

United States Department of Agriculture

Animal and Plant Health Inspection Service Veterinary Services Western Region USDA APHIS, VS, WRO 2150 Centre Ave,Bldg B Fort Collins, CO 80525

TRANSMITTAL - COOPERATIVE AGREEMENT DOCUMENT

| | | DATE: 12/02/08 |
|-------------------------------------|------------------------|---------------------------------------|
| Enclosed are the documents related: | 41 40/4/0000 | 0007 |
| 07-9730-0124-CA [Rev 07- | 1] 10/1/2006 | 2007 |
| Agreement NO. | Date of Award | Fiscal Year |
| Montana Department of Livest | ock | |
| Cooperator | | |
| ✓Standard Form 424 (Application) | APHIS Form 6 | 3 (New Agreements) |
| Standard Form 424A | Lobbying Certi | ification |
| Standard Form 424B (Assurances) | SF-LLL-Disclo | osure of Lobbying Activities |
| Program Narrative/Work Plan | Indirect Cost A | agreement Enclosed |
| Notice of Cooperative Agreement | Pre Award Cos | st Approval Letter |
| Deobligation of Agreement | ADODR Lette | r |
| Increase to Agreement | 10/01/06 Approved Proj | ect Starting Date (Internal Use Only) |
| ✓ Revision De-obligate funds. | 09/30/07 | ject Ending Date (Internal Use Only) |
| | FFATA | |
| Accounting Code: 752 9730 800 | Amount: -\$123,831.47 | Bison Ops Program: |
| Accounting Code: | Amount: | Program: |

Dave Bartling, 970-494-7352 Liza Love, 970-494-7387 Tania Hepburn, 970-494-7356 Grants and Agreements Specialists Veterinary Services Western Region

07-9730-0124-CA

REVISION NO. 07-1 TO THE NOTICE OF COOPERATIVE AGREEMENT AWARD BETWEEN THE MONTANA DEPARTMENT OF LIVESTOCK AND THE UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

Under the provisions of Article 17, the Cooperator and APHIS hereby mutually agree to revise terms and conditions of the Fiscal Year 2007 Notice of Cooperative Agreement Award 07-9730-0124-CA for Bison Operations

The following Article is hereby revised:

ARTICLE 17

This Revision decreases the Federal award amount by \$ 123,831.47 which de-obligates the balance of all remaining funding for this cooperative agreement. It shall become effective upon date of final signature.

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 - COOPERATOR

Christian Mackay, Executive Officer

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

DEC 0 2 2008 **Regional Director**

Brian J. McCluskey Director, WR, VS

(752 9730 800, \$ 123,831.47)

| Application for Federa | al Assistance | SF-424 | | Version 02 |
|--|-------------------|--|--|------------|
| *1. Type of Submission: | *2 | 2. Type of Applica | tion * If Revision, select appropriate letter(s) | |
| Preapplication | | New | | |
| Application | | Continuation | | |
| Changed/Corrected A | pplication | Revision | | |
| 3. Date Received: | 4. Aj | oplicant Identifier: | | |
| 5a. Federal Entity Identifi | er: | | *5b. Federal Award Identifier: 07-9730-0124-CA [Rev-07-1] | |
| State Use Only: | | * | 07-3730-0124-OA [Rev-07-1] | |
| 6. Date Received by Stat | 9* | 7 State A | pplication Identifier: | |
| 8. APPLICANT INFORM | | | | |
| *a. Legal Name: Montana | | f Livestock | | |
| | | | *c. Organizational DUNS: | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402 | | iber (Envirina). | 606951762 | |
| d. Address: | | | | |
| *Street 1: | 301 Roberts | and the second | | |
| Street 2: | PO Box 20200 | 1 | | |
| *City: | Helena | | | |
| County: | Lewis & Clark | | | |
| *State: | Montana | | | |
| Province: | | | | |
| *Country: | USA | | | |
| *Zip / Postal Code | 5962-2001 | 19 Mar. | - A Market State of the State o | |
| e. Organizational Unit: | | | | |
| Department Name: Animal Health | ··· 6: | - | Division Name: | |
| f. Name and contact info | ormation of pe | rson to be contac | ted on matters involving this application: | |
| Prefix: | | | George | |
| Middle Name: H | | | a an | |
| *Last Name: Harris | | | | |
| Suffix: | 12 | | | |
| Title: Administ | rator, Centralize | ed Services Diviso | n | |
| Organizational Affiliation: | ka k | 1 ₂₁ | | C. |
| *Telephone Number: (40 | 6) 444-4994 | | Fax Number: (406) 444-4904 | |
| *Ernail: gharris@mt.gov | | | | |

| | Expiration Date: 01/31/2009 |
|---|--|
| Application for Federal Assistance SF-424 | Version 02 |
| *9. Type of Applicant 1: Select Applicant Type: | |
| A.State Government | |
| Type of Applicant 2: Select Applicant Type: | |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| *Other (Specify) | |
| (cproxily) | |
| *10 Name of Federal Agency: | |
| USDA APHIS | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 10-025 | |
| CFDA Title: | |
| Plant & Animal Disease, Pest Control and Animal Care | |
| | |
| *12 Funding Opportunity Number: | |
| <u>07-9730-0124-CA</u> | |
| | |
| *Title: Bison Operations | |
| bison operations | |
| | |
| 13. Competition Identification Number: | The second s |
| | |
| Title: | |
| 1 - 가족은 1 1월 1 1일 - 1월 1 1월 1 1일 - 1일 - 1일 - 1일 | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| State of Montana | |
| | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| Bison Operations | |
| Account Code 652 9730 335 | |
| | |
| | |

| Version 02 |
|---|
| |
| *b. Program/Project: MT-00 |
| |
| *b. End Date: Sept 1, 2007 |
| and the second of the second |
| |
| |
| |
| |
| |
| |
| |
| "Yes", provide explanation.) |
| ny false, fictitious, or fraudulent statements or claims may subject tle 218, Section 1001) |
| buge. I also provide the required assurances** and agree to comply |
| ny false, fictitious, or fraudulent statements or claims may subject tle 218, Section 1001) |
| ny false, fictitious, or fraudulent statements or claims may subject tle 218, Section 1001) |
| adge. Taiso provide the required assurances** and agree to comply ny false, fictitious, or fraudulent statements or claims may subject tle 218, Section 1001) here you may obtain this list, is contained in the announcement or |
| adge. Taiso provide the required assurances** and agree to comply ny false, fictitious, or fraudulent statements or claims may subject the 218, Section 1001) here you may obtain this list, is contained in the announcement or |
| adge. Taiso provide the required assurances** and agree to comply ny false, fictitious, or fraudulent statements or claims may subject the 218, Section 1001) here you may obtain this list, is contained in the announcement or |
| adge. Taiso provide the required assurances** and agree to comply ny false, fictitious, or fraudulent statements or claims may subject the 218, Section 1001) here you may obtain this list, is contained in the announcement or |
| adge. Taiso provide the required assurances** and agree to comply ny false, fictitious, or fraudulent statements or claims may subject the 218, Section 1001) here you may obtain this list, is contained in the announcement or |
| ny false, fictitious, or fraudulent statements or claims may subject the 218, Section 1001) here you may obtain this list, is contained in the announcement or me: Christian |
| |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

07-9730-0124-CA

REVISION NO. 07-1 TO THE NOTICE OF COOPERATIVE AGREEMENT AWARD BETWEEN THE MONTANA DEPARTMENT OF LIVESTOCK AND THE UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

Under the provisions of Article 17, the Cooperator and APHIS hereby mutually agree to revise terms and conditions of the Fiscal Year **2007** Notice of Cooperative Agreement Award **07-9730-0124**-CA for Bison Operations

The following Article is hereby revised:

ARTICLE 17

This Revision decreases the Federal award amount by \$ 123,831.47 which de-obligates the balance of all remaining funding for this cooperative agreement. It shall become effective upon date of final signature.

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 - COOPERATOR

Christian Mackay, Executive Officer

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

Regional Director

(752 9730 800, \$ 123,831.47)

| Application for Federal Assistan | ce SF-4 | 24 | Version | 02 | |
|--|---|-------------------------------|--|----|--|
| *1. Type of Submission: | *2. Type of Application * If Revision, select appropriate letter(s) | | | | |
| Preapplication | 🗆 Nev | N | | | |
| Application | Cor | Continuation *Other (Specify) | | | |
| Changed/Corrected Application | 🛛 Rev | ision | | | |
| 3. Date Received: 4. | Applicar | nt Identifier: | | | |
| 5a. Federal Entity Identifier: | | | *5b. Federal Award Identifier: 07-9730-0124-CA [Rev-07-1] | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | 7. State Ap | pplication Identifier: | | |
| 8. APPLICANT INFORMATION: | | | | | |
| *a. Legal Name: Montana Departmer | nt of Lives | stock | | | |
| *b. Employer/Taxpayer Identification I 81-0302402 | Number (| EIN/TIN): | *c. Organizational DUNS: 606951762 | | |
| d. Address: | | 2 | | | |
| *Street 1: <u>301 Robert</u> | s | | gen fit. | | |
| Street 2: PO Box 20 | 2001 | | | | |
| *City: <u>Helena</u> | | | | | |
| County: Lewis & Cla | ark | | | | |
| *State: Montana | | | | | |
| Province: | | | x x | | |
| *Country: <u>USA</u> | | | | | |
| *Zip / Postal Code 5962-2001 | | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: Animal Health | | | Division Name: | | |
| f. Name and contact information of | f person | to be contac | cted on matters involving this application: | | |
| Prefix: | *F | irst Name: | George | | |
| Middle Name: <u>H</u> | | | | | |
| *Last Name: <u>Harris</u> | | | | | |
| Suffix: | | | | | |
| Title: Administrator, Centr | alized Se | ervices Divisor | n | | |
| Organizational Affiliation: | | | | | |
| *Telephone Number: (406) 444-4994 | 4 | | Fax Number: (406) 444-4904 | | |
| *Email: gharris@mt.gov | | | | | |
| | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| *9. Type of Applicant 1: Select Applicant Type: | |
| A.State Government | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| *Other (Specify) | |
| *10 Name of Federal Agency: USDA APHIS | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 10-025 | |
| CFDA Title: | |
| Plant & Animal Disease, Pest Control and Animal Care | |
| *12 Funding Opportunity Number: | |
| <u>07-9730-0124-CA</u> | |
| | |
| *Title: | |
| Bison Operations | |
| | |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| State of Montana | |
| | |
| | |
| | |
| *15. Descriptive Title of Applicant's Project: | |
| Bison Operations | |
| Account Code 652 9730 335 | |
| | |
| | |

