each State is responsible for entering complete, accurate, and timely pest survey data that was obtained using the [Approved Methods for Pest Surveillance](https://approvedmethods.ceris.purdue.edu/). The [National Agricultural Pest Information System](https://napis.ceris.purdue.edu/home) (NAPIS) is the final repository for all Pest Detection and Cooperative Agricultural Pest Survey (CAPS) survey results. As such, all data generated from all Pest Detection/CAPS surveys will be entered into NAPIS at [https://napis.ceris.purdue.edu](https://napis.ceris.purdue.edu/home). In addition:

* + - First record for the State and/or County will be entered within **48 hours** of confirmation of identification by a qualified identifier.
    - For suspect pests, both positive and negative survey data, must be entered **within two weeks** of confirmation.
    - All other survey records are to be entered into the NAPIS database no later than the date that the final Accomplishment Report is due, otherwise a justification must be provided in the Accomplishment Report. If results have not been returned from an identifier or diagnostic lab by the time the Accomplishment Report is due, please also notify the National Operations Manager for Pest Detection.

All survey data collected by federal personnel in conjunction with this agreement should be properly formatted for NAPIS data entry and provided to the State Survey Coordinator for entry into NAPIS.

1. **TAXONOMIC SUPPORT**

**Responsibilities**

*It is your responsibility to confirm that an identifier or institution that you have used previously is available to provide taxonomic support for the proposed targets each year.*

*If you need assistance in finding an identifier or institution to provide preliminary identification for a target (****Priority Pests only****) you may reach out to the National Operations Manager for Pest Detection/Preliminary Identification.*

*For other PPQ pest programs, reach out to the respective National Operations Manager for that program.*

***There is no guarantee that taxonomic assistance will be available for all targets.***

***It is your responsibility to confirm taxonomic assistance arrangements before work plans are submitted.***

**Definitions**:

* Preliminary identification – sorting, screening, and preliminary identification of samples. Suspect positives will be submitted for confirmatory identification.
* Confirmatory identification – confirming pest identifications that are preliminarily made by a federal or state official or competent private entity of domestic samples.
  + Confirmatory identification will be provided separately and should not be captured here. Follow the steps outlined at:

[Request Official Confirmation of Preliminary Pest Identifications of Domestic Samples](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aphis.usda.gov%2Faphis%2Fourfocus%2Fplanthealth%2Fplant-pest-and-disease-programs%2Frequest-official-confirmation-preliminary-pest-id&data=02%7C01%7C%7C3e79b4ddfccc4b42a5fd08d7aa61b9a2%7Ced5b36e701ee4ebc867ee03cfa0d4697%7C0%7C0%7C637165209019404613&sdata=hOAELyKJiTWyE%2Bt0z%2FevXSyO%2BdkUt%2F7m3vhsybF0gK0%3D&reserved=0)

**B. Person(s) or Institution that will perform preliminary identification of samples as defined above.**

*This information is captured in the Survey Summary Form. It is not necessary to list who will perform confirmatory identification here. Follow the process outlined above.*

*Example:*

**Preliminary Identification (raw samples)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Survey Name** | **Scientific Name** | **Common Name** | **Diagnostician Name** | **Title** | **Affiliation** |
|  | *Agrilus biguttatus* | Oak splendor beetle | Dr. Smith | Entomologist | University Screening Center |

**Preliminary Identification (screened samples)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Survey Name** | **Scientific Name** | **Common Name** | **Contact Name** | **Title** | **Affiliation** |
|  | |  | | --- | | *Cydalima perspectalis* | | Box Tree Moth | Julieta Brambila | Identifier | PPQ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Survey Name** | **Diagnostic Details (Type)** | **Diagnostic Details (Notes)** | **Diagnostic Details (Expected # of Samples)** | **Contact Name** | **Contact Email** |
|  | *Screened samples* | *Will screen out by-catch and only send suspect specimen* | *200* | *SSC* | [*SSC@state.gov*](mailto:SSC@state.gov) |

1. **SURVEY SUMMARY FORM**

A Survey Summary Form must be completed to summarize all Pest Detection Surveys.

The Survey Summary Form will be completed online on the [CAPS Resource & Collaboration site](http://caps.ceris.purdue.edu/). The 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 Survey Summary Form. States are strongly encouraged to list State contributions to the survey effort on the Survey Summary Form and the Financial Plan whenever possible (note that the figures listed in these two forms must equal each other). This information will assist the Pest Detection Program answer requests and questions from the Agency, Department, and Congress, and prepare future budget requests. **Please contact the National Operations Manager for Pest Detection if you have any questions.**

1. **SIGNATURES**

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