

## Office of Partnerships Program Report

This template contains multiple sections and tabs to complete. Please see the instructions section at the top of each section to ensure you are only filling out the sections applicable to your award.

Once you have completed all applicable sections for your award, save this form using "State\_CAP Name\_Program Report" filename and ***E-mail your completed report excel file to your Project Manager and ORAOPDataHub@fda.hhs.gov.***

**Recipient Name** *(Select)*

Select

**State**

Select Recipient Name

**Federal Award Identification Number**

Select Recipient Name

**Report Frequency**

Mid-Year Report

Annual Report

**Date Completed**

**Project Period Start Date**

**Project End Date**

**Budget Period Start Date**

**Budget Period End Date**

Principal Investigator (PI)

PI Email

PI Phone


If Yes, please enter applicable updates below.

Select "Yes" for all applicable award tracks for which reporting information is included:

Tracks	
M - Food Defense	
M - Human Food	
M - Animal Food	
M - WGS	
M - Capability/Capacity	
C - Food Defense	
C - Human Food	
C - Animal Food	
R - Food Defense	
SP - IT	
SP - MD/V	
SP - Sample Collection	
SP - SARS-CoV-2 in Wastewater	

[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)


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[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Continue to SP-CoV2 Track](#)

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)



**Office of Partnerships Program F**  
**Questions Applicable to All Tr**

The following questions are applicable to all LFFM tracks. Once completed, use the linked button applicable track specific tabs for this award.

**Grant Track:**

**ALL LFFM Tracks**

**Activity from Previous Budget Period (Mid-Year & Annual)**

Did you have MDV, CC, or IT work that was funded in a prior budget period that meets the requirements from the prior budget period ?

	Track	Budget Period funded
1		
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**Note: Information reported for the**

**20.88 Agreement (Mid-Year & Annual)**

Do you maintain a valid 20.88 agreement with FDA?	
If yes, when does your agreement expire?	
If no, please explain why:	

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**FERN Membership (Mid-Year & Annual)**

Is your lab currently a FERN member?	
If no, list the date of planned application to FERN:	

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**ISO Accreditation (Complete for Annual report only)**

Current ISO 17025 accreditation status of your laboratory:	
Will your laboratory be accredited to ISO/IEC 17025:2017?	
<b>Note: Attach scope of accreditation to your submission email.</b>	
Changes to Accreditation since last reporting:	
If not Accredited to ISO 17025, please explain how you maintain a Quality System that ensures quality assurance and quality control of laboratory testing. This may include describing other accreditations your laboratory has, if relevant to LFFM activities.	

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**ORA DX (Mid-Year & Annual)**



Have you successfully submitted data to FDA this budget period via the ORA

	Workflow	Number of Samples Submitted
1		
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**Facilities (Mid-Year & Annual)**

Do you have facilities needed to operate under this CAP?	No, the lab does not have all faci
Have you maintained these facilities needed to operate under this CAP?	

**Positions/Hiring (Mid-Year & Annual)**

Are all needed positions filled?

<p>If no, how and when will you fill the vacant positions?</p>	
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**Instrumentation (Annual)**

Have you obtained or replaced instrumentation/equipment in order to oper Cooperative Agreement in this Budget Period?

If yes, please fill in the requested information below:

	<b>Description of Item</b> (e.g. analysis used for)	<b>Common Name</b> (e.g. ICP, GCMS, MiSeq, etc.)
1		
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**Training Received (Mid-Year & Annual)**

<b>Training Title</b>	<b>Training Provider</b>

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### Meetings (Mid-Year & Annual)

List all professional meetings/conferences where attendance supported wor

	Meeting Name	Meeting Start Date (M/D/YYYY)
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**Presentations (Mid-Year & Annual)**

Title	Author/Presenter(s) (list)

**Please confirm the following will be included with the email submission of  
*Required Attachments:***

Laboratory Organization Structure	
ISO/IEC 17025:2017 Scope of Accreditation	

[Continue to M-HF Track](#)

[Continue to C-HF Track](#)

[Continue to M-CC Track](#)

[Continue to M-AF Track](#)

[Continue to C-AF Track](#)

[Continue to M-FD Track](#)

[Continue to C-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to M-CC Track](#)

**Report**  
**acks**

ns provided or worksheet tabs to advance to the

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that you are completing in this budget period and wish to

Work remaining in order to successfully complete Track requirements



*the following sections should be specific to this budget period*





DX (any workflow)?

Type of Sampling	

ilities needed.

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ate under this	
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Make/Model	New/Replaced

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Number of People Trained	Tracks this Training Supported
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Journal/Meeting (enter name)	Link to Presentation

this report as attachments:

[to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Revi](#)

[Rev](#)

[Cont](#)

[Continue to SP-CoV2 Track](#)

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report highlights/fulfillment of

Accomplishments completed this budget period



**od.**





<b>Comments</b>

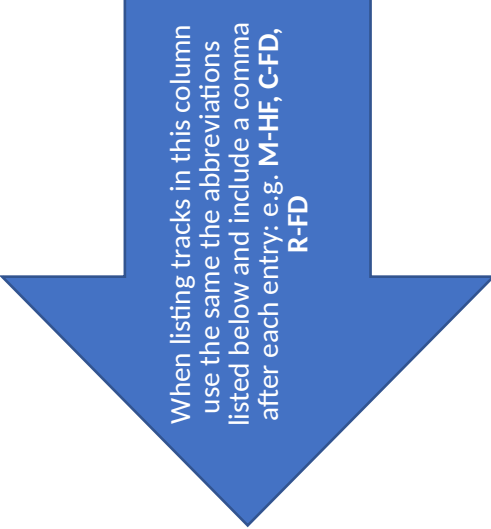
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Status	Total Number of Operational Instruments used for CAPs





