

**WESTERN REGION VS**  
**COOPERATIVE AGREEMENT DOCUMENTS CHECKLIST**

**NEW:** \_\_\_\_\_ **CONTINUATION** \_\_\_\_\_ **REVISED:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_ Montana

- \_\_\_\_\_ Approved by EPI (Date) (Required prior to submission of CA Package)
- \_\_\_\_\_ Notice of Cooperative Agreement (Articles) \_\_\_\_\_ Pre Award Cost Approval
- X Standard Form 424 (Application) \_\_\_\_\_ X Indirect Cost Enclosed
- X Program Narrative/Workplan & Budget Plan \_\_\_\_\_ APHIS Form 63 (for new agreements only)
- X Standard Form 424A (Budget) \_\_\_\_\_ X FFATA Supplemental Form
- X Standard Form 424B (Assurances) \_\_\_\_\_ X Equipment Supplemental Form
- X Lobbying Certification (ALL agreements over 100k)
- X SF-LLL-Disclosure of Lobbying Activities (ALL agreements over 100k AND lobbying to disclose by the Cooperator)

Other Submissions

\_\_\_\_\_ SF-270 Request for Reimbursement \_\_\_\_\_ Other (\_\_\_\_\_)

\_\_\_\_\_ SF-269 Financial Status Report

\_\_\_\_\_ Accomplishment/Activity Report

Program Bison Management

City: Helena, MT

FIPS Code \_\_\_\_\_

CA #08-9730-0124

From 10/01/2007 to 09/30/2008

Account Code \_\_\_\_\_

Amount \$ 600,000

\_\_\_\_\_  
 ADODR (or Representative's) Signature

\_\_\_\_\_  
 Date

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 06/24/2008	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: MONTANA DEPARTMENT OF LIVESTOCK		Organizational Unit: Department: ANIMAL HEALTH		
Organizational DUNS: 80-9791049		Division:		
<b>Address:</b> Street: 301 NO ROBERTS PO BOX 202001 City:		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: GEORGE		
County: LEWIS AND CLARK		Middle Name H.		
State: MONTANA	Zip Code 59620-2001	Last Name HARRIS		
Country: USA		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 81-0302402		Phone Number (give area code) (406) 444-4994		Fax Number (give area code) (406) 444-1929
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - STATE Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): PLANT AND ANIMAL DISEASE, PEST CONTROL & ANIMAL CARE		<b>9. NAME OF FEDERAL AGENCY:</b> USDA APHIS VETINARY SERVICES		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> STATE OF MONTANA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> BISON MANAGEMENT IN THE MONTANA GREATER YELLOWSTONE AREA		
<b>13. PROPOSED PROJECT</b> Start Date: 10/01/2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant MONTANA DEPT OF LIVESTOCK		
Ending Date: 09/30/2008		b. Project BISON MANAGEMENT		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 600,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ .00	DATE:		
c. State	\$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 600,000.00			
<b>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.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name CHRISTIAN	Middle Name		
Last Name MACKAY	Suffix			
<b>b. Title</b> EXECUTIVE OFFICER		<b>c. Telephone Number (give area code)</b> (406) 444-0528		
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 06/24/2008		

### INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

MONTANA DEPARTMENT OF LIVESTOCK  
BISON OPERATIONS  
COOPERATIVE AGREEMENT # 07-9730-0124-CA  
FY08 WORK PLAN  
(Grant Term: October 1, 2007 – September 30, 2008)

**BISON OPERATIONS COOPERATIVE AGREEMENT**

**GOALS:**

- ❖ Maintain Montana's brucellosis Class Free status;
- ❖ Reduce the risk of transmission of brucellosis from bison to cattle;
- ❖ Preserve a viable wild bison population;
- ❖ Protect private property

