

MN HPAI PRE-AWARD REQUEST FROM PRODUCER/COOPERATOR

TO: APHIS ADO, Dr. Steven Halstead

THROUGH: APHIS ADODR, Dr. Michael Stine

Your concurrence is requested to allow pre-award costs in the amount of \$_____ (*insert amount from cost/compost estimate spreadsheet*) for an FY2015 Notifiable Avian Influenza Cooperative Agreement beginning on _____ (*insert presumptive positive date*). It is necessary to begin work at this time to start the depopulation and disposal of flocks, and cleaning and disinfection of infected premises due to the Notifiable Avian Influenza Outbreak.

Enclosed is a schedule of detailed costs supporting the anticipated needs. [*Attach cost/compost estimate approved by the HPAI Ops Group.*] These costs do not exceed the planned obligations to be requested on the SF-424, Application for Federal Assistance.

I understand that any costs incurred will be paid contingent upon the passage by Congress of an appropriation from which expenditures may be legally met. I also understand that a Cooperative Agreement Notice of Award must be fully executed and approved before funds can be released.

I agree to manage the Notifiable Avian Influenza 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.

Sincerely,

[Must be signed by the Producer/Cooperator]

Print Name:

Address:

City, State Zip Code:

Phone Number:

Email Address:

Premise ID#:

Concurrences:

APHIS ADODR Date

Agreements Specialist Date

Approved: _____
APHIS ADO Date