Office of Partnerships Egg Contract Quarterly Summary Report: Coversheet

This Quarterly Summary Report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

State Agencies:
Save this form using filename "**State_Agency Abbreviation_EGG_QSR**".
Complete Coversheet and State Report Tabs and email the completed report to your State Liaison or Division Representative.

State Liaison:
Complete the Division Reporting Tab and email the completed report to the **State, Project Manager, and** ORAOPDataHub@fda.hhs.gov.

Contract Number (auto-filled)   Select Agency

Agency Name (select from list)   Select

State or US Territory (auto-filled)   Select Agency

Contract Type   EGG

Date Completed (MM/DD/YYYY)

State Report Preparer's Name

State Report Preparer's Email

Period of Performance Start Date

Period of Performance End Date

Reporting Period Start Date

Reporting Period End Date	
Reporting Period Frequency	Select
Current Reporting Period	Select

Review Instructions	Continue to StateReport	Continue to DivisionReport
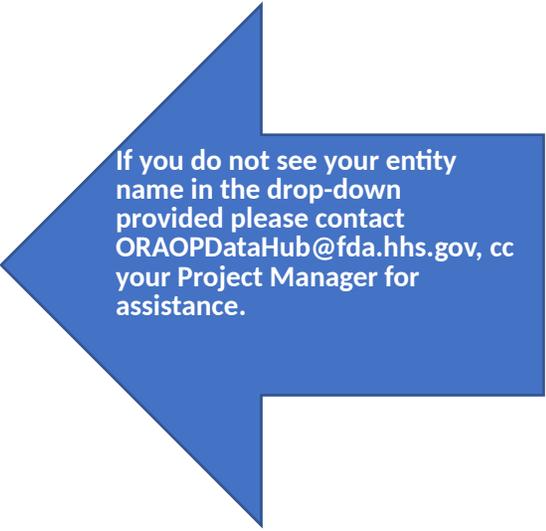
If you do not see your entity name in the drop-down provided please contact ORAOPDataHub@fda.hhs.gov, cc your Project Manager for assistance.

Office of Partnerships Egg Contract Quarterly Summary Report: State Reporting

This summary report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

State Agencies:
Complete all questions on this tab and the Coversheet and email the completed report to your State Liaison or Division Representative with a list of contract inspections completed showing the inspection classification, firm name, FEI, city, and date of inspection.

Note: it is your responsibility to ensure your State Liaison receives this report by the deadline specified in the current Statement of Work. Failure to submit by the deadline may negatively impact processing and issuing payment for completed. However, in the case that you are unable to complete this report in its entirety by the deadline it is still expected you will email this form with information as to specific challenges and corrective actions in field 16. State Challenges and Corrective Actions, by the deadline and submit a corrected complete report as soon as possible.

State Liaison:
Review the state report information below but complete the Division Reporting Tab before you email the completed report to the **State, Project Manager, and** ORAOPDataHub@fda.hhs.gov.

Review Instructions	Complete Coversheet	Continue to StateReport	Continue to DivisionReport

	Contract Reporting Elements	Line Item *(for current option)*	Total Contract Requirement	Total Completed *(this reporting period)*	Total Remaining
Contract Work Accomplished	**Contract Inspection Types**				
	1. Target Inspections	0	0	0	0
	2. Visits (Out-of-Business, etc.)	0	0	0	0
	Contract Samples				
	3. Evironmental Samples	0	0	0	0
	4. In-Compliance Quantity			0	
	5. Not In-Compliance Quantity			0	
	6. Other - Training			0	
	7. Enforcement Notices (e.g. warning letters)			0	
	8. Embargoes/Seizures			0	
	9. Hearings Conducted			0	

State Contract Actions				
10. Prosecutions/Injunctions			0	
Other Contract Actions List Below				
11. [Replace bracketed text]			0	
12. [Replace bracketed text]			0	
13. [Replace bracketed text]			0	
14. Re-Inspections (Follow-ups to violative Inspections)			0	

State Contractor Challenges, Issues, and Highlights	
15. Select the current status based on your assessment of contract performance for this reporting period.	Select
16. List any major challenges encountered this reporting period and corrective actions taken. Include how these actions directly address those challenges. *(Use Alt+Enter for new line if desired)*	

17. Write a brief narrative detailing any positive, significant events identified during this reporting period. *(Use Alt+Enter for new line if desired)*	
18. If applicable, report a dollar value for Item 8. Embargos/Seizures from the table above.	
19. Additional State Reporting Comments *(Use Alt+Enter for new line if desired)*	

Review Instructions   **Complete Coversheet**   **Continue to StateReport**   **Continue to DivisionReport**

Office of Partnerships Egg Contract Quarterly Summary Report: Division Reporting

This summary report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

State Agencies:
Complete all questions on the StateReport tab and email the completed report to your State Liaison or Division Representative.

State Liaison:
Review the state report information from the StateReport tab, complete the Division Report below and email the completed report to the **State, Project Manager, and** ORAOPDataHub@fda.hhs.gov.

Contract Performance Feedback	
20. Indicate the overall status of the State contractor's performance this reporting period.	Select
21. (Optional) If the contractor experienced challenges or issues during this reporting period, please list them and detail any corrective actions taken or agreed to by the contractor. *(Use Alt+Enter for new line if desired)*	
22. (Optional) Write a brief narrative detailing any positive, significant events identified during the contractor's performance this reporting period. *(Use Alt+Enter for new line if desired)*	
23. Indicate Division Approval or Disapproval by selecting from the drop-down menu. **If this report is disapproved, provide your explanation below.**	*Select*

24. (Optional) Additional Division Reporting Comments. *(Use Alt+Enter for new line if desired)*	
25. Enter the name of the Division Representative approving this report.	
26. Enter the date this Division Review was completed.	

Contract Quarterly Summary Report Instructions

State agencies:

Save this form as an excel file using filename **"State_Agency Abbreviation_EGG**
Administration office in Maryland would use: MD_FDA_EGG_QSR.xlsx.

Complete the Coversheet and StateReport tabs of this workbook. E-mail the co
FDA Division representative. You must utilize this form's fillable feature to enter
this information in any other format is not permitted, e.g. photocopied, handwr
the pre-filled information notify your FDA Division Representative or State Liaiso

Coversheet Tab: Administrative Information

Contract Number: Pre-filled for you after selecting your Agency Name.
Agency Name: Select the name of the agency for this contract from the dropdo
agency, please notify ORAOPDataHub@fda.hhs.gov and Project Manager for ass
State: Pre-filled for you after selecting your Agency Name.
Contract Type: Contract type is pre-filled for you.
Date Completed: Date form is completed by the state agency.
State Report Preparer's name: Name of person filling out form.
State Report Preparer's E-mail: E-mail address of person filling out form.
Period of Performance Start Date: Enter the Period of Performance Start Date i
contract.
Period of Performance End Date: Enter the Period of Performance End Date in
contract.
Reporting Period Start Date: Enter the reporting start date in M/D/YYYY format
Reporting Period End Date: Enter the reporting end date in M/D/YYYY format, e
Reporting Period Frequency: Select from the drop-down menu for either quarte
Current Reporting Period: Select the corresponding reporting period, e.g. 3^(rd) Q

StateReport Tab: Contract Report Data and Self-Evaluation

Enter the line item number, the total required by contract, the total completed
remaining in the table provided for items 1.-14. as applicable. Fields for those it
current contract year are greyed out.

1. Target Inspections
2. Visits/Out of Business (OOB)
3. Environmental Samples
4. In-Compliance Qty
5. Not In-Compliance Qty
6. Other - Training
7. Enforcement Notices (e.g. warning letters)

2. <u>Visits/Out of Business (OOB)</u>
3. <u>Environmental Samples</u>
4. <u>In-Compliance Qty</u>
5. <u>Not In-Compliance Qty</u>
6. <u>Other - Training</u>
7. <u>Enforcement Notices (e.g. warning letters)</u>
8. <u>Embargoes/Seizures</u> Enter total dollar value in field 17. if desired. When
   detail breakdown of dollar amounts may be included in field 18. as addit
9. <u>Hearings Conducted</u>
10. <u>Prosecutions/Injunctions</u>
11. <u>Other Actions (11)</u> – Replace only the bracketed text (leave the item num
    The text entered may exceed the visible field, all text entered will be ext
12. <u>Other Actions (12)</u> – Replace only the bracketed text (leave the item num
    The text entered may exceed the visible field, all text entered will be ext
13. <u>Other Actions (13)</u> – Replace only the bracketed text (leave the item num
    The text entered may exceed the visible field, all text entered will be ext
14. <u>Re-inspections (Follow-ups to violative inspections)</u>
15. <u>Select the status based on your assessment of contract performance f</u>
    selected if work has not started yet for this contract year (e.g. work is
    the year).
16. <u>List any major challenges encountered this reporting period and corre</u>
    <u>actions directly address those challenges.</u> - Note: it is your responsibili
    this report by the deadline. However, in the case that you are unable
    the deadline it is still expected you will email this form with applicable
    corrective actions in this field by the deadline and submit a corrected
17. <u>Write a brief narrative detailing any positive, significant events identif</u>
18. <u>If desired, report a total dollar value for Item 8. Embargos/Seizures fr</u>
    <u>dollar value for each embargo or seizure event, use field 18. Additiona</u>
19. <u>Provide any additional comments as desired for the state report.</u>

State Liaison: Complete the DivisionReport tab of this workbook and e-mail t
Project Manager, and ORAOPDataHub@fda.hhs.gov.

DivisionReport: Division Review and Performance Evaluation

20. <u>Indicate the overall status of the State Contractor's performance this</u>
    work has not started yet for this contract year (e.g. work is seasonal a
21. <u>(Optional) If the contractor experienced challenges or issues during th</u>
    <u>corrective actions taken or agreed to by the contractor.</u>
22. <u>(Optional) Write a brief narrative detailing any positive, significant eve</u>
    <u>performance this reporting period.</u>
23. <u>Use the drop-down menu provided to indicate if this report is approve</u>
    <u>provided to include an explanation.</u>
24. <u>(Optional) Provide any additional comments as desired for the divisio</u>
25. <u>Enter the name of the Division Representative approving this report.</u>
26. <u>Enter the date the Division Review was completed.</u>

performance this reporting period.
23. Use the drop-down menu provided to indicate if this report is approve
    provided to include an explanation.
24. (Optional) Provide any additional comments as desired for the division
25. Enter the name of the Division Representative approving this report.
26. Enter the date the Division Review was completed.

Review Instructions	Complete Coversheet	Continue to

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Abbreviation_EGG_QSR", for example the Food & Drug
_QSR.xlsx.

ook. E-mail the completed report to your State Liaison or
le feature to enter the required information. Submitting
otocopied, handwritten, etc. If you find any discrepancies in
ative or State Liaison.

ncy Name.
ct from the dropdown provided. If you do not see your
ect Manager for assistance.

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m.
g out form.
mance Start Date in M/D/YYYY format as listed on the

nance End Date in M/D/YYYY format as listed on the

M/D/YYYY format, e.g. 3/1/2020.
M/D/YYYY format, e.g. 6/30/2020.
nu for either quarterly or monthly.
g period, e.g. 3rd Quarter.

e total completed within this reporting period and the total
. Fields for those items that were not included for the

7. if desired. When reporting more than one event, the
in field 18. as additional comments.

leave the item number) with the desired short description.
entered will be extracted at processing.
leave the item number) with the desired short description.
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entered will be extracted at processing.

act performance for this reporting period. N/A may be
year (e.g. work is seasonal and will be performed later in

period and corrective actions taken. Include how these
your responsibility to ensure your State Liaison receives
at you are unable to complete this report in its entirety by
rm with applicable information as to specific challenges and
ubmit a corrected complete report as soon as possible.
cant events identified during this reporting period.
pargos/Seizures from the table above. To also provide a
field 18. Additional State Reporting Comments to list values.
state report.

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performance this reporting period. N/A may be selected if
work is seasonal and will be performed later in the year).
or issues during this reporting period list them and detail any
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ive, significant events identified during the contractor's

s report is approved. If it is not approved, use the space

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report is approved. If it is not approved, use the space

red for the division report.
oving this report.

StateReport   **Continue to DivisionReport**