According to the Pa perwork 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 valid OMB control number. The valid OMB control number for this information collection is 0579-0494. The time required to complete this information collection is estimated to average 15-45 minutes per response, including the 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 this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.

OMB Approved 0579-0494 Exp. XX/XXXX



HPAI Response

Participating HPAI Dairy Premises Support Agreement August 1, 2024

Note: This is an agreement for dairy premises to receive USDA finance	cial support for up to 120 days.			
Premises Information Premises ID #				
Special ID #				
Premises owner				
Name of premises				
Address of premises				
Contact person (for premises)				
Contact phone number				
Contact e-mail address				
Business Owner (if different from premises owner) Name of authorized representative, if applicable Address of business owner				
			Bovines present on premises (include number, sex, age, stage of lac	tation, if applicable)
			PRODUCER (OWNER/OPERATOR):	
Signature:	Date:			
\Box VS Incident commander, deputy ic or \Box VS district direct	OR/AREA VETERINARIAN IN CHARGE			
Signature:	Date:			
□STATE INCIDENT COMMANDER OR □STATE VETERINARIAN:				
Signature:	Date:			
This is a written agreement developed between USDA APHIS Veterin (Insert Producer (owner/operator); here nandled in accordance with any additional	eafter, "the Producer"). This herd will be			
regulations/requirements.				

This agreement allows the premises to receive financial support from USDA APHIS in response to the HPAI H5N1 outbreak in dairy cattle.

By signing this document, the Producer is indicating a willingness to participate in available support options as outlined below. This document does not authorize payments to the Producer. Additional instructions regarding how to receive payments can be found under the Agreement and Reimbursement Process on page 3.

The Producer may request modifications to these procedures at any time by contacting the AVIC or SAHO (or designee). The procedures in this document will remain in effect until USDA APHIS VS approves modifications to this agreement.

 \Box The Producer has been presented with the option and declines to participate in the financial support options for HPAI unaffected premises at this time.

AVAILABLE SUPPORT OPTIONS FOR UNAFFECTED PREMISES (PRODUCER TO SELECT DESIRED OPTIONS)

Support For Biosecurity Planning and Implementation. Provide support (up to \$1,500 per premises) to develop and implement biosecurity plans based on existing secure milk supply plans. This includes recommended enhanced biosecurity for individuals that frequently move between dairy farms – milk haulers, veterinarians, feed trucks, AI technicians, etc. In addition, USDA will provide financial support to the Producer to purchase and use an in-line sampler for their milk system, up to \$100 per premises.

If the Producer elects to hire private entities to develop site specific plans, conduct biosecurity trainings, and perform audits: the Producer will be compensated up to \$1,500 per premises for these services after verification and inclusion on the Dairy HPAI Expense Tracker. The Producer will need to provide proof of contract/purchase of biosecurity planning. <u>APHIS may conduct onsite visits to verify implementation of the biosecurity plan.</u>

If the Producer elects to work with State Animal Health personnel to develop site specific plans, conduct biosecurity trainings, and perform audits. This service by the State will be free to the Producer: USDA will compensate States directly for this service.

The Producer will need to provide receipt for proof of purchase and installation of the in-line sampler.

☐ REIMBURSE THE PRODUCER FOR VETERINARY COSTS ASSOCIATED SAMPLE COLLECTION FOR

H5N1 TESTING. This provides support to the Producer to cover fees for veterinarians to collect samples for H5N1 testing. Veterinary sample collection costs are eligible to be covered from the April 29, 2024 (the date the Federal Order went into effect) for that premises, up to \$2,000 per premises.

The Producer will need to provide paid veterinary bills associated with sample collection.

☐ OFFSET SHIPPING COSTS FOR INFLUENZA A TESTING AT LABORATORIES IN THE NATIONAL		
ANIMAL HEALTH LABORATORY NETWORK (NAHLN). USDA will pay for the cost of shipping samples to		
NAHLN labs for testing. USDA will pay actual shipping costs, not to exceed \$50 per shipment for up to 2 shipments		

Owner Initials: _____ Version: August 1, 2024



per month for each premises. Testing at NAHLN laboratories for samples associated with this event (e.g., premovement, testing of sick/suspect animals, samples from concerned producers) is already being conducted at nocost to the Producer.

The Producer will need to provide receipts for sample shipping costs.

AGREEMENT AND REIMBURSEMENT PROCESSES

Upon signature of this agreement, the Producer will be provided with information to sign up for a System for Award Management (SAM) registration, which will provide for the mechanism of payment, or offered an alternative method of payment (e.g., providing an EFT form for direct deposit payments, requesting a paper check be drafted), although these other options will result in less timely payments compared to SAM.

Additionally, an APHIS representative will work with the Producer to develop a detailed financial plan to include all the planned activities, purchases and services that will be eligible for reimbursement.

Every 30 days, the Producer will be provided a form (VS 8-18) to review and sign verifying the request for reimbursement. The Producer may also elect to be reimbursed one time at the end of the 120 days. The Producer will keep all receipts and will be required to present receipts with the 8-18.

OPTIONS FOR REIMBURSEMENT	SELECTED START DATE
☐ MONTHLY REIMBURSEMENT	
\Box One Time Payment at the end of 120 days	

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