

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

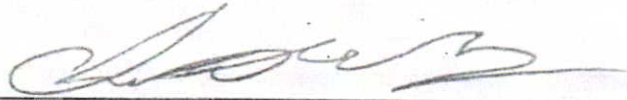
The following Article is hereby revised:

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.

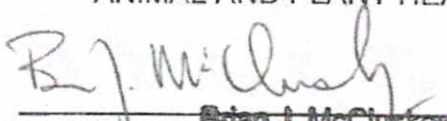
It is further understood by and between the parties that in all other respects, the terms, conditions and provision of said Agreement shall remain in full force and effect.

MONTANA DEPARTMENT OF LIVESTOCK - COOPERATOR



Christian Mackay, Executive Officer

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


Brian J. McCuskey
Director, WR, VS

DEC 02 2008

Regional Director

(752 9730 800, \$ 123,831.47)

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	*Other (Specify) _____
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3. Date Received: _____ 4. Applicant Identifier: _____

5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: 07-9730-0124-CA [Rev-07-1]
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*a. Legal Name: Montana Department of Livestock

*b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402	*c. Organizational DUNS: 606951762
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d. Address:

*Street 1: 301 Roberts
Street 2: PO Box 202001
*City: Helena
County: Lewis & Clark
*State: Montana
Province: _____
*Country: USA
*Zip / Postal Code 5962-2001

e. Organizational Unit:

Department Name: Animal Health	Division Name:
-----------------------------------	----------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: George
Middle Name: H
*Last Name: Harris
Suffix: _____

Title: Administrator, Centralized Services Divison

Organizational Affiliation:

*Telephone Number: (406) 444-4994 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:**

07-9730-0124-CA

*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

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- 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", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Christian
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

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*Street 1:	<u>301 Roberts</u>
Street 2:	<u>PO Box 202001</u>
*City:	<u>Helena</u>
County:	<u>Lewis & Clark</u>
*State:	<u>Montana</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>5962-2001</u>

e. Organizational Unit:

Department Name: Animal Health	Division Name:
--	-----------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	*First Name: <u>George</u>
Middle Name: <u>H</u>	
*Last Name: <u>Harris</u>	
Suffix: _____	

Title: Administrator, Centralized Services Divison

Organizational Affiliation:

*Telephone Number: (406) 444-4994	Fax Number: (406) 444-4904
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*Email: gharris@mt.gov

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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



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 DOCUMENTS**

DATE: 05/03/07

Enclosed are the documents related:

07-9730-0124-CA [Cont] 10/01/2006 2007

Agreement NO. **Date of Award** **Fiscal Year**

Montana Department of Livestock

Cooperator

<input checked="" type="checkbox"/> Standard Form 424 (Application)	<input checked="" type="checkbox"/> APHIS Form 63 (New Agreements)
<input checked="" type="checkbox"/> Standard Form 424A	<input type="checkbox"/> AD-1048-Lower Tier
<input checked="" type="checkbox"/> Standard Form 424B (Assurances)	<input checked="" type="checkbox"/> Lobbying Certification
<input checked="" type="checkbox"/> Program Narrative	<input checked="" type="checkbox"/> SF-LLL-Disclosure of Lobbying Activities
<input checked="" type="checkbox"/> Notice of Cooperative Agreement	<input checked="" type="checkbox"/> Indirect Cost Enclosed
<input type="checkbox"/> Deobligation of Agreement	<input checked="" type="checkbox"/> Pre Award Cost Approval
<input type="checkbox"/> Increase to Agreement	<input checked="" type="checkbox"/> ADODR Letter
<input type="checkbox"/> Revision	<input checked="" type="checkbox"/> WRO 9

Accounting Code: 752 9730 800 Amount: \$660,000.00 Program: Bison Ops

Accounting Code: _____ Amount: _____ Program: _____

Place (City), County, State, GSA: 35600,049,30,0590

Liza Love
Grants and Agreements Specialist
Veterinary Services
Western Region

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:

Bison Ops

Accounting Code: 752 9730 800

660,000.00

Accounting Code:

Total Obligation:

660,000.00

cc: WRO Budget

WRO 9