

Office of Partnerships Cooperative Agreement Progress Report Form

This progress report contains multiple sections and tabs by award track to complete. See your Notice of Award (NOA) or contact your

program managers to confirm which tracks are applicable to your award. This progress report is provided for the Food Protection Task Force (FPTF) track of the Flexible Funding Model (FFM) award. See your

Notice of Award (NOA) or contact your program managers to confirm if the FPTF track is included in your award. Save this form early and often using "FFM_[Abbreviated State]_[Abbreviated Agency Name]_[Current Budget Year]_Progress Report.xlsx"

filename. If you would like to report progress for other FFM tracks please use the full FFM EOY Progress Report excel workbook (which also

includes this page). Questions regarding this form, contact ORAOPDataHub@fda.hhs.gov; questions regarding the budget contact Program Managers,

James.Betz@fda.hhs.gov and Jocelyn.Ramos@fda.hhs.gov.

Save this form early and often using "FFM_[Abbreviated State]_[Abbreviated Agency Name]_[Current Budget Year]_Progress

Report.xlsx" filename. Upon completion, E-mail your final excel file to your Project Managers and ORAOPDataHub@fda.hhs.gov.

Questions regarding this form, contact ORAOPDataHub@fda.hhs.gov; questions regarding the budget contact Program Managers,

James.Betz@fda.hhs.gov and Jocelyn.Ramos@fda.hhs.gov.

Upon completion, E-mail your final excel file to your Project Managers and ORAOPDataHub@fda.hhs.gov.

Awardee Name

Select

Report Type

End of Year

If Yes, please enter applicable updates below.

Date Completed

Project Period Start Date

Project End Date

Budget Period Start Date

Budget Period End Date

Principal Investigator (PI)

PI Email

PI Phone

Has PI Information Changed?

Select

If Yes, please enter applicable updates below.

New PI Name

New PI Email

New PI Phone

Office of Partnerships Cooperative Agreement

This page is provided for the **Food Protection Task Force Track** only, enter your MF page. If you were awarded this track. If you are participating in the Optional RRT Dev Tracks please use the full FPM Program Report excel workbook (which also includes RRT_Dev, RRT_Main, and/or PC_Exp) applicable for your award.

Complete the budget, summary of progress, task force meeting details, meeting evaluation. Complete the budget, summary of progress, task force meeting details, meeting evaluation below.

The tab labeled "PrintFPTF" will allow you to print the progress narratives as a pdf. The tab labeled "PrintFPTF" will allow you to print the progress narratives as a pdf. "PrintOption" tab.

Note: Total budgeted should be the amount budgeted for that expense at the time from the beginning of the funding period to the due date of this progress report. Note: Total budgeted should be the amount budgeted for that expense at the time of this progress report through the remainder of the current funding period.

Note: Total budgeted should be the amount budgeted for that expense at the time from the beginning of the funding period to the due date of this progress report. The text entered may exceed the space provided. "Alt+Enter" will return a new line.

ORAOPDataHub@fda.hhs.gov; for questions regarding the budget contact Program Manager Jocelyn.Ramos@fda.hhs.gov. Budget information entered for each track page will sum together with other tracks on the individual track pages.

The text entered may exceed the space provided. "Alt+Enter" will return a new line. **ORAOPDataHub@fda.hhs.gov; for questions regarding the budget contact Program Manager Jocelyn.Ramos@fda.hhs.gov.**

Grant Track:

Grant Year (select):

Budget Report

Expenses	
1a	Salary and Wages
1b	Fringe Benefits
2	Equipment
3	Travel
4	Materials and Supplies
6	Consultant Services
10	Federal F&A (Indirect Costs)
11	Other Costs
15	Total Budget
16	Estimated current obligated funds
17	Carryover I will be requesting

20	Food Protection Task Force Budget Comments (Use Alt+Enter for new line if desired)
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Dates covered by this report:

Reporting Period Start Date:
Reporting Period End Date:

Summary of Progress

FPTF Official's Name:

FPTF Mission:	

FPTF Annual Goals:	

FPTF Annual Objectives:	
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Provide a description of the FPTF structure and leadership:	

Provide a description of the FPTF membership:	

Task Force Meeting Details - Attach copies of agendas to

	Meetings:
	Trainings:
	Workshops:

Describe the meeting or training type (webinar, face to face, etc	

Describe and list the number of attendees represented per meet and territorial human and animal food (HAF) protection, public l academia, and consumers):	

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Evaluations of Accomplishments and Outcomes

Describe what went well (success stories and lessons learned):	
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Describe how the FPTF promoted the integration of an efficient : protection of public health:	

Describe the FPTF efforts to foster communication, education ar	
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Describe what could be done better:	

Describe what could be done to improve the outreach activity even further:	

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Meeting(s) Evaluation You may submit MFRPS Appendix

Describe the discussions and decisions resulting from these activities, including the replicability across other state task forces:

Description of integrated activities (e.g. networking, tabletop exercises, inspection resources, training, information sharing, statewide network)

Identification of any issues encountered during the implementation of ordinances:

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Describe any resources and tools developed by the FPTF to meet forces and stakeholders:

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<i>Terms and Conditions for FPTF funding track (as applicable)</i>

All conference material (promotional materials, agenda, publications) must include an acknowledgement of FDA grant support and a disclaimer statement, if possible [in part] by [insert grant number] from [insert FDA name]. All publications and by speakers and moderators do not necessarily represent the views of the FDA and Human Services; nor does mention of trade names, commercial products, or the U.S. Government."
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Changes in key task for personnel must be reported. Recipients :
James.Betz@fda.hhs.gov, Jocelyn Ramos Project Officer of the F
Giesen, Project Officer of Food Protection Task Force Program at
Grant Specialist of the FFM Program at, Gordana.Zuber@fda.hhs

Additional Narrative

(Optional) Describe any ongoing concerns, problems, or program

(Optional) Anything else you would like to report related to your



Agreement Progress Report Form

MFRPS award information on the MFRPS page. You should only complete this page if you are reporting on development, RRT Maintenance, or PC Expansion please complete the page as directed.

valuation for activities related to your FPTF award in the fields provided
valuation for activities related to your FPTF award ONLY in the fields

as desired. See printing instructions on the "PrintOption" tab.
for your attachment to eRA Commons. See printing instructions on the

e of submission for this report. Expended to Date includes all expenditures
Total Projected Expenses includes all planned expenditures from the due date
e of submission for this report. Expended to Date includes all expenditures
Total Projected Expenses includes all planned expenditures from the due

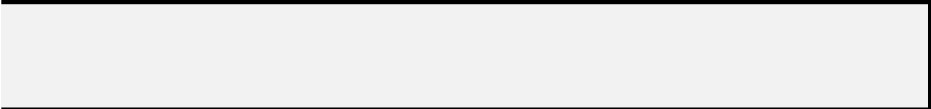
e within a text box if desired. **For questions regarding this form, contact
Team Managers, James.Betz@fda.hhs.gov and Jocelyn.Ramos@fda.hhs.gov.**
budgets on the Budget page but you will only be able to edit your entries

e within a text box if desired. **For questions regarding this form, contact
Team Managers, James.Betz@fda.hhs.gov and**

FPTF

Total Budgeted	Expended to Date	Total Projected Expenses
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
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(MM/DD/YYYY)



your email submission

Enter Number

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ting, training or workshop (e.g., federal, state, local, tribal health, agriculture and regulatory agencies, retail, industry,

