Produce Safety Cooperative Agreement Program
Program Report Form

Path B and C must complete all tabs. Path A must complete all tabs <u>except</u> Obj5, Obj6, and Obj7.

Save this form locally and often using "StateAbbrev_last4 digits FAIN#_YYYYMMDD_Produce Program Report" filename.

All information should be reported for the current budget period.

Once you have completed all applicable sections for your award upload the Program Effectiveness Template to your ORAPP folder. Please email your OP Project Manager to notify them that you have completed your submission in ORAPP.

Recipient Name *(Select)*	Select
State	Select Recipient Name
Federal Award Identification Number	Select Recipient Name
Program Path	Select Recipient Name
Report Frequency	Select
Report Author (if not PI)	
Date Completed	

Project Period Start Date	7/1/2021
Project End Date	6/30/2026
Budget Period Start Date	7/1/2022
Budget Period End Date	6/30/2023

Principal Investigator (PI)

PI Email

PI Phone

If Yes, please enter applicable updates below.

Is your contact and admin spreadsheet current in ORAPP?

Select

When entering text it is OK to exceed the visible field space with your response. U

Assessment and Planning Status	Current Status
What is the status of your written Assessment?	Select
What is the status of your written Project Plan?	Select

Does your Written Assessment:

Identify covered produce commodities that are common to your jurisdiction?
Identify common farming conditions and practices in your jurisdiction?
Identify unique farming conditions and practices in your jurisdiction?
Review your farm inventory data?
Develop an organizational structure and infrastructure needed to fulfill CAP objectives?
Identify partners and collaborators that support your produce program?
Assess your state or territories capabilities to respond to produce related events within the jurisdiction?

Use "Alt+Enter" for a new line if desired.

If "not started" or "in progress" explain timeline for completion below

Select
Select
Select
Select
Select
Select
Select

a. Are produce program positions filled?   Select

If no, which positions need to be filled and when will you fill the position(s)?

b. Staff training:

	Number of current staff that have completed:	Number of current staff awaiting completion of:
Training Course FD226		
Training Course FD326		
Training Course FD225		

c. Please share any topics that are needed for your staff to successfully conduct CAP work, but have not been covered in existing courses:

d. Personnel conducting CAP work (do not include subaward personnel here):

	Last Name, First Name	Title	Primary CAP Role	Explain any additional CAP roles and responsibilities	Percent of time funded by the CAP
1			Select		
2			Select		
3			Select		
4			Select		
5			Select		
6			Select		
7			Select		
8			Select		
9			Select		
10			Select		
11			Select		
12			Select		
13			Select		
14			Select		

15			Select	
16			Select	
17			Select	
18			Select	
19			Select	
20			Select	

f. List key accomplishments of subawards (a subaward is a monetary award for the subrecipient to carry out part of the project).

	Subaward Entity	Funding Amount	Met Expected Deliverables	Key Accomplishments	Areas of Work: Select "Yes" for all that apply:				
					Inventory Development	Education	Outreach	Technical Assistance	Other
1			Select						
2			Select						
3			Select						
4			Select						
5			Select						

If no subwards are listed above, please select a drop down option:

N/A - Subawards are reported above

g. List and describe MOU(s) established:

	MOU Entity	Purpose of MOU
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

N/A - MOUs are listed above

If no MOUs listed above, please select a drop down option:

h. List of contracts established:

A contract is a legal instrument to purchase property or services needed to carry out the project.

	Contractor Entity	Funding Amount	Met Expected Outcomes	Property or services purchased
1			Select	
2			Select	
3			Select	
4			Select	
5			Select	
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	

If no contracts are listed above, please select a drop down option: | N/A - Contracts are listed above |

When entering text it is OK to exceed the visible field space with your response. U

a. Describe, list, and quantify your education activities (other tha resources/materials used (examples include trainings, workshop

b. Describe, list, and quantify your outreach activities conducted event booths, presentations, advertisements, etc.):

c. Describe, list, and quantify your on farm and/or remote techni reviews):

d. Do applicable items include the current Funding Acknowledge

e. Please share any training/knowledge gaps that you feel exist fo

f. Known number of (non-exempt) covered farms in your jurisdic
(PSA) Grower Training or equivalent:

How many remainin

Use "Alt+Enter" for a new line if desired.

n PSA grower trainings) for farms using CAP funds and
s, etc.):

and resources/materials used (examples include mailers,

cal assistance activities (other than on farm readiness

ment Statement?

Select

or produce farms in your jurisdiction:

tion that still need Produce Safety Alliance

g courses do you estimate needing to host:

When entering text it is OK to exceed the visible field space with your response. U

a. What electronic system do you currently use for your farm inv

If this is not your final system, describe the electronic system you
implementation:

b. Based on your efforts to develop your farm inventory to date,
current verified farm inventory:

c. Would you consider your farm inventory to be still in the deve
phase?

If your inventory is in the development phase, when and how wi

d. Do you have a written procedure for farm inventory verificatic

e. Do you have a written procedure for farm inventory maintena

f. Does your inventory system capture all categories of produce f

g. Do you use a registration for inventory purposes?

If yes, please explain below:

h. If your inventory development and verification efforts include
resources/materials used:

i. How many inventory verification visits have been conducted th

Use "Alt+Enter" for a new line if desired.

entory data:

ur jurisdiction plans to use and timeline for

how complete and accurate is your

lopment phase or in the maintenance   Select

ll you transition to a maintenance phase?

on?   Select

nce activities?   Select

farms with produce sales?   Select

                                        Select

on farm visits please describe your visits and the

is budget period?

Program Rep
Objective 5. Inspectional Program D

When entering text it is OK to exceed the visible field space with your response. U

a. Number of trained produce inspectors:

b. What is the average number of inspections per each inspector

c. Do you use the FDA Produce Assignment to guide planning and
If no, explain:

d. Do you use the PDAT for risk based inspection prioritization?

e. Do you issue a Notice of Inspection or state equivalent?

f. Do you issue the FDA 4056 or a state equivalent at the close of

g. Are you directly citing 21 CFR 112 citations, when applicable?

h. Do you complete the Produce Farm Inspection Summary Repo

i. Do you have a written process for making a final inspection clas

j. What electronic system do you use to capture inspection data?

k. Number of known (non-exempt) covered farms that have not

l. After all initial inspections are completed, what is your inspecti

m. Are you conducting produce safety rule inspections using fund
If yes, explain:

n. Do you conduct joint sprout inspections with FDA under this C

o. Does your state conduct sprout inspections outside of this CAF
If yes, under what regulation do you conduct these sprout inspe

Use "Alt+Enter" for a new line if desired.

in a CAP year (July 1 - June 30)

d conducting inspections?

Select

Select

Select

each inspection?

Select

Select

rt or state equivalent for each inspection?

Select

ssification?

Select

recieved an initial PSR inspection:

on frequency and prioritization plan?

ds other than CAP funds?   Select

AP?   Select

?   Select

ctions?

Program Rep
Objective 6. Compliance and Enf

When entering text it is OK to exceed the visible field space with your response. U

a. Select current authority used for enforcement of the Produce

b. Is your authority to conduct PSR inspections and enforcement

If Yes, please indicate and describe the proposed change and tim

c. Do you have internal procedures to conduct the preliminary re
determine a final inspection classification and deciding next step
enforcement action(s) as needed?

If no, what is your timeline to develop a procedure?

d. (**Path C only**) Do you have a framework established for conduc
progressive actions?

If no, what is your timeline to develop a framework?

Use "Alt+Enter" for a new line if desired.

Safety Rule:

<div style="border:1px solid black; text-align:center;">Select</div>

subject to change?

<div style="border:1px solid black; text-align:center;">Select</div>

eline:

view of inspection documentation to
s for conducting compliance and

<div style="border:1px solid black; text-align:center;">Select</div>

ting for compliance and enforcement

<div style="border:1px solid black; text-align:center;">Select</div>

Objective 7. Produce Related Event Response Pla

When entering text it is OK to exceed the visible field space with your response. U

a. Based on your completed Assessment (see Objective 1), does
in your state) have the capability to systematically detect, investi
produce related incidents to stop, control and prevent hazards th
illness, injury or outbreak.

If No, what are the capability gaps?

b. Do you anticipate needing additional funding under this CAP i
response capabilities?

port Form
nning and Implementation (Path B and Path C)

Use "Alt+Enter" for a new line if desired.

your jurisdiction (e.g. any agency or entity
igate, mitigate, document and analyze
nat are likely to result in a produce related

Select

n order to develop and implement produce

Select

Program Report Form
Budget Reporting

When entering a short description for Expense Items 12-15. "Other # [Replace only bracketed text]" delete **only** the bracketed text i.e. "Other 1 User entered description"

When entering text it is OK to exceed the visible field space with your response. Use "Alt+Enter" for a new line if desired.

Expenses	Total Budgeted	Spent	Remaining
1 Total Budget	$0	$0	$0
2 Total Salary, Wages, and Fringe Benefits	$0	$0	$0
3 Equipment	$0	$0	$0
4 Travel	$0	$0	$0
5 Materials and Supplies	$0	$0	$0
6 Publication Costs	$0	$0	$0
7 Consultant Services	$0	$0	$0
8 ADP/Computer Services	$0	$0	$0
9 Subawards/Contractual Costs	$0	$0	$0
10 Equipment/Facility Rental/User Fees	$0	$0	$0
11 Federal F&A (Indirect Costs)	$0	$0	$0
12 Other 1 [Replace only bracketed text]	$0	$0	$0

This field will sum the Total Projected Expenses column
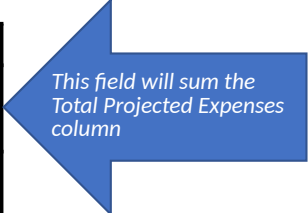
13	Other 2 [Replace only bracketed text]	$0	$0	$0
14	Other 3 [Replace only bracketed text]	$0	$0	$0
15	Other 4 [Replace only bracketed text]	$0	$0	$0
16	Additional Budget Comments: *(Use Alt+Enter for new line if desired)*			

Program Rep
Program Impleme

When entering text it is OK to exceed the visible field space with your response. U

Describe any ongoing issues in the implementation of your jurisd

Describe successes in the implementation of your jurisdiction's p

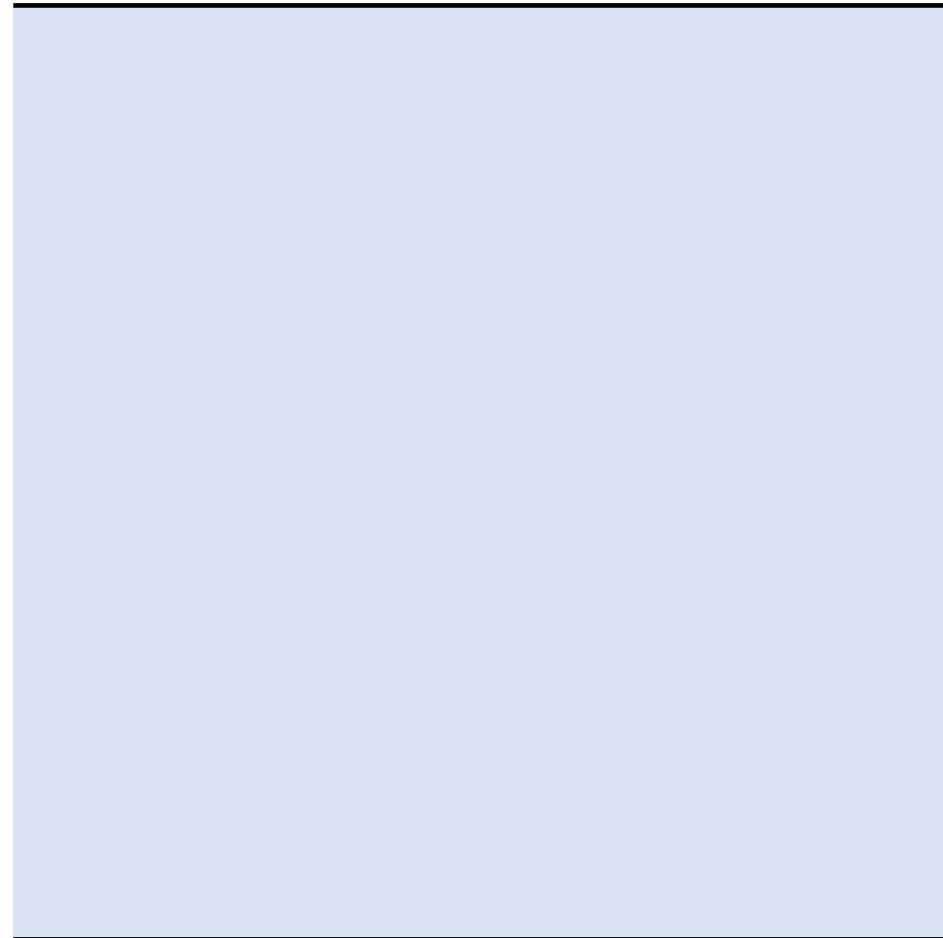List additional resources that have been helpful for your program

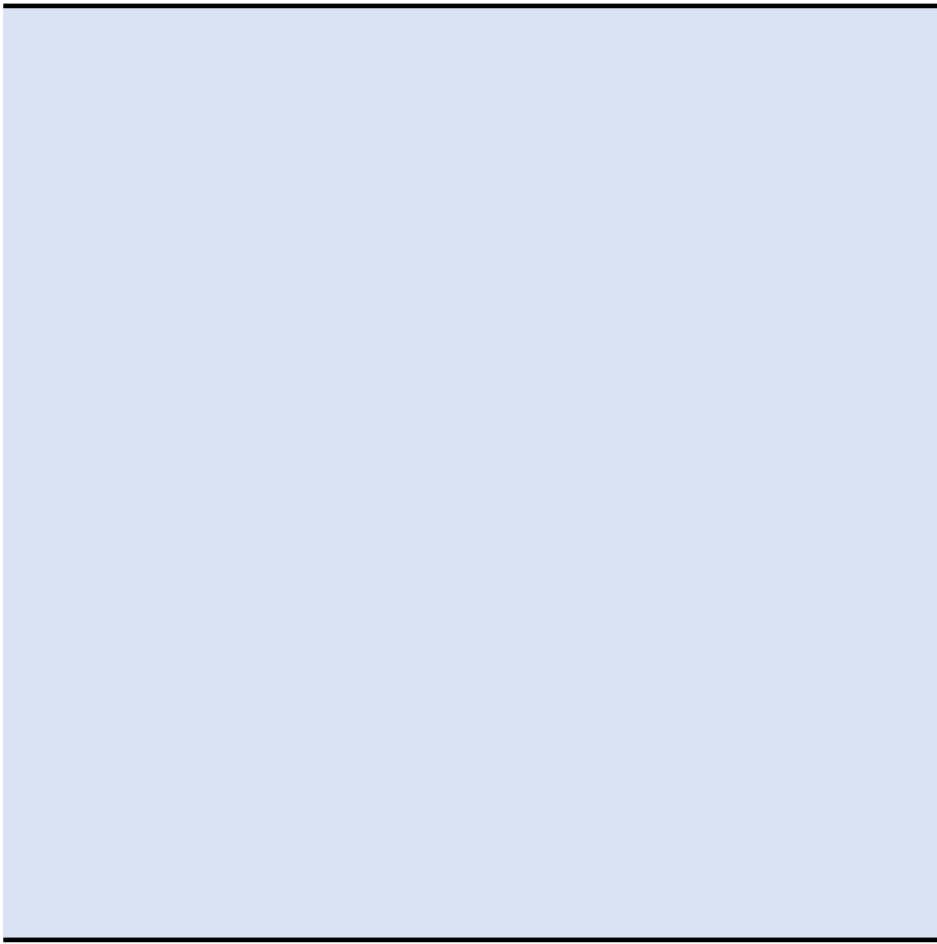Please share any questions or concerns about the program overa

ort Form
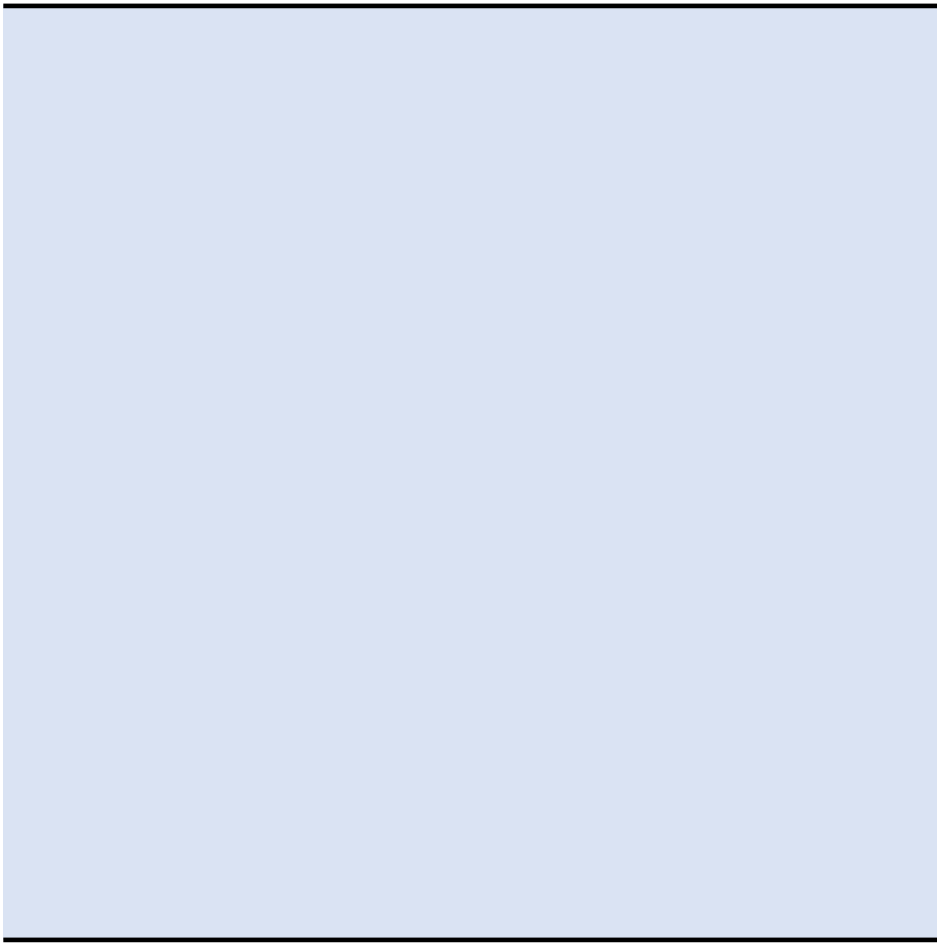**ntion Feedback**

Use "Alt+Enter" for a new line if desired.

liction's produce program:

roduce program:

's implementation:

all: