

2024-37

Agreement Number: 24-73-31-2096RA
WBS Code: AP.RA.RX31.73.0201

WORK/FINANCIAL PLAN
Between
KEITH COUNTY
And
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES (APHIS-WS)

COOPERATOR ADDRESS	Keith County Board of Commissioners 511 N. Spruce, STE 102 Ogallala, NE 69153
COOPERATIVE CONTACT	Keith County Chairman Phone: 308-284-4726
COOPERATIVE AGREEMENT NUMBER	24-73-31-2096RA
WSB CODE	AP.RA.RX31.73.0201
LOCATION	Keith County, Nebraska
AGREEMENT PERIOD	July 1, 2024, to June 30, 2025

24-

Pursuant to Cooperative Service Agreement No. 22-73-31-2096RA entered between Keith County (Cooperator) and the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services (APHIS-WS). This Work Plan defines the objectives, plan of action, resources, and budget for the Wildlife Damage Management program to be conducted from *July 1, 2024, through June 30, 2025*.

I. OBJECTIVES/GOALS

The objective of the work to be performed by the Wildlife Specialist(s) assigned to the Cooperator is for the management of damage or damage threats caused by wild and feral mammals to agricultural interests, other private and public property and for the protection of human health and safety. The APHIS-WS employee(s) will be adequately equipped to manage wildlife to reduce or alleviate property damage.

II. PLAN OF ACTION

APHIS-WS will assign one Wildlife Specialist(s) that will respond to nuisance wildlife problems within Keith County. APHIS-WS will provide a vehicle, supplies and equipment for the project. Cost-sharing; This agreement will support a cooperatively funded position cost-sharing with, but not limited to, Keith County, other counties, cities, private individuals, and Federal government.

APHIS-WS will conduct Wildlife Damage Management operations in and around Keith County to minimize wildlife damage caused a variety of wildlife species. In cooperation with county, municipalities, and state agencies, WS will help reduce the probability of transmission of plague and rabies to human populations though collection of carnivore blood samples, and management of mammal populations that are vectors of rabies and plague. Direct efforts will be made to manage losses to agriculture, crops and livestock from damage and predation caused by wild and feral animals. Direct effort will be made for the protection of residential area from damage and predation by wild animals.

III. REPORTS

APHIS-WS will provide periodic reports of activities and accomplishments at the request of the Cooperator.

IV. STIPULATIONS AND RESTRICTIONS

- a. Operations will be conducted by APHIS-WS with input from Keith County and shall be under the direct supervision of APHIS-WS listed below.
- b. Wildlife Damage Management: A Work Initiation Document for Wildlife Damage Management (WS Form 12A), a Work Initiation Document for Wildlife Damage Management-Multiple Resources Owners (WS form 12B) or a Work Initiation Document for Management of Wildlife Damage on Urban Properties (WS Form 12C) will be executed between APHIS-WS and the landowner, lessee, administrator before any APHIS-WS work is conducted.
- c. APHIS-WS will use only APHIS-WS employees and APHIS Volunteer Program participants. All APHIS-WS employees and APHIS volunteers have successfully met APHIS firearm safety standards.
- d. The program will be monitored by Timothy Veenendaal, NE State Director (402-434-2342).

V. COST ESTIMATE FOR SERVICES

The cooperator will reimburse APHIS-WS for expenses incurred, not to exceed **\$16,221.87**. Such costs include salary/benefits, pooled job costs and overhead. Any equipment and supplies purchased under the terms of this agreement will remain the property of APHIS-WS.

See Attachment

A Statement of Services will be sent to the Cooperator quarterly.

NOTE: In accordance with the Debt Collection Improvement Act (DCIA) of 1996, bills issued by WS are due and payable within 30 days of receipt. The DCIA requires that all debts older than 120 days be forwarded to debt collection centers or commercial collection agencies for more aggressive action. Debtors have the option to verify, challenge and compromise claims, and have access to administrative appeals procedures which are both reasonable and protect the interests of the United States.

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VI. AUTHORIZATION

Keith County Board of Commissioners
511 N. Spruce, STE 102
Ogallala, NE 69153
Tax Identification Number: 47-6006478

D. L. Shorck Vice Chair
Chairman

5-22-24
Date

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
Tax Identification Number: 41-0696271

TIMOTHY VEENENDAAL Digitally signed by TIMOTHY
VEENENDAAL
Date: 2024.05.29 06:59:16 -05'00'

Timothy Veenendaal
State Director, Nebraska

Date

WENDY ANDERSON Digitally signed by WENDY
ANDERSON
Date: 2024.06.04 10:06:04
-06'00'

Wendy Anderson, Regional Director
Director, Western Region

Date

FINANCIAL PLAN

For the dispersement of funds from

Keith County -

to

USDA APHIS Wildlife Services

for

Livestock, Agriculture, Human Health and Safety Protection.

from

7/1/2024

to

6/30/2025

Cost Element		Full Cost
Personnel Compensation	\$	10,720.46
Travel	\$	-
Vehicles	\$	1,537.60
Other Services	\$	-
Supplies and Materials	\$	-
Equipment	\$	500.00

Subtotal (Direct Charges)	\$	12,758.06
Pooled Job Costs	11.00%	\$ 1,403.39
Indirect Costs	16.15%	\$ 2,060.43
Aviation Flat Rate Collection		\$ -
Agreement Total	\$	16,221.87

The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement, but may not exceed: \$16,221.87

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
County of Keith

2 Business name/disregarded entity name, if different from above
Keith County

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) **3**
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
511 North Spruce St.

6 City, state, and ZIP code
Ogallala, NE 69153

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

4	7	-	6	0	0	6	4	7	8
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Carolina K. Nelson* Date ▶ *5-17-2013*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

APPROVAL FOR FISCAL YEAR 2024 AGREEMENTS

Initiative Title: WS PROTECTION OF AGRICULTURE

Proposed funding level: \$ 23,918,074

What is the purpose of the initiative/agreement and how does it align with the Agency's and Secretary's priorities?

Wildlife Services (WS) protects agriculture resources associated with farming and ranching, and associated industries including livestock, crops, rangeland and timber, aquaculture, agricultural animal feed, and animal products. WS integrated wildlife management activities to protect agriculture include technical assistance and predation damage management to protect livestock, alleviation of bird damage, and to reduce crop and feed damage. Livestock producers experiencing problems with predation can request WS assistance to trap, harass, and remove predators. WS assist producers before calving season to obtain federal permits to harass or remove migratory birds, particularly black vultures. WS works with dairy producers to prevent birds from consuming feed and contaminating final products. In rangelands, WS employ 'range riders' and fence technicians to protect grazing livestock from predation. WS protects aquaculture farms from fish eating birds and potential diseases through coordinated large-scale hazing operations. WS assist timber producers by removing beavers and dams to prevent flooding and damage to timber lots. WS personnel conduct wildlife disease surveillance to detect diseases in wildlife may infect or impact domestic livestock. This initiative supports USDA goal 2 and APHIS objective 2.4

Previous year funding level: \$ 22,779,118

<Prior year details for initiatives can be found on an attached spreadsheet>

Historic instruments used to accomplish the initiatives goals

Cooperative Agreement (CA)	Grant (GR)	Interagency Agreement (IA)	Incoming Fund Agreement (RA/TF/OTC)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Signatures:

Approving official:

Title	Name	Signature and date		
Program Manager/ADODR	Steven Wickenheiser	STEVEN WICKENHEISER <small>Digitally signed by STEVEN WICKENHEISER Date: 2024.01.17 09:45:26 -05'00'</small>	Signature needed	<input checked="" type="checkbox"/>
Signatory or Delegate	David Reinhold	DAVID REINHOLD <small>Digitally signed by DAVID REINHOLD Date: 2024.01.17 09:45:26 -05'00'</small>	Signature needed	<input checked="" type="checkbox"/>
SES	Janet Bucknall	JANET BUCKNALL <small>Digitally signed by JANET BUCKNALL Date: 2024.01.19 09:52:30 -05'00'</small>	≥ \$250,000	<input checked="" type="checkbox"/>
Agreement/Grant Specialist	Debra Martin	DEBRA MARIN <small>Digitally signed by DEBRA MARIN Date: 2024.01.22 10:54:57 -05'00'</small>	Signature needed	<input type="checkbox"/>

APHIS SALES ORDER REQUEST FORM

State Office: Date:

Agreement Number: Amendment: Number

Cooperator Name: FMMI Customer #

A/P Mailing Address:
(Billing address) Category:

Cooperator Financial POC: Cooperator PO #:

Sales Order Type:

Budget Period: FMMI PO (if a USDA Agency):

WBS Element: TAS:

Agreement Performance Period:

Amount of This SO Request: Total Amount to Date:

Overhead Rate: WS Pooled Job Costs: Frequency of Billing:

Previously on OSEC ☐ OSEC Date: Species Managed:

Location of Work:

Additional Comments:

For WRO Use Only:

Received in WRO	OSEC Report	Overhead Calc. <input checked="" type="checkbox"/>	Mail Distribution Date
5/30/2024	05/31/2024	ACMS <input checked="" type="checkbox"/>	<input type="text"/>
		Agr.Spec. <input checked="" type="checkbox"/>	No. & State
			<input type="text" value="1-NE elec"/>

Routing Notes:

☐ MIPR
 ☐ Agreement
 ☐ CSA
 ☒ WFP
 ☐ 7600
 ☒ W9

☐ Mod
 ☐ Waiver
 ☐ DEOB
 Attached ☒
☒ MRP
 ☒ SHC

Scan Date: Sent to: