

56030 495 0P002

STATE

RECEIVED

MAY 22 2003

03-9730-0124CA

REVISION
 TO THE
 NOTICE OF COOPERATIVE AGREEMENT AWARD
 BETWEEN THE
 MONTANA DEPARTMENT OF LIVESTOCK (COOPERATOR)
 AND THE
 UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 VETERINARY SERVICES (APHIS)

Under the provisions of Article 17, the Cooperator and APHIS hereby mutually agree to revise terms and conditions of the Fiscal Year 2003 Notice of Cooperative Agreement Award 03-9730-0124-CA for the Bison Operation.

The following documents are hereby revised and submitted The funding amount is not altered.

SF 424, SF 424a, Program narrative/workplan, financial plan.

It is further understood by and between the parties that in all other respects, the terms, conditions and provision of said Agreement shall remain in full force and effect.

MONTANA DEPARTMENT OF LIVESTOCK

Walter Burdette 16 May 03
 Date

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 VETERINARY SERVICES

José R. Díez 21 May 03
 Regional Director Date

CA#: 03-9730-124-CA

Doc
 Received
 5/22/03

APPLICATION FOR FEDERAL ASSISTANCE

56030 495 0P002

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 03-9730-0124-CA

5. APPLICANT INFORMATION

Legal Name: State of Montana	Organizational Unit: Montana Department of Livestock
Address (give city, county, state, and zip code): PO Box 202001 Helena, MT 59620-2001 Lewis & Clark County	Name and telephone number of the person to be contacted on matters involving this application (give area code) PLACE: 35600 COUNTY: 049 STATE: 30 LSA: 0590

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 81 - 0302402	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY: USDA/APHIS/Vet Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 0 2 5 TITLE: Plant & Animal Disease, Pest Control & Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bison Operation Accounting Code: 352 9730 335 AMOUNT: \$ 652,652
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of Montana	

13. PROPOSED PROJECT: Start Date: 10-1-02 Ending Date: 9-30-03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Helena 01 b. Project: Statewide
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 652,652 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant \$ _____ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$ 26,000 .00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ _____ .00	
e. Other \$ _____ .00	
f. Program Income \$ _____ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 678,652 .00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative MARC BRIDGES	b. Title EXECUTIVE OFFICER	c. Telephone number 406-444-7323
d. Signature of Authorized Representative <i>Marc Bridges</i>		e. Date Signed 16 May 03

BUDGET INFORMATION — Non-Construction Programs

SECTION A — BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. 03-9730-0124-CA		\$	\$	\$ 652,652	\$ 26,000	\$ 678,652
2.						
3.						
4.						
5. TOTALS		\$	\$	\$ 652,652	\$ 26,000	\$ 678,652

SECTION B — BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$ 227,000	\$	\$ 227,000
b. Fringe Benefits			47,187		47,187
c. Travel			23,800		23,800
d. Equipment			10,000		10,000
e. Supplies			31,500	15,000	46,500
f. Contractual			267,700	5,000	272,700
g. Communications Rent			4,300		4,300
h. Other			10,643	6,000	16,643
i. Total Direct Charges (sum of 6a - 6h)			30,522		30,522
j. Indirect Charges			652,652	26,000	678,652
k. TOTALS (sum of 6i and 6j)	\$	\$	\$ 652,652	\$ 26,000	\$ 678,652
7. Program Income	\$	\$	\$	\$	\$

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**Narrative/Workplan:
Cooperative Agreement 03-9730-0124CA
Montana Department of Livestock**

The purpose of Montana's bison operations is to implement the Interagency Bison Management Plan and to prevent the introduction of brucellosis into the State of Montana due to brucellosis infected bison entering the state from Yellowstone National Park (YNP). The State of Montana accomplishes this objective by hazing bison back into the park, capturing and testing bison or if necessary lethal removal of bison as per the Joint Bison Management plan adopted on December 22, 2000.

In order for Montana to maintain its brucellosis-free status it is legislatively mandated to ensure that brucellosis infected bison moving from the YNP area do not spread the disease to Montana's livestock. In order to accomplish this task the State of Montana has employed staff and contracted with veterinarians, and various vendors to haze bison back into the park, haze bison into capture facilities, collect blood and/or tissue samples, conduct tests of the bison, as necessary transport bison to slaughter facilities, and donate heads, hides and meat to Native Americans and various charitable organizations as provided by state law. Department of Livestock (DOL) staff assemble capture facility(s) and also reclaim the area after the capture facility(s) is dissembled each year.

The bison move out of YNP into the Gardiner and West Yellowstone areas. They may also move onto various livestock producer and other private properties and cause damage as well as threaten the spread of brucellosis to animals and possibly undulant fever to humans.

DOL staff assemble a capture facility near Horse Butte after December 1st in accordance with a forest service use permit. The facility is taken down in late spring. It must be dissembled in accordance with USFS permit during the interim months. The Duck Creek capture facility is located on private property.

The capture facility(s) operation involves around the clock observation and security. Rental of equipment is necessary for snow plowing one and a half miles of forest service road leading into the Horse Butte facility and for snow removal in and around the capture facility(s). The snow accumulation is often over five feet per year. Contacted services also include the transportation of bison to slaughter or for release, aircraft contract for bison surveillance and hazing. DOL has an interagency service agreement with the Montana Department of Fish Wildlife and Parks to provide personnel and equipment to implement the Joint Bison Management Plan.

Equipment rental also includes snowmobiles, and a skid-steer loader. Necessary supplies, materials, communications and travel are included in the budget. DOL purchases necessary equipment for the operation of the capture and testing facility(s). The Joint Bison Management Plan provides greater detail of this cooperative effort to prevent the entrance of brucellosis into the State of Montana.

MONTANA DEPARTMENT OF LIVESTOCK
 Financial Plan Fiscal Year 2003
 Brucellosis Prevention Operations

	State of Montana (In Kind)	USDA/APHIS
1000 PERSONAL SERVICES		\$274,187
2000 OPERATIONS		
2100 Other Services		
Security, Vet Services, Legal	\$5,000	\$267,700
2200 Supplies and Materials		
Veterinarian Supplies	\$ 5,000	\$ 3,000
Minor Tools and Equipment	\$10,000	\$20,000
Feed		\$ 2,500
Vehicle Usage		\$ 6,000
Total for 2200		\$ 31,500
2300 Communications		\$ 4,300
2400 Travel		\$ 23,800
2500 Rent	\$ 6,000	\$ 10,643
2800 Other		\$30,522
3000 Equipment (Operational, Lab and Other)		\$ 10,000
GRAND TOTAL	\$26,000	\$652,652

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DEPARTMENT OF LIVESTOCK



JUDY MARTZ, GOVERNOR

PO BOX 202001

STATE OF MONTANA

BOARD OF LIVESTOCK - (406) 444-7323
BRANDS ENFORCEMENT DIVISION - (406) 444-2045
ANIMAL HEALTH DIVISION - (406) 444-2043
CENTRALIZED SERVICES DIVISION - (406) 444-9040
MEAT & POULTRY INSPECTION BUREAU - (406) 444-5202
MILK & EGG BUREAU - (406) 444-9761

HELENA, MONTANA 59620-2001

May 16, 2003

M. C.
Dr. Wilber Clark
Area Veterinarian In Charge
USDA/APHIS
208 North Montana Suite 101
Helena, Montan 59601

Dear Dr. Clark:

The Montana Department of Livestock is requesting a revision of our Bison operations Cooperative Agreement # 03-9730-0124CA. The overall budget allocation remains unchanged. We are requesting your approval to move \$39,187 from the operations category to personal services. This revision will enable the Department to cover its indirect costs for our veterinarian services in managing the program and in performing brucellosis testing and analysis work. This revision covers the compensation of 1250 hours of veterinarian services provided by the Department at an average cost of \$31.35 per hour which includes benefits at 24%.

Thank you for your assistance in processing this request. We have attached the revised documents with appropriate signatures from our Executive Officer, Mr. Marc Bridges. Your earliest attention is greatly appreciated as we approach our state fiscal year end.

I wish to thank you and your staff for your efforts.

Handwritten signature of George H. Harris.

George H. Harris
Administrator, Centralized Services Division
Montana Department of Livestock

C: Marc Bridges
Dr. Arnold Gertonson

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LIVESTOCK

FAX TRANSMITTAL

to: OBPP
fax #: 444-5540
re: Agreement
date: 5-28-03
pages: 7, including cover sheet.



From the desk of...

George Harris

Montana Dept. of Livestock
PO Box 202001
Helena, MT 59620-2001

406-444-_____
Fax: 406-444-1929