Thank you for taking time to fill out this survey about wildlife disease management. The Department of the Interior’s Wildlife Health Partnership is conducting this survey of State, Federally-recognized Tribal, and territorial governments and jurisdictions to aid in the administration of a grant program to help governments such as yours face wildlife disease challenges and to examine changes over time. This survey is intended to provide a high-level overview of wildlife disease management and surveillance programs. Even if your jurisdiction or organization does not currently engage in wildlife disease management or surveillance, we still want to hear from you. Because this survey is about your organization, we ask that you work together to fill out only one survey for your organization.

1. Name of agency/organization for which you are responding:

1. Business email address:

1. Does your organization have a written wildlife health management plan approved by your agency leadership?

[ ]  Yes [ ]  No

1. Do you have at least one full-time wildlife health professional within your jurisdiction? A wildlife health professional could include a veterinarian, biologist or ecologist that focuses on wildlife population or a public health specialist who work on wildlife-related issues. [ ]  Yes [ ]  No
	1. If yes, how many wildlife health professionals work within your jurisdiction?

3) Please rate the level of legislative authority your organization has to manage wildlife diseases in your jurisdiction. By legislative authority we mean a law, ordinance, regulation, or resolution specifically giving your organization authority to manage, control, and respond to wildlife disease.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Legislative Authority |  |  | Some Legislative Authority |  |  | Full Legislative Authority | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

If yes, list any other organizations in your region with the same or similar responsibilities as your government

1. Please rate your jurisdictions access to wildlife disease related diagnostic services such as laboratory support as needed via pathology, microbiology, molecular biology, chemistry or related disciplines, tools, and methods to determine the causality of wildlife diseases.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Access |  |  | Some Access |  |  | Full Access | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate the level of resources your jurisdiction has to investigate wildlife disease outbreaks.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Resources |  |  | Some Resources |  |  | Many Resources | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate the level of resources your jurisdiction has to manage wildlife disease outbreaks. By manage we mean surveillance the wildlife population, collect and test samples, and dispose properly of animal carcasses.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Resources |  |  | Some Resources |  |  | Many Resources | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate the level of your established working relationships with core partners in other agencies or organizations related to wildlife diseases. Such relationships could range from informal communications on an as-needed basis to partnerships based on Memoranda of Understanding or other formally recognized partner networks with established and periodic contact related to wildlife disease management.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Relationships |  |  | Informal Relationships |  |  | Formal Relationships | Don’tKnow |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. What is your current level of capacity to participate in One Health disease investigations and responses? By One Health we mean joint agriculture, public health and wildlife agency efforts.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Capacity |  |  | Some Capacity |  |  | Full Capacity | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate your ability to communicate diagnostic results within of your jurisdiction.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Ability |  |  | Some Ability |  |  | Complete Ability | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate your ability to communicate the risks of wildlife disease with stakeholders and partners.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Ability |  |  | Some Ability |  |  | Complete Ability | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please rate your ability to provide training for wildlife health staff in your jurisdiction.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Ability |  |  | Some Ability |  |  | Complete Ability | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. What is the current level of capacity for wildlife health management in your agency or jurisdiction?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Capacity |  |  | Some Capacity |  |  | Full Capacity | Don’t Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. How important is wildlife health capacity to achieving your agency’s/entity’s mission?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all Important | Low Importance | Slightly Important | Neutral | Moderately Important | Very Important | Extremely Important | Don’tKnow |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

1. Please use the space below to provide us with any additional comments you have.

**NOTICES**

**Paperwork Reduction Act Statement**

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501, *et seq.*), the U.S. Fish and Wildlife Service collects information necessary to provide a snapshot of current capacity of State, Tribal, and territorial governments to conduct surveillance for and manage wildlife diseases, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Information requested in this form is purely voluntary. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-####.

**Estimated Burden Statement**

We estimate public reporting for this collection of information to average 20 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at Info\_Coll@fws.gov. Please do not send your completed survey to this address.