**OBJECTIVES:**

- ❖ Maintain spatial and temporal separation of bison and cattle through hazing, capture, or lethal removal of bison
- ❖ Monitor of bison distribution and abundance
- ❖ Monitor cattle populations distribution, surveillance, herd plans and vaccination protocols
- ❖ Vaccinate test negative vaccination eligible bison that are captured and subsequently released
- ❖ Vaccinate (remote) untested vaccination eligible bison that are tolerated in management zone 2
- ❖ Monitor bison birth/abortion sites
- ❖ Manage bison in accordance with population target for whole bison herd
- ❖ Evaluate the persistence of *Brucella abortus* in the environment
- ❖ Evaluate the disappearance of fetal material in each of the management areas
- ❖ Evaluate the results of telemetric monitoring of sero-negative pregnant females
- ❖ Evaluate the safety of vaccines in bison and non-target-species
- ❖ Evaluate the efficacy of vaccines in bison
- ❖ Evaluate the development of a safe and effective remote vaccine delivery mechanism
- ❖ Eliminate brucellosis-related risks to public health from wildlife
- ❖ Eliminate the potential transmission of *Brucella abortus* among elk, bison, and livestock
- ❖ Coordinate brucellosis-related management activities
- ❖ Coordinate brucellosis-related research activities



## DISCUSSION:

The Montana Department of Livestock (DOL) is actively engaged in maintaining its brucellosis Class Free status. A considerable effort is being made toward preventing brucellosis transmission from infected bison to cattle in the Montana Greater Yellowstone area (GYA). The Bison Operations Cooperative Agreement allows the DOL to implement the Interagency Bison Management Plan (IBMP) 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 Class-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. 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 assembles and maintains a capture facility on private property near Duck Creek in the western boundary area of YNP. In addition, if necessary, DOL staff assembles a capture facility near Horse Butte in the western boundary area of YNP in accordance with a USDA-Forest Service Special Use Permit. The facility is taken down in late spring. It must be removed in accordance with USFS permit during the interim months and DOL staff must reclaim the area after the capture facility removal. 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. Contracted 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 IBMP. Additional requirements on the Dept of Livestock for preventing the spread of Brucellosis from YNP wildlife includes the creation of cattle herd plans in surrounding areas, which increase wildlife surveillance, cattle testing and vaccination protocols

## PROJECTED WORK PLAN:

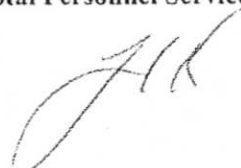
The following is a work plan as to how the State of Montana intends to utilize this federal assistance for bison operations in the Montana GYA:

### I. Personnel Services

The Department of Livestock utilizes veterinary staff, bison operations program specialists, and support personnel to administer and implement the IBMP. It also reviews brucellosis research proposals, evaluates and assists in direction of brucellosis research projects, and reviews and evaluates brucellosis research projects upon the completion of the projects. Public information staff help communicate key issues to the public. The veterinary staff also administers and directs field operations in carrying out the mission and attaining the goals and objectives of the Interagency Bison Management Plan. Direct Personal Services are for 5.0 FTE working at the bison capture and testing facilities

**Total Personnel Services Cost (including fringe benefits):**

**\$246,283**



## II. Operational Costs:

### Contracted Services:

The Interagency Bison Management Plan (IBMP) was adopted in December 2000. This plan is an effort by USDA-APHIS, USDA-Forest Service, the State of Montana (DOL and FWP), and the Department of Interior-National Park Service, to describe the agency commitments toward managing bison in the Greater Yellowstone Area (GYA). The long-range management plan describes an adaptive management process that depends upon several monitoring and research projects to guide a progressive management program. Contracted services are primarily for veterinary services, security, consulting services, legal services, lab testing, printing and other costs.

Specifically, some of these services provide:

- Rental of equipment 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.
- Transportation for bison to slaughter or for release
- Security to protect two capture facilities through contracted personnel.
- Interagency service agreement with the Montana Department of Fish Wildlife and Parks to provide personnel and equipment to implement the IBMP.
- Lease of property where the Duck Creek capture facility is located
- Services by veterinarian to conduct surveillance of trapped bison and other wildlife, administer brucellosis vaccination to bison, perform risk assessments and facilitate the creation of cattle herd plans in surrounding area.
- Eagle watching to monitor eagle behavior on Horse Butte during capture operations in the area through contracted personnel.
- Consulting work for environmental review and analysis as needed.
- Bison specialists as needed to assist in ground operations by DOL full-time and seasonal employees.