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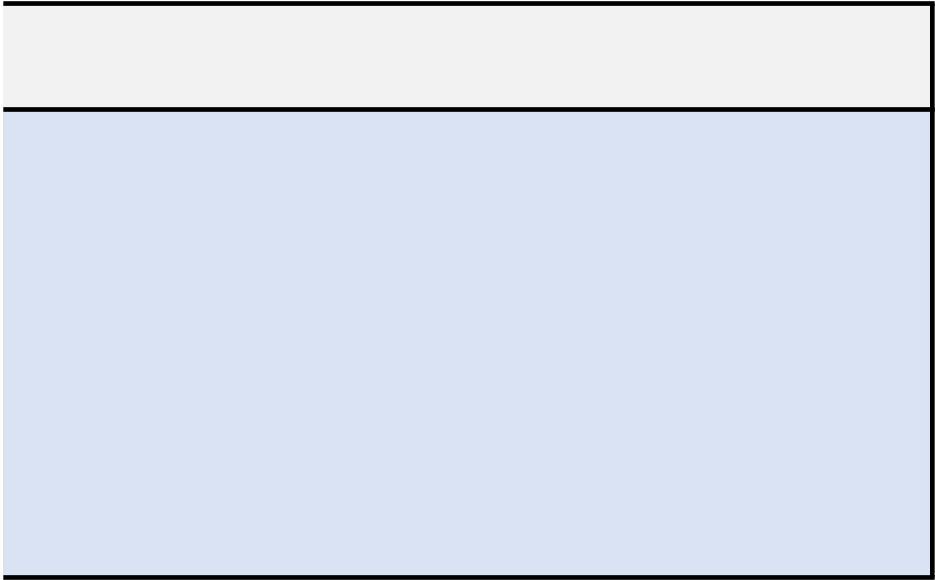
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statewide HAF protection system that maximized the



nd outreach:



x 7.2 form(s) if completed

ivities (e.g. reports, recommendations, questions, etc.)

ercises, development of food safety, food defense and
eeds assessments, etc.):

tion and/or adoption of FSMA or other rules, codes, and



at their goals and objectives for sharing with other task


ole)
tions and internet sites) related to this project must include ing the following: "Funding for this conference was made e]. The views expressed in written conference materials or reflect the official policies of the Department of Health rcial practices, or organizations imply endorsement by the

shall notify James Betz, Project Officer of the FFM Program
FM Program at Jocelyn.Ramos@fda.hhs.gov, cc Graham
t Graham.Giesen@fda.hhs.gov, and cc Gordana Zuber,
s.gov.

n successes here:

r FPTF Report that is not reported elsewhere on this form:



The following page(s) labeled as "Print[Track]" are offered as an option for you to print your report.

You will not be able to edit these pages as they are linked to the cells for your action report on that page. If you wish to edit any of the information displaying on a print page please do so on the corresponding track page.

AFTER you enter your action report information on the applicable track page, go to the corresponding rows by clicking on the grey row numbers on the left hand side of the excel window and dragging to the row you want to expand. Double-click to resize highlighted rows to show all text. If all text still does not fit, adjust the row by clicking and dragging the bottom of the grey number tab for that row.

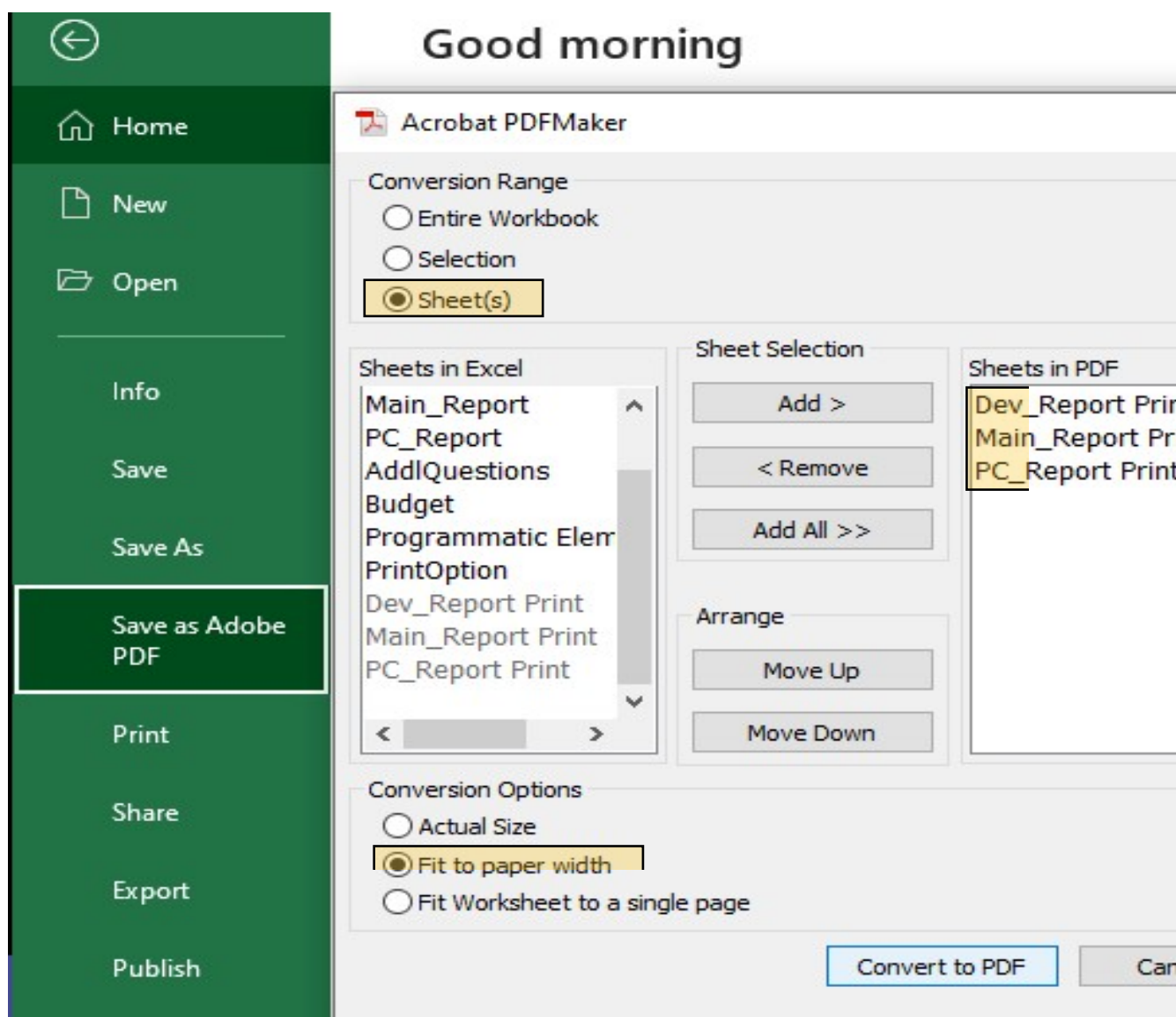
Note: If you reach the maximum row height you will need to shorten your response for it to display.

You can convert to pdf using one of two options:

1. File> Save as Adobe PDF > choose option to Fit to Paper Width (see Figure 1) and ensure the sheets you want are showing under the Sheets in PDF field> Convert to PDF. Selecting sheets in this workbook that are not labeled for printing is not recommended.

2. File> Print > choose Adobe PDF as printer and leave Settings as Print Active Sheets only (see Figure 2) and choose Fit All Columns on One Page > Print. Printing the entire workbook is not recommended.

Printing or converting to pdf, either, the entire workbook or tabs not labeled for printing, will result in pages that do not display well.



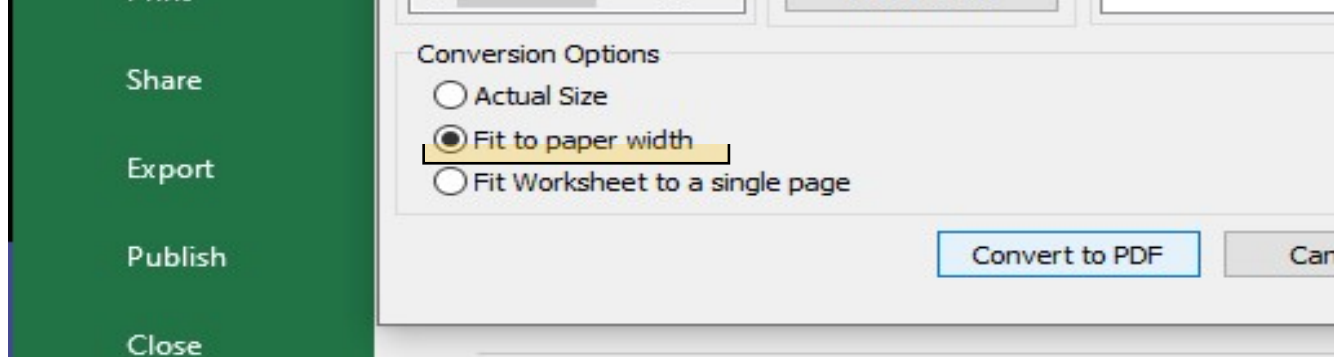


Figure 1. Save as Adobe PDF

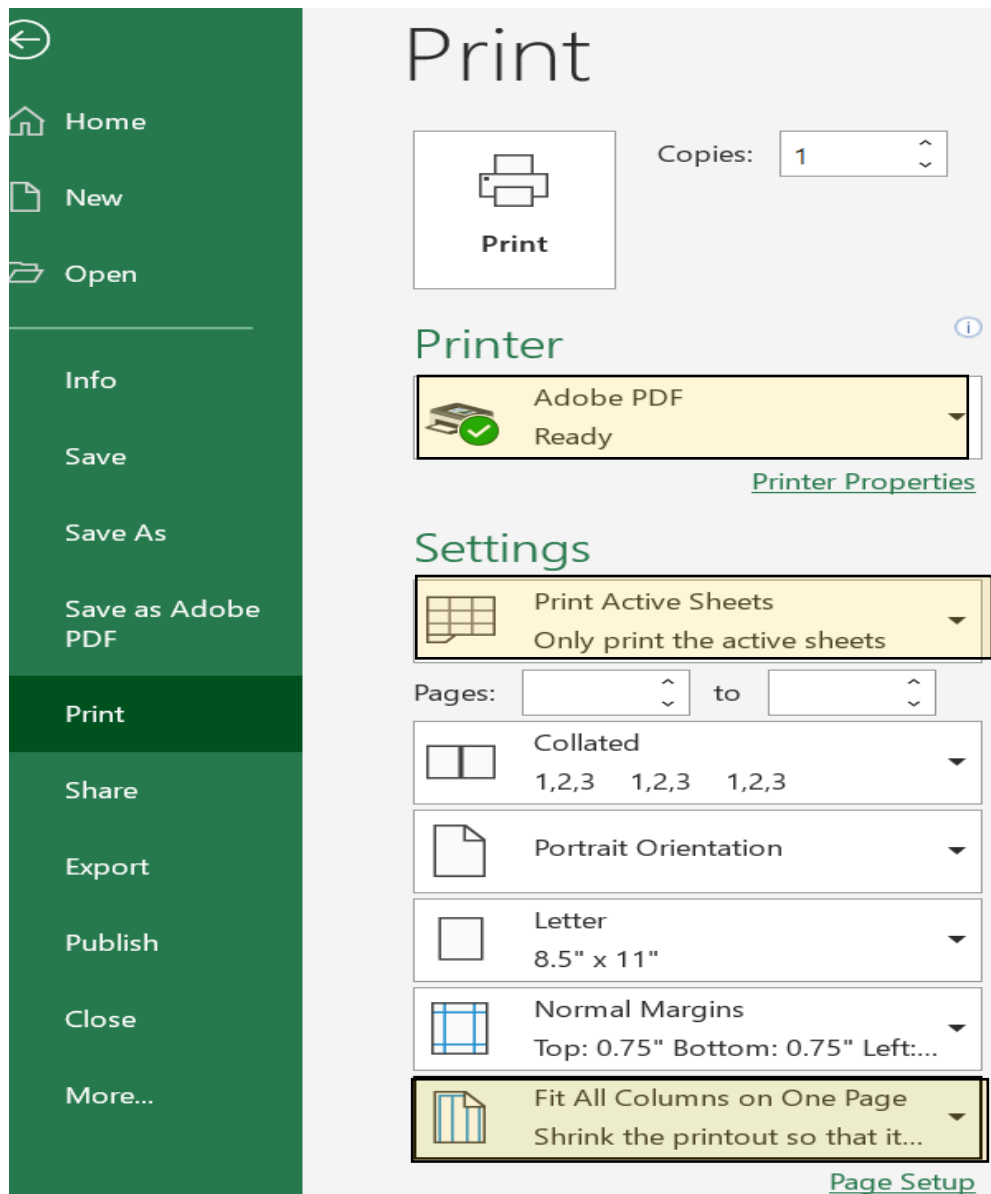


Figure 2. Print to PDF

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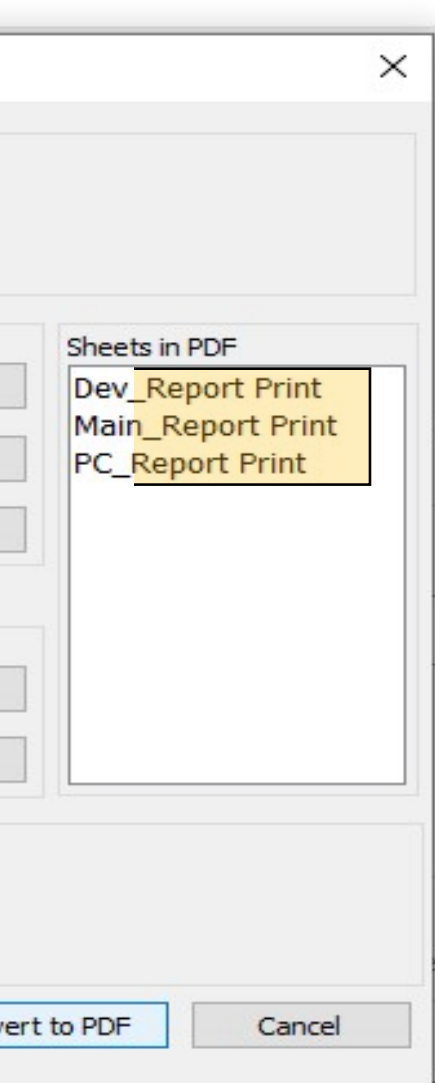
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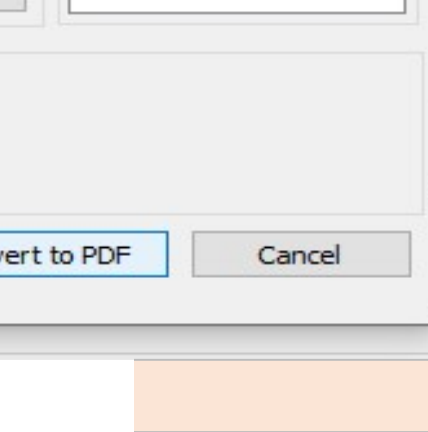
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**Select
End of Year
FPTF
Program Narrative**

Dates covered by this report:

Summary of Progress

FPTF Official's Name:

FPTF Mission:

FPTF Annual Objectives:

Provide a description of the FPTF structure and leadership:

Provide a description of the FPTF membership:

Task Force Meeting Details - Attach copies of agendas to your email submission

Meetings:

Trainings:

Workshops:

Describe the meeting or training type (webinar, face to face, etc.):

Describe and list the number of attendees represented per meeting, training or workshop (e.g., federal, state, local, tribal and territorial human and animal food (HAF) protection).

Evaluations of Accomplishments and Outcomes

Describe what went well (success stories and lessons learned):

Describe how the FPTF promoted the integration of an efficient statewide HAF protection system that maximized the protection of public health:

Describe the FPTF efforts to foster communication, education and outreach:

Describe what could be done better:

Describe what could be done to improve the outreach activity event:

Meeting(s) Evaluation You may submit MFRPS Appendix 7.2 form(s) if completed

Describe the discussions and decisions resulting from these activities (e.g. reports, recommendations, questions, etc.) including the replicability across other state task forces.

Description of integrated activities (e.g. networking, tabletop exercises, development of food safety, food defense and inspection resources, training, information sharing).

Identification of any issues encountered during the implementation and/or adoption of FSMA or other rules, codes, and ordinances:

Describe any resources and tools developed by the FPTF to meet their goals and objectives for sharing with other task forces and stakeholders:

Additional Narrative

(Optional) Describe any ongoing concerns, problems, or program successes here:

(Optional) Anything else you would like to report related to your FPTF Report that is not reported elsewhere on this form: