

REVISION NO. 09-3
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 20, the Cooperator and APHIS hereby mutually agree to revise terms and conditions of the Fiscal Year 2009 Notice of Cooperative Agreement Award 09-9730-0124-CA to conduct Bison Operations.

The following Article is hereby revised:

ARTICLE 20

This Revision corrects an administrative error on the end date of this agreement. The intended end date of this agreement was December 31, 2009 as evidenced by the approved work plan and the revisions to increase based on a 15-month award cycle.

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

MONTANA DEPARTMENT OF LIVESTOCK



5/26/10

Date

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

Brian J. McCluskey, Regional Director

Date

Budget Object Class: 2551
Accounting Code: 952 9730 335

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

A. Increase Award

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

09-9730-0124-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Montana Department of Livestock

*b. Employer/Taxpayer Identification Number (EIN/TIN):

81-0302402

*c. Organizational DUNS:

80-9791049

d. Address:

*Street 1: 301 N Roberts

Street 2: PO Box 202001

*City: Helena

County: Lewis & Clark

*State: Montana

Province: _____

*Country: USA

*Zip / Postal Code 59620-2001

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 for Centralized Services Division

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 and Animal Disease, Pest Control & Animal Care _____

***12 Funding Opportunity Number:**

09-9730-0124-CA _____

*Title:

Bison Management in the Montana Greater Yellowstone Area _____

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The Greater Yellowstone Area and Montana

***15. Descriptive Title of Applicant's Project:**

Bison Management in the Montana Greater Yellowstone Area

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: 10/01/2008

*b. End Date: 12/31/2009

18. Estimated Funding (\$):

| | | |
|--------------------|-------|--------|
| *a. Federal | _____ | 65,000 |
| *b. Applicant | _____ | |
| *c. State | _____ | |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | 65,000 |

***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



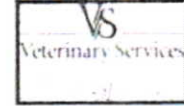
*Date Signed: 5/28/08

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.



WESTERN REGION

TRANSMITTAL – COOPERATIVE AGREEMENT DOCUMENT

Attached documents are related to the following:

Agreement NO. 10-9730-0124-CA [Rev 10-1] Date of Award: 1/1/2010 FY: 2010

Cooperator: Montana Department of Livestock

- Notice of Cooperative Agreement
- Standard Form 424 (Application for Assistance)
- Standard Form 424a (Budget Information)
- Standard Form 424b (Assurances)
- Program Narrative/Work Plan/Financial Plan
- Pre-Award Cost Approval Letter
- Approved Decision Letter
- Indirect Cost Agreement
- APHIS Form 63 (New Agreements)
- Lobbying Certification
- SF-LLL Disclosure of Lobbying Activities
- ADODR Letter
- Cooperator Letter
- SPOC Letter (if required by State)
- FFATA –Suppl. Cooperator Info Sheet

Revision To Adjust Budget (no change in scope)

Start Date: January 1, 2010 End Date: December 31, 2010

Accounting Code: 052 9730 335 Amount: \$525,000 Program: Brucellosis

Accounting Code: _____ Amount: _____ Program: _____

Accounting Code: _____ Amount: _____ Program: _____

Agreement Specialists

- Dave Bartling 970-494-7352
- Tania Hepburn 970-494-7356
- Lourdes Kramer 970-494-7362

REVISION NO. 10-1
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 19, the Cooperator and APHIS hereby mutually agree to revise terms and conditions of the Fiscal Year 2010 Notice of Cooperative Agreement Award 10-9730-0124-CA to conduct the Bison Management activities for the Brucellosis surveillance Program.

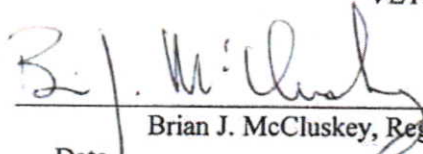
The purpose of this Revision is to adjust the budget amounts reflected on the SF424a. The revision does not change the original scope of the Agreement.

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

MONTANA DEPARTMENT OF LIVESTOCK


Date

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


Date

DEC 23 2010

Brian J. McCluskey, Regional Director

BOC: 2551
Acct Code: 052 9730 335

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) <u>Reallocation to budgetary authority</u> |
|--|---|---|

| | |
|--------------------------|---------------------------------|
| 3. Date Received: | 4. Applicant Identifier: |
|--------------------------|---------------------------------|

| | |
|---------------------------------------|---|
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: 10-9730-0124-CA [Rev #1] |
|---------------------------------------|---|

State Use Only:

| | |
|-----------------------------------|---|
| 6. Date Received by State: | 7. State Application Identifier: |
|-----------------------------------|---|

8. APPLICANT INFORMATION:

***a. Legal Name:** Montana Department of Livestock

| | |
|---|---|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402 | *c. Organizational DUNS: 80-9791049 |
|---|---|

d. Address:

***Street 1:** 301 Roberts
Street 2: PO Box 202001
***City:** Helena
County: Lewis & Clark
***State:** Montana
Province: _____
***Country:** USA
***Zip / Postal Code** 59620-2001

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 for Centralized Services Division

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 and Animal Disease, Pest Control & Animal Care

***12 Funding Opportunity Number:**

10-9730-0124-CA

*Title:

Bison Management in the Montana Greater Yellowstone Area

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The greater Yellowstone area and Montana

***15. Descriptive Title of Applicant's Project:**

Bison Management in the Montana Greater Yellowstone Area

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: 01/01/2010

*b. End Date: 12/31/2010

18. Estimated Funding (\$):

| | | |
|--------------------|-------|---------|
| *a. Federal | _____ | 525,000 |
| *b. Applicant | _____ | |
| *c. State | _____ | |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | 525,000 |

***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: 12/20/2010

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

| 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. | | \$ | \$ | \$ 525,000.00 | \$ | \$ 525,000.00 |
| 2. | | | | | | 0.00 |
| 3. | | | | | | 0.00 |
| 4. | | | | | | 0.00 |
| 5. Totals | | \$ 0.00 | \$ 0.00 | \$ 525,000.00 | \$ 0.00 | \$ 525,000.00 |
| SECTION B - BUDGET CATEGORIES | | | | | | |
| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | | Total (5) |
| | (1) | (2) | (3) | | | |
| a. Personnel | \$ 154,984.00 | \$ | \$ | \$ | \$ | 154,984.00 |
| b. Fringe Benefits | 58,225.00 | | | | | 58,225.00 |
| c. Travel | 7,882.00 | | | | | 7,882.00 |
| d. Equipment | 20,000.00 | | | | | 20,000.00 |
| e. Supplies | 29,245.00 | | | | | 29,245.00 |
| f. Contractual | 124,558.00 | | | | | 124,558.00 |
| g. Construction | | | | | | 0.00 |
| h. Other | 78,678.00 | | | | | 78,678.00 |
| i. Total Direct Charges (sum of 6a-6h) | 473,572.00 | 0.00 | 0.00 | 0.00 | 0.00 | 473,572.00 |
| j. Indirect Charges | 51,428.00 | | | | | 51,428.00 |
| k. TOTALS (sum of 6i and 6j) | \$ 525,000.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 525,000.00 |
| 7. Program Income | \$ | \$ | \$ | \$ | \$ | 0.00 |

Authorized for Local Reproduction

| SECTION C - NON-FEDERAL RESOURCES | | | | | |
|---|--------------------------------|-----------------------|-------------------|---------------|---------------|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS | |
| 8. | \$ | \$ | \$ | \$ 0.00 | |
| 9. | | | | 0.00 | |
| 10. | | | | 0.00 | |
| 11. | | | | 0.00 | |
| 12. TOTAL (sum of lines 8-11) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| SECTION D - FORECASTED CASH NEEDS | | | | | |
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | \$ 525,000.00 | \$ 131,250.00 | \$ 131,250.00 | \$ 131,250.00 | \$ 131,250.00 |
| 14. Non-Federal | 0.00 | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ 525,000.00 | \$ 131,250.00 | \$ 131,250.00 | \$ 131,250.00 | \$ 131,250.00 |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | |
| (a) Grant Program | FUTURE FUNDING PERIODS (Years) | | | | |
| | (b) First | (c) Second | (d) Third | (e) Fourth | |
| 16. | \$ | \$ | \$ | \$ | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. TOTAL (sum of lines 16-19) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | |
| 21. Direct Charges: | | 22. Indirect Charges: | | | |
| 23. Remarks: | | | | | |

MONTANA DEPARTMENT OF LIVESTOCK

BUDGET YR LAPSED 100%

PAYROLL PERIODS COMPLETED 100%

Bison FED CA
As of December 14, 2010
Projected to December 31, 2010
Federal Fiscal Year 2010

Animal Health Division
Program 04
FTE 5.00
Dr. Martin Zaluski

EXPENSES

| | <u>BUDGETED</u> | <u>EXPENDITURE</u> | <u>BALANCE</u> | <u>Committed</u> | |
|----------------------------------|------------------|--------------------|-----------------|------------------|-----------------|
| 61000 PERSONAL SERVICES | | | | | Allocate out |
| 61100 Salaries | \$154,984 | \$151,468 | \$3,516 | 98% | \$53,847 |
| 61400 Employee Benefits | \$58,225 | \$56,741 | \$1,484 | 97% | \$25,056 |
| TOTAL PERSONAL SERVICES | \$213,209 | \$208,210 | \$5,000 | 98% | \$78,903 |
| 62000 OPERATIONS | | | | | Allocate in |
| 62100 Contract Services | \$124,558 | \$123,851 | \$707 | 99% | \$13,825 |
| 62200 Supplies and Materials | \$29,245 | \$25,768 | \$3,477 | 88% | \$11,745 |
| 62400 Travel | \$7,882 | \$6,597 | \$1,285 | 0% | (\$4,237) |
| Others | \$78,678 | \$78,027 | \$651 | 99% | \$58,294 |
| 62300 Communications | \$0 | \$3,954 | | | |
| 62500 Rent | \$0 | \$60,694 | | | |
| 62600 Utilities | \$0 | \$0 | | | |
| 62700 Repair and Maintenance | \$0 | \$9,356 | | | |
| 62800 Other Expenses | \$0 | \$4,023 | | | |
| Indirect Cost | | | | | |
| 62889 Indirect Cost | \$51,428 | \$51,428 | \$0 | 100% | (\$20,724) |
| TOTAL OPERATIONAL COSTS | \$291,791 | \$285,670 | \$6,121 | 98% | |
| 63000 EQUIPMENT | | | | | |
| 63000 Equipment | \$20,000 | \$20,000 | \$0 | 0% | \$20,000 |
| Total Bison FED CA Budget | \$525,000 | \$513,880 | \$11,121 | 98% | \$78,903 |
| FUNDING | | | | | |
| 03427 Bison Trap Fund | \$525,000 | \$513,880 | \$11,120 | 98% | |
| Total Bison FED CA Budget | | | | | |

Notes: This analysis projects that \$78,903 can be moved from personal services to operational categories to meet projected budget needs through December 31, 2010. Analysis of operational cost needs include the following projected cost in contracted services; 1) \$3,000 for facility rent, 2) \$7,682.48 to meet the remaining contractual obligation with FWP for the game warden. Other operational costs including supplies, travel, communications, rent, utilities, repair and maintenance, and other expenses, were projected through the federal fiscal year end based upon the amount of expenditures for the month of December. Indirect costs were reduced to \$51,428 when the personal services were adjusted to cover operational costs. All of the indirect costs will be expended. All of these adjustments in this analysis would leave \$20,000 for equipment purchases (two flatbeds) by the end of the federal fiscal year December 31, 2010. This leaves very little margin for error for unexpected expenses.