### Supplies and Materials:

Supplies and materials include items necessary for the bison program operations. This includes such items as fuel for vehicles, minor tools and equipment, munitions, electrical supplies for lighting the facility, uniforms and clothing for personnel working on site, office supplies, law enforcement items, lab supplies, veterinarian supplies, housing supplies, hay and grain, photo and reproduction supplies and miscellaneous supplies. The DOL's Veterinary Diagnostic Laboratory in Bozeman buys supplies and reagents for performing histopathological, bacteriological, and serological testing of blood and tissue samples submitted from bison and livestock in the Montana GYA. Such supplies include reagents necessary for seven different serologic procedures for the testing of brucellosis in animals. In addition, other tools, supplies, instruments, and reagents are necessary for other brucellosis-related diagnostic procedures conducted to monitor for brucellosis in Montana's wildlife and livestock.

### Communications:

Communications include expenditures for cellular and regular phone services and related charges, long distance charges and postal services. Brochures and public information expenses are necessary for keeping the public informed and current on the brucellosis problem in the GYA.



**Travel:**

Travel is for bison operations program specialists and other department employees traveling to Gardiner and West Yellowstone to implement the IBMP and perform other bison-related disease control duties. It also includes travel to out-of-state meetings on bison and brucellosis issues attended by officials of the department.

**Rent:**

Air operations to assist in hazing and capture necessitate the rental of aircraft. Rental of heavy equipment for snow removal and rental of storage facilities to store the equipment may be needed.

**Utilities:**

The utility costs are for the propane, and electricity to operate the lab test trailer.

**Repair and Maintenance:**

The bison operation repair and maintenance category includes such items as vehicle repair and maintenance, repair of snowmobiles, and radio and communication equipment.

**Indirect Costs:**

Indirect costs are 19.60 % of total personnel services budget. These costs are for indirect staff time for budgeting, accounting, administrative, and executive oversight of the entire cooperative agreement.

**Other Miscellaneous costs:**

Other costs are for miscellaneous items in implementing the IBMP. Slaughter costs, education and training, subscriptions and research material, public relations materials, freight, position recruiting.

PERSONNEL	\$	274,616
<b>TOTAL PERSONNEL</b>	<b>\$</b>	<b>274,616</b>
OPERATIONS.		
TRAVEL	\$	13,850
SUPPLIES	\$	20,000
CONTRACT SERV	\$	214,413
COMMUNICATIONS	\$	5,000
RENT	\$	10,000
UTILITIES	\$	2,000
REPAIR & MAINT	\$	5,000
EQUIPMENT	\$	-
OTHER	\$	1,296
<b>TOTAL OPS</b>	<b>\$</b>	<b>271,559</b>
<b>INDIRECT</b>	<b>\$</b>	<b>53,825</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>600,000</b>

**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. INPLANT		\$	\$	\$600,000.00	\$	\$600,000.00
2. COMPLIANCE						
3. LABORATORY						
4. ALL OTHER						
5. Totals		\$	\$	\$	\$	\$
SECTION B – BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)					
a. Personnel		\$223,194.83				\$223,194.83
b. Fringe Benefits		\$23,088.17				\$23,088.17
c. Travel		\$13,850.00				\$13,850.00
d. Equipment		\$0.00				\$0.00
e. Supplies		\$20,000.00				\$20,000.00
f. Contractual		\$214,413.00				\$214,413.00
g. Construction		\$0.00				\$0.00
h. Other		\$23,296.00				\$23,296.00
i. Total Direct Charges (sum of 6a-6h)		\$271,559.00				\$271,559.00
j. Indirect Charges		\$53,825.00				\$53,825.00
k. TOTALS (sum of 6i and 6j)		\$600,000.00				\$600,000.00
7. Program Income		\$	\$	\$	\$	\$



**SECTION C – NON-FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

**SECTION D – FORECASTED CASH NEEDS**

	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

**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 line 16-19)	\$	\$	\$	\$

**SECTION F – OTHER BUDGET INFORMATION**

21. Direct Charges:	22. Indirect Charges
23. Remarks:	

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p><i>[Handwritten Signature]</i></p> <p><small>Completed on submission to Grants.gov</small></p>	<p>* TITLE</p> <p><i>Executive Officer</i></p>
<p>* APPLICANT ORGANIZATION</p> <p><input type="text"/></p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

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### Certification Regarding Lobbying

#### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

MONTANA DEPARTMENT OF LIVESTOCK

08-9730-0124 CA

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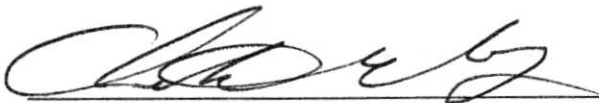
Organization Name

PR/Award Number or Project Name

CHRISTIAN MACKAY EXECUTIVE OFFICER

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Name and Title of Authorized Representative



06/24/2008

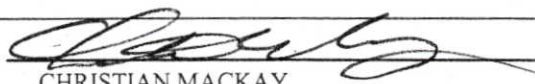
Signature

Date

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> USDA	<b>7. Federal Program Name/Description:</b> BISON MANAGEMENT IN THE MONTANA GREATER YELS CFDA Number, if applicable: 10-025	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: CHRISTIAN MACKAY Title: EXECUTIVE OFFICER Telephone No.: (406) 444-0528      Date: 06/24/2008	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

SUPPLEMENTAL COOPERATOR INFORMATION SHEET

Additional information needed to fulfill FFATA requirements.

Cooperator Name: Montana Department of Livestock		Agreement Number: 08-9730-0124 CA	
Parent DUNS Number: 80-9791049	Primary Performance Street Address: 301 No Roberts PO Box 202001		
Primary Performance City: Helena		Primary Performance State: Montana	
Primary Performance Zip: 59620-2001	County of Primary Performance: Lewis & Clark	Primary Performance Country: USA	
Performance in Multiple States: <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Performance in Multiple Counties: <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	
Comments:			

SUPPLEMENTAL COOPERATOR INFORMATION SHEET  
Additional information needed to fulfill FFATA equipment/services requirements.

Cooperator Name:  Montana Department of Livestock	Agreement Number:  08-9730-0124 CA Program: Animal Health - Bison Management
---------------------------------------------------------	------------------------------------------------------------------------------------------

IT Equipment/Services:	\$0.00
Equipment/Vehicles Over \$5,000:	\$0.00

Please answer the following questions:

1. This agreement allocates money for data entry, computer based clerical or database support or other IT support. Yes or No
2. This agreement allocates money for computer systems or software, including but not limited to PCs, laptops, cell phones, handheld computers, software licenses or development, digital cameras, projector units or fax machines.  
Budget Object Codes: 2560, 2568, 3150, 3151, 3152, 3156, 3110, 3118, 3123, 3124, 3166, 3116 or 3180.
3. This agreement allocates money for GIS/GPS technology or personnel, or for similar geographical services and/or data. Yes or No
4. This agreements allocates money for other IT, data entry or communication needs or expenses. Yes or No





United States  
Department of  
Agriculture

Food Safety  
and Inspection  
Service

Financial Management Division  
5601 Sunnyside Avenue, Mail Drop 5264  
Beltsville, Maryland 20705

Christian Mackay, Commissioner  
Montana Department of Livestock  
P.O. Box 202001  
Helena, Montana 59620-2001

JUN 28 2007

Dear Mr. Mackay:

Enclosed is a provisional indirect cost rate for the State Fiscal Year (FY) 2008, to State agencies that have not already received fixed indirect cost rates for FY 2008.

Enclosed is a copy of an Indirect Cost Negotiation Agreement that will establish your current provisional indirect cost rate through June 30, 2008 or appropriate ending date.

Please have the Agreement signed by a duly authorized representative of your organization and return the original to me at the following address:

USDA, FSIS, Financial Management Division  
Financial Reviews and Analysis Branch  
Mail Drop 5264  
5601 Sunnyside Avenue  
Beltsville, MD 20705-5264

We will distribute the Agreement to other awarding organizations of the Federal Government.

Thank you for your cooperation.

Sincerely,

Kevin Tarver, Branch Chief  
Financial Reviews and Analysis Branch  
Financial Management Division

Enclosures

cc: Vicky Cundiff, Chief, Financial Management Unit, RMPS  
Ann Henry, Accountant, Executive Division

FSIS:FMD:FRAB:EEvans:blh:06/18/06:504-5887

Q:Shared Drive/FRAB-MO

Recall!—Provisional - Negotiation

STATE AND LOCAL DEPARTMENT/AGENCY  
INDIRECT COST NEGOTIATION AGREEMENT

DATE:

INSTITUTION:  
Montana Department of Livestock  
P.O. Box 202001  
Helena, MT 59620-2001

FILING REF.: This preceding  
Negotiation Agreement is  
Dated: September 21, 2006

The indirect cost rate(s) contained herein are for use on grants and contracts with the Federal Government to which OMB Circular A-87 applies, subject to the limitations contained in the Circular and in Section II-A below. The rate(s) were negotiated by the U.S. Department of Agriculture in accordance with the authority contained in Attachment E, Section E of the Circular.

SECTION I: RATES

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE*</u>	<u>LOCATIONS</u>	<u>APPLICABLE</u>
	<u>FROM</u>	<u>TO</u>			<u>TO</u>
Provisional	July 1, 2007 - June 30, 2008		19.60%	All	All Programs

\*Base: Direct personal services, including staff benefits and workman's compensation.

Treatment of Fringe Benefits: Fringe benefits are identified with salaries and wages and are treated as direct or indirect costs, as appropriate.

## SECTION II: GENERAL

A. **LIMITATIONS:** Use of the rate(s) contained in this agreement is subject to any statutory or administrative limitation applicable to a given grant or contract and the availability of funds. Acceptance of the rate(s) agreed to herein is predicated on the conditions: (1) that no costs other than those incurred by the State or locality were included in the Agency's indirect cost pool as finally accepted and that such costs are legal obligations of the State or locality and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs are not claimed as direct costs, (3) that similar types of costs have been accorded consistent accounting treatment, and (4) that the information provided by the Agency which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate.

B. **ACCOUNTING CHANGES:** If a fixed or predetermined rate(s) is contained in this agreement it is based on the accounting system in effect at the time the agreement was negotiated. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this rate(s) requires the prior approval of the authorized representative of the cognizant negotiation agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain such approval may result in subsequent cost disallowances. The cognizant negotiation agency must also be notified of any changes to the State or locality's organization structure which affect the amount of reimbursement resulting from the use of the rate(s).

C. **FIXED RATES:** If a fixed rate is contained in this agreement, it is based on an estimate of the costs which will be incurred during the period to which the rate applies. When the actual costs for such period have been determined, an adjustment will be made in a subsequent negotiation to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. **NOTIFICATION TO OTHER FEDERAL AGENCIES:** Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. **SPECIAL REMARKS:** Federal programs currently reimbursing indirect costs to this Agency by means other than the rate(s) cited in this agreement should be credited for such costs and the applicable rate cited herein be applied to the appropriate base to identify the proper amount of indirect costs applicable to the program.

By the Montana Department of Livestock



Christian Mackay  
Name

Executive Officer  
Title

7/5/07  
Date

By the U.S. Department of Agriculture  
on behalf of the Federal Government



Kevin Tarver  
Name

Chief, Fin. Reviews and Analysis Branch  
Title

6/28/07  
Date

Food Safety and Inspection Service  
Financial Management Division  
Financial Reviews and Analysis Branch  
negotiated by

(301) 504-5887  
Telephone

### Requirements for Indirect Cost Claims and Proposal Submissions

Requirements for adjustments to indirect costs claimed under Federal grants and contracts, and cooperative agreements resulting from this negotiation are dependent upon the type of rate(s) contained in the Negotiation Agreement.

1. If indirect costs were previously claimed based on the use of a "provisional" rate and a "final" or a "fixed" rate is contained in the Agreement, adjustments to the claims to reflect this establishment of the final or fixed rates are required. Adjustments under awards (grants, contracts, and cooperative agreements) by Federal agencies must be made in accordance with the policies of the appropriate agencies.
2. If indirect costs were previously claimed based on the use of a "fixed" rate, all adjustments for the period covered by the fixed rate will be made in a subsequent rate negotiation in accordance with the provisions of the Negotiation Agreement.

An indirect cost proposal encompassing all activities of your agency together with the required supporting information must be submitted to this office for each fiscal year in which your agency claims indirect costs under grants, contracts, and cooperative agreements awarded by the Federal Government. The proposal is due annually within 6 months after the close of your agency's fiscal year. Thus, a proposal for the fiscal year ended June 30, 2007, will be due no later than December 31, 2007.

If you are unable to submit your proposal by the due date, a request for an extension of the filing date must be submitted in writing to:

Kevin Tarver, Branch Chief  
USDA-FSIS-Financial Management Division  
Financial Reviews and Analysis Branch  
Mail Drop 5264  
5601 Sunnyside Avenue  
Beltsville, MD 20705-5264

Failure to prepare and submit a timely proposal or a written request for extension will cause your agency to become delinquent. Awards made to a delinquent agency will not provide for indirect costs and indirect costs claimed against awards already made will be subject to disallowance.