| Application for Federal Assistance SF-424 | Version 02 |
|--|---|
| 16. Congressional Districts Of: | |
| *a. Applicant: MT-00 | b. Program/Project: MT-00 |
| 17. Proposed Project: | |
| *a. Start Date: Oct 1, 2006 | *b. End Date: Sept 1, 2007 |
| 18. Estimated Funding (\$): | |
| *a. Federal -123,831.47 | |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL -123,831.47 | |
| -125,051.47 | |
| *19. Is Application Subject to Review By State Under Executive Ord | er 12372 Process? |
| a. This application was made available to the State under the Execut | |
| b. Program is subject to E.O. 12372 but has not been selected by the | |
| | State for review. |
| C. Program is not covered by E. O. 12372 | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", pro | vide explanation.) |
| 🗌 Yes 🛛 No | |
| 21. *By signing this application, I certify (1) to the statements contained in herein are true, complete and accurate to the best of my knowledge. I als with any resulting terms if I accept an award. I am aware that any false, f me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, S | o provide the required assurances** and agree to comply ctitious, or fraudulent statements or claims may subject |
| X ** I AGREE | |
| ** The list of certifications and assurances, or an internet site where you r agency specific instructions | nay obtain this list, is contained in the announcement or |
| Authorized Representative: | |
| Prefix: *First Name: Chris | ian |
| Middle Name: | |
| *Last Name: Mackay | |
| Suffix: | |
| *Title: Executive Officer | |
| | |
| *Telephone Number: (406) 444-0528 | Fax Number: (406) 444-4904 |
| * Email: cmackay@mt.gov | |
| *Signature of Authorized Representative: | *Date Signed: 11/24/08 |
| Authorized for Local Reproduction | Standard Form 424 (Revised 10/2005) |

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| USDA | United States Department of Agriculture | Animal and Health Inspe | Plant etion Service | Veterinary Servic Western Region | 2150 0 | APHIS, VS, WRO fentre Ave,Bldg B follins, CO 80525 |
|----------------------|---|----------------------------|------------------------|-------------------------------------|---------------|--|
| TRANSMIT COOPERAT | FAL - IVE AGREE <u>N</u> | IENT DOCI | UMENTS | | DATE: 0 | 5/02/07 |
| Enclosed are | the document | s related: | | | DATE: _ | |
| 07-9730- | 0124-CA [| Cont] | 10/01/20 | 06 | | 2007 |
| Agreement N | NO. | D | ate of Awar | ď | | Fiscal Year |
| Montana D | Department | of Livesto | ock | | | |
| Cooperator | | | | | | |
| Standar | rd Form 424 (Aj | pplication) | 1 | _APHIS Form | 63 (New Agr | eements) |
| Standar | rd Form 424A | | | _AD-1048-Lov | | |
| ✓ _Standar | rd Form 424B (/ | Assurances) | _ | _Lobbying Ce | rtification | |
| | n Narrative | | 1 | _SF-LLL-Disc | losure of Lob | bying Activities |
| ✓ Notice | of Cooperative | Agreement | 1 | _Indirect Cost | Enclosed | |
| Deobli | gation of Agree | ment | 1 | _Pre Award C | ost Approval | |
| Increase | e to Agreement | | _ | _ADODR Lette | er | |
| Revision | n | | _√ | _WRO 9 | | |
| | | | | | | |
| Accounting C | ode: 752 97 | 730 800 | Amount: | \$660,000.00 | Program: | Bison Ops |
| Accounting C | ode: | | Amount: | | Program: | |
| Place (City), (| County, State, | GSA: 35 | 600,049,3 | 0,0590 | | |

Liza Love Grants and Agreements Specialist Veterinary Services Western Region

1/ .-.

Montana

State

07-9730-0124-CA

Agreement Number

FEDERAL ASSISTANCE AWARD SUPPLEMENTAL INFORMATION (For internal use only)

The following information is recorded by APHIS Regional and Area office staff for monitoring and administration.

| APPROVED FUNDING a. Federal | \$ 660,000.00 |
|---------------------------------|------------------|
| b. non-Federal | \$ 21,000.00 |
| APPROVED PROJECT STARTING DATE: | 10/01/06 |
| APPROVED PROJECT ENDING DATE: | 09/30/07 |
| ACTION/OBLIGATION DATE: | |

#

TYPE OF ASSISTANCE AWARD ("X" one)

a. Cooperative Agreement

b. Grant

07-9730-0124-CA

| Obligate As | Follows: | |
|--------------------|----------|--|
|--------------------|----------|--|

Accounting Code: 752 9730 800
Accounting Code:

Total Obligation:

660,000.00

660,000.00

cc: WRO Budget

WRO 9