

MN HIPATH AI-PREAWARD REQUEST FROM COOPERATOR

DATE: _____

TO: APHIS ADO (Awarding Official) _____ *(Insert name)*

THROUGH: APHIS ADODR _____ *(Insert name)*

Please accept my request to begin work and accrue costs for reimbursement for compliance agreement activities. Your concurrence is requested to allow **minimum** pre-award costs in the amount of \$3,000 for a FY2015 Notifiable Avian Influenza Cooperative Agreement beginning on _____ *(Insert presumptive positive date)*. It is necessary to begin work at this time for depopulation and disposal of flocks, and cleaning and disinfection of infected premises due to the Notifiable Avian Influenza Outbreak.

I agree to manage the approved Cooperative Agreement funded by Federal money in accordance with Title 2 Code of Federal Regulations Part 200 and the associated Office of Management and Budget (OMB) Circular governing costs allowed, and all other applicable laws, regulations and guidelines.

I understand that APHIS is under no obligation, in the absence of an appropriation, if the award is not made, or if an award is made for a lesser amount than expected. Further, I understand that reimbursements of such costs are contingent upon full execution of an award of Federal funding for this project.

Sincerely,

(Cooperator's signature)

Cooperator's Name:

Address:

City, State and Zip Code:

Phone Number:

Email Address:

Premise ID#:

Case Mgr:

Concurrences: _____
Agreement Specialist Date

ADODR Date

Approved: _____
APHIS ADO Date