When listing tracks in this column use the same the abbreviations listed below and include a comma after each entry: e.g. **M-HF, C-FD, R-FD**

***Please use the following abbreviations when listing tracks:***

Microbiology Human Food = **M-HF**  
Microbiology Animal Food = **M-AF**  
Microbiology Food Defense = **M-FD**  
Microbiology Whole Genome Sequencing = **M-WGS**  
Microbiology Capability/Capacity = **M-CC**  
Chemistry Human Food = **C-HF**  
Chemistry Animal Food = **C-AF**  
Chemistry Food Defense = **C-FD**  
Chemistry Capability/Capacity = **C-CC**  
Radiochemistry Food Defense = **R-FD**  
Radiochemistry Capability/Capacity = **R-CC**  
Special Projects Sample Collection = **SP-SC**  
Special Projects IT = **SP-IT**  
Special Projects Method Development and Method Validation = **SP-MDV**  
Special Projects SARS-CoV-2 in Wastewater = **SP-CoV2**



Status	Date Presented

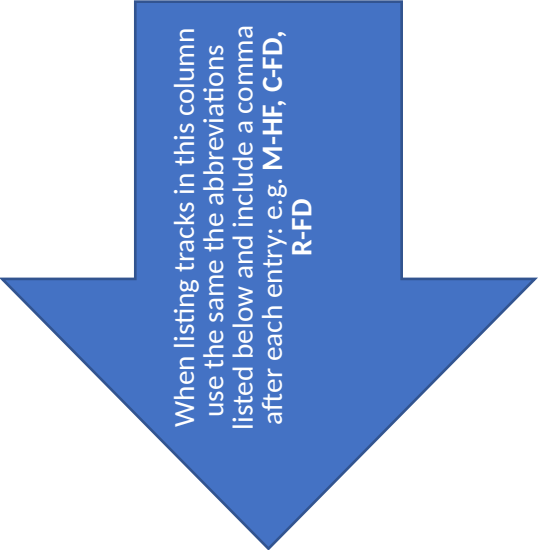
[View Coversheet tab](#)

[View All Tracks tab](#)

[Continue to Budget tab](#)







When listing tracks in this column use the same the abbreviations listed below and include a comma after each entry: e.g. **M-HF, C-FD, R-FD**

***Please use the following abbreviations when listing tracks:***

Microbiology Human Food = **M-HF**

Microbiology Animal Food = **M-AF**

Microbiology Food Defense = **M-FD**

Microbiology Whole Genome Sequencing = **M-WGS**

Microbiology Capability/Capacity = **M-CC**

Chemistry Human Food = **C-HF**

Chemistry Animal Food = **C-AF**

Chemistry Food Defense = **C-FD**

Chemistry Capability/Capacity = **C-CC**

Radiochemistry Food Defense = **R-FD**

Radiochemistry Capability/Capacity = **R-CC**

Special Projects Sample Collection = **SP-SC**

Special Projects IT = **SP-IT**

Special Projects Method Development and Method Validation = **SP-**

**MDV**

Special Projects SARS-CoV-2 in Wastewater = **SP-CoV2**





**icks:**

lidation = **SP-**

**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Microbiology - Human Food Track (M-HF). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track, list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-MD/V Track</a>	
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: **M-HF**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
13 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments:  <small>(Use Alt+Enter for new line if desired)</small>			

**Note to Respondent:**

-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".

-The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**M-HF Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award. Laboratories may also list names of key personnel from the State Regulatory Program (SRP) who handle LFFM Sample collection planning and positive sample follow-up - this will allow those staff to receive the LFFM weekly email (they will not be added to the meeting invites or FERNlab.org workgroup for the analytical track).

	<b>Last Name, First Name</b>	<b>CAP Role</b> (If an individual has more than one role for M-HF they may be listed for each CAP funded role)	<b>Email</b>	<b>Phone</b>	<b>Include this person on distribution list for this Track</b> (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	<b>Total expected CAP funded Calendar Months for this role</b>
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**M-HF Training/Mentorship Administered (Mid-Year & Annual)**

Total number of M-HF related Training/Mentorship Events Administered:		
<b>Describe Mentorship/Training Topic</b>	<b>Laboratories Mentored/Trained</b>	<b>Number of People Trained</b>
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**M-HF Training Needed (Mid-Year & Annual)**

Does your laboratory need M-HF related training?	
<b>Describe training need:</b>	
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**M-HF Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a M-HF Mentor lab?	
<b>Describe mentoring need</b>	<b>If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:</b>
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**M-HF Small-scale Projects (Annual)**

Projects listed here should include the following:

- 1) FDA-requested special assignments (testing events) above and beyond the approved sampling plan for the budget period;
- 2) Method development/validation/other work required during an emergency/outbreak situation, where FDA approved re-direction of approved sampling plan;
- 3) Participation in FDA-directed matrix extension/method development/method validation work outside of the project formally assigned for the MDV track;
- 4) Work required as part of a Capability/Capacity development effort.

Project Name	Scope	Description

**M-HF Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to commodity/hazard pairs on your approved sampling plan for the Budget Period.

PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1			
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**M-HF FDA Form 431 or e431 (Mid-Year & Annual)**

Are you using the FDA Form 431 or e431?	
If no, do the documents you are using cover all the items within the 431?	
Explain your answer:	

**State Regulatory Action on M-HF Samples (Mid-Year & Annual)**

Sample Number	Matrix	List Contaminant found	Date analytical package sent to SRP/FDA	Describe any State regulatory actions such as recalls taken as a result of laboratory findings (including dates)	Describe any joint response with FDA as a result of laboratory findings (including dates)

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**M-HF Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the M-HF track please enter it below:

- [Continue to M-HF Track](#)
- [Continue to C-HF Track](#)
- [Continue to R-FD Track](#)
- [Continue to SP-Sample Collection Track](#)
- [Review Coversheet tab](#)
- [Continue to M-AE Track](#)
- [Continue to C-AE Track](#)
- [Continue to SP-IT Track](#)
- [Review All Tracks tab](#)
- [Continue to M-FD Track](#)
- [Continue to C-FD Track](#)
- [Continue to SP-MD/V Track](#)
- [Continue to Budget tab](#)
- [Continue to M-WGS Track](#)
- [Continue to SP-CoV2 Track](#)
- [Continue to M-CC Track](#)

**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Microbiology - Animal Food Track (M-AF). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track, list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-MD/V Track</a>	
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: **M-AF**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**

-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the **next** budget period, and as "Funds Requested".

-The budget section of the new ORA pilot forms requests recipients report on the budget for the **current** budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**M-AF Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award. Laboratories may also list names of key personnel from the State Regulatory Program (SRP) who handle LFFM Sample collection planning and positive sample follow-up - this will allow those staff to receive the LFFM weekly email (they will not be added to the meeting invites or FERNlab.org workgroup for the analytical track).



	Last Name, First Name	CAP Role (If an individual has more than one role for M-AF they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
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M-AF Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
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**M-AF Training Needed (Mid-Year & Annual)**

Does your laboratory need M-AF related training?	
Describe training need:	
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**M-AF Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a M-AF Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
1	
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**M-AF Small-scale Projects (Annual)**

Projects listed here should include the following:  
 1) FDA-directed special assignments (testing events) above and beyond the approved sampling plan for the year;  
 2) Method development/validation/other work required during an emergency/outbreak situation, where FDA approved re-direction of approved sampling plan;  
 3) Participation in FDA-directed matrix extension/method development/method validation work outside of the project formally assigned for the MDV track;  
 4) Work required as part of a Capability/Capacity development effort.

Project Name	Scope	Description
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**M-AF Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to commodity/hazard pairs on your approved sampling plan for the year.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
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**M-AF FDA Form 431 or e431 (Mid-Year & Annual)**

Are you using the FDA Form 431 or e431?

If no, do the documents you are using cover all the items within the 431?

Explain your answer:

**State Regulatory Action on M-AF Samples (Mid-Year & Annual)**

	Sample Number	Matrix	Contaminant found	Date analytical package sent to SRP/FDA	Describe any State regulatory actions such as recalls taken as a result of laboratory findings (including dates)	Describe any joint response with FDA as a result of laboratory findings (including dates)
1						
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**M-AF Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the M-AF track please enter it below:

[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/Y Track](#)

[Continue to SP-CoV2 Track](#)

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)

**Office of Partnerships Program Report**

**Track Specific Report**

Complete this tab only if you are participating in the UFM Microbiology - Food Defense Track (M-FD). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track, list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use AB+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.  
Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

Buttons for navigation between tracks:

- Continue to M-HF Track
- Continue to M-AF Track
- Continue to M-FD Track
- Continue to M-WGS Track
- Continue to M-CC Track
- Continue to CAF Track
- Continue to C-FD Track
- Continue to B-FD Track
- Continue to SP-Sample Collection Track
- Continue to SP-IT Track
- Continue to SP-MD/V Track
- Continue to SP-CoV2 Track
- Review CoverSheet tab
- Review All\_Tracks Lab
- Continue to Budget tab

Grant Track: **M-FD**

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	<p><b>Note to Respondent:</b></p> <p>-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SP 424 Research and Related Budget for the next budget period, and at "Funds Requested"</p> <p>-The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, in actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.</p>
2 Equipment	\$0.00	\$0.00	\$0.00	
3 Travel	\$0.00	\$0.00	\$0.00	
4 Materials and Supplies	\$0.00	\$0.00	\$0.00	
5 Publication Costs	\$0.00	\$0.00	\$0.00	
6 Consultant Services	\$0.00	\$0.00	\$0.00	
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00	
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00	
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00	
10 Federal FGA (Indirect Costs)	\$0.00	\$0.00	\$0.00	
11 Other Costs	\$0.00	\$0.00	\$0.00	
12 Total Budget	\$0.00	\$0.00	\$0.00	
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00			
13 Additional Budget Comments: <i>(Use AB+Enter for new line if desired)</i>				

**M-FD Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

Last Name, First Name	CAP Role <small>(If an individual has more than one role for M-FD then may be listed for each CAP funded role)</small>	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to @ORNLab.org workshop, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
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**M-FD Training/Mentorship Administered (Mid-Year & Annual)**

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1		
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**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Microbiology - Whole Genome Sequencing Track (M-WGS). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track, list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

Grant Track: **M-WGS**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
13 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**

-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".

-The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.



The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

	Last Name, First Name	CAP Role (If an individual has more than one role for M-WGS they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
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M-WGS Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
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**M-WGS Training Needed (Mid-Year & Annual)**

Does your laboratory need M-WGS related training?

**Describe training need:**

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**M-WGS Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a M-WGS Mentor lab?

<b>Describe mentoring need</b>	<b>If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:</b>
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**M-WGS Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to the work performed under this Track.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
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**M-WGS Collaborations (Mid-Year & Annual)**

Specific Projects (sets of Isolates) the Lab is Sequencing	Please select "Yes" for those collaboration types that apply or "No" for those that do not below:				Comments
	FDA Directed Project	Academia Collaboration	International Collaboration	Other Historical Isolate Sets	
1					
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**M-WGS Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the M-WGS track please enter it below:



[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Continue to SP-CoV2 Track](#)

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)

**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Microbiology - Capability/Capacity Track (M-CC). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-MD/V Track</a>	
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: **M-CC**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
13 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**  
 -The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".  
 -The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**M-CC Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

Last Name, First Name	CAP Role (If an individual has more than one role for M-CC they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
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**M-CC Training/Mentorship Administered (Mid-Year & Annual)**

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
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**M-CC Training Needed (Mid-Year & Annual)**

Does your laboratory need M-CC related training?	
<b>Describe training need:</b>	
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**M-CC Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a M-CC Mentor lab?	
<b>Describe mentoring need</b>	<b>If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:</b>
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**M-CC Capability/Capacity Development (Mid-Year & Annual)**

Please describe highlights as they align with the M-CC Development Grant Track:

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If your lab was funded to implement a new method under the M-CC Development Track please fill in chart below:

	Was Equipment Purchased?	If No equipment was purchased, explain below:	Were supplies, reagents, media, standards, etc. purchased?	If No supplies were purchased, explain below:	Training Received?	Describe Training Received (or explain if no training was received for this method)	Competency Demonstrated?	If competency was not demonstrated explain below:
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**M-CC Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to the work performed under this Track.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
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**M-CC Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the M-CC track please enter it below:

- |   |  |  |  |  |
|---|--|--|--|--|
| <a href="#">Continue to M-HF Track</a>  | <a href="#">Continue to C-HF Track</a> | <a href="#">Continue to R-FD Track</a> | <a href="#">Continue to SP-Sample Collection Track</a> | <a href="#">Review Coversheet tab</a>  |
| <a href="#">Continue to M-AF Track</a>  | <a href="#">Continue to C-AF Track</a> |  | <a href="#">Continue to SP-IT Track</a>                | <a href="#">Review All Tracks tab</a>  |
| <a href="#">Continue to M-FD Track</a>  | <a href="#">Continue to C-FD Track</a> |  | <a href="#">Continue to SP-MD/V Track</a>              | <a href="#">Continue to Budget tab</a> |
| <a href="#">Continue to M-WGS Track</a> |  |  | <a href="#">Continue to SP-CoV2 Track</a>              |  |
| <a href="#">Continue to M-CC Track</a>  |  |  |  |  |





	Last Name, First Name	CAP Role (If an individual has more than one role for C-HF they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
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C-HF Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
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**C-HF Training Needed (Mid-Year & Annual)**

Does your laboratory need C-HF related training?	
Describe training need:	
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**C-HF Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a C-HF Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
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**C-HF Small-scale Projects (Annual)**

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Projects listed here should include the following:

- 1) FDA-directed special assignments (testing events) above and beyond the approved sampling plan for the year;
- 2) Method development/validation/other work required during an emergency/outbreak situation, where FDA approved re-direction of approved sampling plan;
- 3) Participation in FDA-directed matrix extension/method development/method validation work outside of the project formally assigned for the MDV track;
- 4) Work required as part of a Capability/Capacity development effort.

Project Name	Scope	Description

**C-HF Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to commodity/hazard pairs on your approved sampling plan for the year.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
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**C-HF FDA Form 431 or e431 (Mid-Year & Annual)**

Are you using the FDA Form 431 or e431?	
If no, do the documents you are using cover all the items within the 431?	
Explain your answer:	

**State Regulatory Action on C-HF Samples (Mid-Year & Annual)**

Sample Number	Matrix	Contaminant found	Date analytical package sent to SRP/FDA	Describe any State regulatory actions such as recalls taken as a result of laboratory findings (including dates)	Describe any joint response with FDA as a result of laboratory findings (including dates)
1					
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**C-HF Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the C-HF track please enter it below:

- [Continue to M-HF Track](#)
- [Continue to C-HF Track](#)
- [Continue to R-FD Track](#)
- [Continue to SP-Sample Collection Track](#)
- [Review Coversheet tab](#)
- [Continue to M-AF Track](#)
- [Continue to C-AF Track](#)
- [Continue to SP-IT Track](#)
- [Review All Tracks tab](#)
- [Continue to M-FD Track](#)
- [Continue to C-FD Track](#)
- [Continue to SP-MD/V Track](#)
- [Continue to Budget tab](#)
- [Continue to M-WGS Track](#)
- [Continue to M-CC Track](#)
- [Continue to SP-CoV2 Track](#)

**Office of Partnerships Program Report**

**Track Specific Report**

Complete this tab only if you are participating in the LFFM Chemistry - Food Defense Track (C-FD). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g., mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HE Track</a>	<a href="#">Continue to C-HE Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Cover Sheet Tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-JT Track</a>	<a href="#">Review All Tracks Tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget Tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

Grant Track: C-FD

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	<p>The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".</p> <p>The budget section of the new OIA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.</p>
2 Equipment	\$0.00	\$0.00	\$0.00	
3 Travel	\$0.00	\$0.00	\$0.00	
4 Materials and Supplies	\$0.00	\$0.00	\$0.00	
5 Publication Costs	\$0.00	\$0.00	\$0.00	
6 Consultant Services	\$0.00	\$0.00	\$0.00	
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00	
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00	
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00	
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00	
11 Other Costs	\$0.00	\$0.00	\$0.00	
12 Total Budget	\$0.00	\$0.00	\$0.00	
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00			
13 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>				

**C-FD Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

Last Name, First Name	CAP Role <small>(If an individual has more than one role for C-FD they may be listed for each CAP funded role)</small>	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERILab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
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**C-FD Training/Mentorship Administered (Mid-Year & Annual)**

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
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**C-FD Training Needed (Mid-Year & Annual)**

Does your laboratory need C-FD related training?	
Describe training need:	
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**C-FD Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a C-FD Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
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**C-FD Expansions of Capabilities/Capacities for Food Defense testing (Mid-Year & Annual)**

Please describe increases or expansions in capabilities or capacities for food Defense testing (increases in trained personnel, new capabilities developed, etc.). Make sure Food Defense related trainings are also itemized in the Trainings section on All-Tracks Tab:

If your lab utilized funding to implement a new method under the Food Defense Track, please fill in the chart below:

Was Equipment Purchased?	If No equipment was purchased, explain below:	Were supplies, reagents, media, standards, etc. purchased?	If No supplies were purchased, explain below:	Training Received?	Describe Training Received (or explain if no training was received for this method)	Competency Demonstrated?	If competency was not demonstrated explain below:
1							
2							
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**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Chemistry - Animal Food Track (C-AF). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-MD/V Track</a>	
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: C-AF

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**

-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the **next** budget period, and as "Funds Requested".

-The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**C-AF Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award. Laboratories may also list names of key personnel from the State Regulatory Program (SRP) who handle LFFM Sample collection planning and positive sample follow-up - this will allow those staff to receive the LFFM weekly email (they will not be added to the meeting invites or FERNLab.org workgroup for the analytical track).

	<b>Last Name, First Name</b>	<b>CAP Role</b> (If an individual has more than one role for C-AF they may be listed for each CAP funded role)	<b>Email</b>	<b>Phone</b>	<b>Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)</b>	<b>Total expected CAP funded Calendar Months for this role</b>
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**C-AF Training/Mentorship Administered (Mid-Year & Annual)**

	<b>Describe Mentorship/Training Topic</b>	<b>Laboratories Mentored/Trained</b>	<b>Number of People Trained</b>
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**C-AF Training Needed (Mid-Year & Annual)**

Does your laboratory need C-AF related training?	
Describe training need:	
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**C-AF Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a C-AF Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
1	
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**C-AF Small-scale Projects (Annual)**

Projects listed here should include the following:  
 1) FDA-directed special assignments (testing events) above and beyond the approved sampling plan for the year;  
 2) Method development/validation/other work required during an emergency/outbreak situation, where FDA approved re-direction of approved sampling plan;  
 3) Participation in FDA-directed matrix extension/method development/method validation work outside of the project formally assigned for the MDV track;  
 4) Work required as part of a Capability/Capacity development effort.

Project Name	Scope	Description
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**C-AF Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to commodity/hazard pairs on your approved sampling plan for the budget period.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
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**C-AF FDA Form 431 or e431 (Mid-Year & Annual)**

Are you using the FDA Form 431 or e431?	
If no, do the documents you are using cover all the items within the 431?	

Explain your answer:

**State Regulatory Action on C-AF Samples (Mid-Year & Annual)**

	Sample Number	Matrix	Contaminant found	Date analytical package sent to SRP/FDA	Describe any State regulatory actions such as recalls taken as a result of laboratory findings (including dates)	Describe any joint response with FDA as a result of laboratory findings (including dates)
1						
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**C-AF Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the C-AF track please enter it below:

[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Continue to SP-CoV2 Track](#)

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)

**Office of Partnerships Program Report**

**Track Specific Report**

Complete this tab only if you are participating in the LRFM Radiochemistry - Food Defense Track (R-FD). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g., personnel mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

[Continue to M-NE Track](#)   
 [Continue to C-NE Track](#)   
 [Continue to R-FD Track](#)   
 [Continue to SP-Sample Collection Track](#)   
 [Review Coversheet Tab](#)  
[Continue to M-AF Track](#)   
 [Continue to C-AF Track](#)   
 [Continue to SP-JT Track](#)   
 [Review All Tracks Tab](#)  
[Continue to M-FD Track](#)   
 [Continue to C-FD Track](#)   
 [Continue to SP-MD/V Track](#)   
 [Continue to Budget Tab](#)  
[Continue to M-WGS Track](#)  
[Continue to M-CC Track](#)   
 [Continue to SP-CoV2 Track](#)

Grant Track: R-FD

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	<p>The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF-424 Research and Related Budget for the next budget period, and as "Funds Requested".</p> <p>The budget section of the new OIA piloted forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.</p>
2 Equipment	\$0.00	\$0.00	\$0.00	
3 Travel	\$0.00	\$0.00	\$0.00	
4 Materials and Supplies	\$0.00	\$0.00	\$0.00	
5 Publication Costs	\$0.00	\$0.00	\$0.00	
6 Consultant Services	\$0.00	\$0.00	\$0.00	
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00	
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00	
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00	
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00	
11 Other Costs	\$0.00	\$0.00	\$0.00	
12 Total Budget	\$0.00	\$0.00	\$0.00	
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00			
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>				

**R-FD Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

Last Name, First Name	CAP Role (If an individual has more than one role for R-FD they may be listed for each CAP-funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1					
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**R-FD Training/Mentorship Administered (Mid-Year & Annual)**

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1		
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**R-FD Training Needed (Mid-Year & Annual)**

Does your laboratory need R-FD related training?	
Describe training need:	
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**R-FD Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a R-FD Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
1	
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**R-FD Expansions of Capabilities/Capacities for Food Defense testing (Mid-Year & Annual)**

Please describe increases or expansions in capabilities or capacities for food Defense testing (increases in trained personnel, new capabilities developed, etc.). Make sure Food Defense related trainings are also itemized in the Trainings section on All-Tracks Tab:

If your lab utilized funding to implement a new method under the Food Defense Track, please fill in the chart below:

Was Equipment Purchased?	If No equipment was purchased, explain below:	Were supplies, reagents, media, standards, etc. purchased?	If No supplies were purchased, explain below:	Training Received?	Describe Training Received (or explain if no training was received for this method)	Competency Demonstrated?	If competency was not demonstrated explain below:
1							
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**R-FD Maintenance of Key Food Defense Capabilities/Methods (Mid-Year & Annual)**

Complete the following table to document your current capabilities for key food defense methods. Use the drop-down to select methods for which your lab has established capability, or is in the process of building capability. Filling out this table may also assist laboratories in identifying steps you may need to take to increase capability and/or capacity for any of these methods. The chart below is populated with methods that have been identified as key capabilities for this Food Defense Track, but there is space to enter other methods that are not currently listed. Only select or add methods for which you have established capability, or have committed to establishing capability as an objective of the Track.

Methods	Methods Comments (required for an "Other" response)	Equipment in House & Operational?	Equipment Comments (required for a "No" response)	Supplies, Reagents, Media in House and Within Date	Supplies Comments (required for a "No" response)	Number Analysts Trained	Name of PT/Competency Exercise	Provider	Date of Last Competency Determination	Laboratory Performance	Laboratory Performance Comments (required for "unacceptable" performance)	Summarize Next Steps to Maintain Capability, Increase Capacity or Document Needs
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**R-FD Food Defense Activities i.e. FDA-assigned samples, exercises, responses (Mid-Year & Annual)**

Activity	Description of Activity and Highlights
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**R-FD Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the R-FD track please enter it below:

- [Continue to M-HF Track](#)
- [Continue to C-HF Track](#)
- [Continue to R-FD Track](#)
- [Continue to SP-Sample Collection Track](#)
- [Review Coversheet tab](#)
- [Continue to M-AF Track](#)
- [Continue to C-AF Track](#)
- [Continue to SP-IT Track](#)
- [Review All Tracks tab](#)
- [Continue to M-FD Track](#)
- [Continue to C-FD Track](#)
- [Continue to SP-MD/V Track](#)
- [Continue to Budget tab](#)
- [Continue to M-WGS Track](#)
- [Continue to SP-MD/V Track](#)
- [Continue to M-CC Track](#)
- [Continue to SP-GoV2 Track](#)



**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Special Projects - Sample Collection (SP-SC). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

Grant Track: **SP-SC**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
13 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**  
 -The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".  
 -The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

SP-SC Key Personnel (Mid-Year & Annual)

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

	<b>Last Name, First Name</b>	<b>CAP Role</b> (If an individual has more than one role for SP-SC they may be listed for each CAP funded role)	<b>Email</b>	<b>Phone</b>	<b>Include this person on distribution list for this Track</b> (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	<b>Total expected CAP funded Calendar Months for this role</b>
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**SP-SC Training/Mentorship Administered (Mid-Year & Annual)**

	<b>Describe Mentorship/Training Topic</b>	<b>Laboratories Mentored/Trained</b>	<b>Number of People Trained</b>
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**SP-SC Training Needed (Mid-Year & Annual)**

Does your laboratory need SP-SC related training?	
<b>Describe training need:</b>	
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**SP-SC Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a SP-SC Mentor lab?	
<b>Describe mentoring need</b>	<b>If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:</b>
1	
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**SP-SC Competency Verification Exercises (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises:

	Exercise Description	Exercise Organizer	Collector Performance	If unacceptable, explain below
1				
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**SP-SC Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the SP-SC track please enter it below:

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Special Projects - IT Track (SP-IT). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-MD/V Track</a>	
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: SP-IT

**Reminder - only complete this tab if you were selected for participation in this track in this budget period. If you have highlights related to ORA DX work from a prior budget period in which you were selected for participation, that you are completing in this budget period, please use space provided in Tab "AllTracks"**

Expenses	Total Budgeted	Expended to Date	Projected Expenses
2 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
3 Equipment	\$0.00	\$0.00	\$0.00
4 Travel	\$0.00	\$0.00	\$0.00
5 Materials and Supplies	\$0.00	\$0.00	\$0.00
6 Publication Costs	\$0.00	\$0.00	\$0.00
7 Consultant Services	\$0.00	\$0.00	\$0.00
8 ADP/Computer Services	\$0.00	\$0.00	\$0.00
9 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
10 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
11 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
12 Other Costs	\$0.00	\$0.00	\$0.00
<b>Total Budget</b>	\$0.00	\$0.00	\$0.00
17 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
20 Additional Budget Comments: <small>(Use Alt+Enter for new line if desired)</small>			

**Note to Respondent:**  
 -The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".  
 -The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**SP-IT Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

	<b>Last Name, First Name</b>	<b>CAP Role</b> (If an individual has more than one role for SP-IT they may be listed for each CAP funded role)	<b>Email</b>	<b>Phone</b>	<b>Include this person on distribution list for this Track</b> (receive emails, invite to FERnlab.org workgroup, meeting invites, etc.)	<b>Total expected CAP funded Calendar Months for this role</b>
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SP-IT Training/Mentorship Administered (Mid-Year & Annual)

	<b>Describe Mentorship/Training Topic</b>	<b>Laboratories Mentored/Trained</b>	<b>Number of People Trained</b>
1			
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**SP-IT Training Needed (Mid-Year & Annual)**

Does your laboratory need SP-IT related training?	
Describe training need:	
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**SP-IT Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a SP-IT Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
1	
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**ORA Data exchange (ORA DX) Adoption (Mid-Year & Annual)**

Are you participating in NSFDX?	
Are you participating in ORAPP?	
Are you participating in DX Client?	
Did you participate in an onboarding session and complete the FDA questionnaire for the overview of NSFDX, ORAPP, and DX?	
(NSFDX only) Have you entered into a Memorandum of Understanding (MOU) with FDA?	
(NSFDX only) Have you entered into an Interconnection Security Agreement (ISA) with FDA?	

Have you assessed the current IT capabilities of your laboratory as it pertains to sample collection and analytical data, including conducting an analysis of which fields can be mapped to FDA data elements, system changes needed to capture missing data, and any that would need to be developed?	
If not, when do you plan to complete this activity (MM/DD/YYYY)?	

Please list planned activities for adoption of ORA DX workflow and highlights, specific to this budget period:

Activities	Description
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**SP-IT Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the SP-IT track please enter it below:

[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Continue to SP-CoV2 Track](#)

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)



**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFM Special Projects - Method Development and Method Validation (SP-MD/V). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>				
<a href="#">Continue to M-CC Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	

Grant Track: SP-MD/V

**Reminder - only complete this tab if you are selected for this participation this track in this budget period. If you have accomplishments related to Method Development/Method Validation work from a prior budget period in which you were selected for participation, please use space provided in Tab "AllTracks"**

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	<p><b>Note to Respondent:</b></p> <p>-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".</p> <p>-The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.</p>
2 Equipment	\$0.00	\$0.00	\$0.00	
3 Travel	\$0.00	\$0.00	\$0.00	
4 Materials and Supplies	\$0.00	\$0.00	\$0.00	
5 Publication Costs	\$0.00	\$0.00	\$0.00	
6 Consultant Services	\$0.00	\$0.00	\$0.00	
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00	
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00	
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00	
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00	
11 Other Costs	\$0.00	\$0.00	\$0.00	
12 Total Budget	\$0.00	\$0.00	\$0.00	
Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00			
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>				

**SP-MD/V Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

Last Name, First Name	CAP Role (If an individual has more than one role for SP-MD/V they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1					
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**Method Development and Method Validation Summary (Annual)**

Name of MDV Project	Type of Project	If Type of Project is Other, Describe Below	Multi or Single Lab	Intended Outcome(s) of this Project (mark yes for all that apply)			What reference materials or known samples were used in this track to complete the MDV project	If the MDV Project is related to response/emergency activities describe below
				New or Revised Method to be Submitted to FDA or FERN Methods Coordination Committee	In-house Implementation of the Method	Response/Emergency use to Support State or Local Regulatory Programs		
1								
2								
3								

**Method Development and Method Validation Planned Activities and Highlights (Mid-Year & Annual)**

Please list planned activities for this MDV project and highlights, specific to this budget period.

Activities	Description
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**SP-MD/V Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the SP-MD/V track please enter it below:

- [Continue to M-HF Track](#)
- [Continue to C-HF Track](#)
- [Continue to R-FD Track](#)
- [Continue to SP-Sample Collection Track](#)
- [Review Coversheet tab](#)
- [Continue to M-AF Track](#)
- [Continue to CAF Track](#)
- [Continue to SP-IT Track](#)
- [Review All Tracks tab](#)
- [Continue to M-FD Track](#)
- [Continue to CFD Track](#)
- [Continue to SP-MD/V Track](#)
- [Continue to Budget tab](#)
- [Continue to M-WGS Track](#)
- [Continue to M-CC Track](#)
- [Continue to SP-CoV2 Track](#)

**Office of Partnerships Program Report  
Track Specific Report**

Complete this tab only if you are participating in the LFFM Special Projects - SARS-CoV-2 in Wastewater (SP-CoV2). If you are participating in any other track(s) use the buttons provided or tabs below to continue to all applicable tracks per your notice of award document. If an activity listed on this form would also impact another track (e.g. mentoring event, etc.) list the event on the applicable tabs for both tracks but include data for "CAP role" or "number of people trained" for this track only.

If desired, use Alt+Enter to start a new line within a data entry field. Your response may exceed the visible field space as needed.

Not all sections are required for both, the Annual and Mid-Year templates, please note the applicable report in the section heading.

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

Grant Track: SP-CoV2

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
11 Other Costs	\$0.00	\$0.00	\$0.00
12 Total Budget	\$0.00	\$0.00	\$0.00
13 Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>			

**Note to Respondent:**  
 -The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the next budget period, and as "Funds Requested".  
 -The budget section of the new ORA pilot forms requests recipients report on the budget for the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

**SP-CoV2 Key Personnel (Mid-Year & Annual)**

The following section will be used to update contact lists for this Track. Please include all personnel that work on this Track, even if they are not funded under the award.

	<b>Last Name, First Name</b>	<b>CAP Role</b> (If an individual has more than one role for SP-CoV2 they may be listed for each CAP funded role)	<b>Email</b>	<b>Phone</b>	<b>Include this person on distribution list for this Track</b> (receive emails, invite to FERNetlab.org workgroup, meeting invites, etc.)	<b>Total expected CAP funded Calendar Months for this role</b>
1						
2						
3						
4						
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12						
13						
14						
15						
16						
17						
18						
19						
20						

SP-CoV2 Training/Mentorship Administered (Mid-Year & Annual)

	<b>Describe Mentorship/Training Topic</b>	<b>Laboratories Mentored/Trained</b>	<b>Number of People Trained</b>
1			
2			
3			
4			
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11			

12		
13		
14		
15		
16		
17		
18		
19		
20		

**SP-CoV2 Training Needed (Mid-Year & Annual)**

Does your laboratory need SP-CoV2 related training?	
Describe training need:	
1	
2	
3	
4	
5	
6	
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10	

**SP-CoV2 Mentorship Needed (Mid-Year & Annual)**

Are you in need of help finding a SP-CoV2 Mentor lab?	
Describe mentoring need	If you have a particular laboratory affiliated with this CAP you would like to assist you list them below:
1	
2	
3	
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9	
10	

**SP-CoV2 Proficiency Testing (Annual)**

Please fill in the requested information about proficiency testing and/or competency exercises. Only report PTs/Competency Exercises related to the work performed under this Track.

	PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below
1				
2				
3				
4				
5				
6				
7				
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10				

**SP-CoV2 Track Additional Information (Mid-Year & Annual)**

If there is any other information you would like to provide regarding your program within the SP-CoV2 track please enter it below:

<a href="#">Continue to M-HF Track</a>	<a href="#">Continue to C-HF Track</a>	<a href="#">Continue to R-FD Track</a>	<a href="#">Continue to SP-Sample Collection Track</a>	<a href="#">Review Coversheet tab</a>
<a href="#">Continue to M-AF Track</a>	<a href="#">Continue to C-AF Track</a>		<a href="#">Continue to SP-IT Track</a>	<a href="#">Review All Tracks tab</a>
<a href="#">Continue to M-FD Track</a>	<a href="#">Continue to C-FD Track</a>		<a href="#">Continue to SP-MD/V Track</a>	<a href="#">Continue to Budget tab</a>
<a href="#">Continue to M-WGS Track</a>			<a href="#">Continue to SP-CoV2 Track</a>	
<a href="#">Continue to M-CC Track</a>				

## Office of Partnerships Program Report Budget

Combined Budget: This tab sums the budget information entered on the individual track budgets. If information needs to be edited, please do so on the applicable track budget. This information will update automatically.

[Continue to M-HF Track](#)

[Continue to C-HF Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to M-AF Track](#)

[Continue to C-AF Track](#)

[Continue to SP-IT Track](#)

[Continue to M-FD Track](#)

[Continue to C-FD Track](#)

[Continue to SP-MD/V Track](#)

[Continue to M-WGS Track](#)

[Continue to SP-CoV2 Track](#)

[Continue to M-CC Track](#)

**Grant Track:**

**All LFFM Tracks**

Expenses		Total Budgeted	Expended to Date
1	Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00
2	Equipment	\$0.00	\$0.00
3	Travel	\$0.00	\$0.00
4	Materials and Supplies	\$0.00	\$0.00
5	Publication Costs	\$0.00	\$0.00
6	Consultant Services	\$0.00	\$0.00
7	ADP/Computer Services	\$0.00	\$0.00
8	Subawards/Contractual Costs	\$0.00	\$0.00
9	Equipment/Facility Rental/User Fees	\$0.00	\$0.00

10	Federal F&A (Indirect Costs)	\$0.00	\$0.00
11	Other Costs	\$0.00	\$0.00
12	Total Budget	\$0.00	\$0.00
13	Estimated unobligated funds (at RPPR submission, this value will be used to determine your offset for next year)	\$0.00	
	Additional Budget Comments M-HF:	0	
	Additional Budget Comments M-AF:	0	
	Additional Budget Comments M-FD:	0	
	Additional Budget Comments M-WGS:	0	



	0
<b>Additional Budget Comments M-CC:</b>	
	0
<b>Additional Budget Comments C-HF:</b>	
	0
<b>14 Additional Budget Comments C-AF:</b>	
	0
<b>Additional Budget Comments C-FD:</b>	
	0
<b>Additional Budget Comments R-FD:</b>	

Additional Budget Comments SP-SC:	0
Additional Budget Comments SP-IT:	0
Additional Budget Comments SP-MDV:	0
Additional Budget Comments SP-CoV2:	0

[Continue to M-HF Track](#)

[Continue to M-AF Track](#)

[Continue to M-FD Track](#)

[Continue to M-WGS Track](#)

[Continue to M-CC Track](#)

[Continue to C-HF Track](#)

[Continue to C-AF Track](#)

[Continue to C-FD Track](#)

[Continue to R-FD Track](#)

[Continue to SP-Sample  
Collection Track](#)

[Continue to SP-IT Track](#)

[Continue to SP-MD/V Track](#)

[Continue to SP-MD/V Track](#)



[Continue to SP-CoV2 Track](#)

able track page(s) and this page

[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)

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Total Projected Expenses
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

**Note to Respondent:**

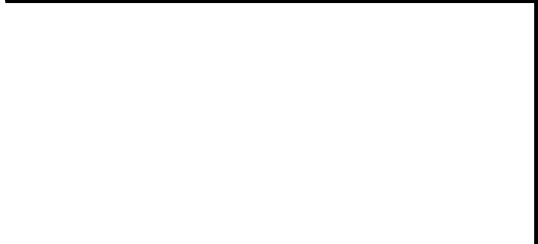
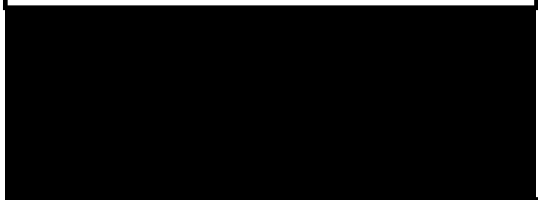
-The budget required in the eRA Commons RPPR Section H Budget asks the recipient to submit their SF 424 Research and Related Budget for the **next** budget period, and as "Funds Requested".

-The budget section of the new ORA pilot forms requests recipients report on the budget for the **current** budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.

\$0.00

\$0.00

\$0.00







[Review Coversheet tab](#)

[Review All Tracks tab](#)

[Continue to Budget tab](#)

