Produce Safety Cooperative Agreement Program
Educational Needs Assessment

An educational needs assessment is required to be completed prior to the development of any new trainings and/or materials to conduct education, outreach, and/or technical assistance using funding under this CAP. The grantee should inform their FDA Project Manager before initiating an educational needs assessment. Once it is determined to submit an Educational Needs Assessment, you will complete this excel sheet as your educational needs assessment.

Save this form locally and often using "StateAbbrev_last4 digits FAIN#_YYYYMMDD_Education Needs Assessment" filename.

Upload your completed educational needs assessment to your ORAPP folder in the designated folder for educational needs assessment submissions, along with any supporting materials, and notify your Project Manager. Within 30 work days of submission of a completed Educational Needs Assessment, you will receive a response from your OP Project Manager as to whether your proposed project was approved.

Recipient Name *(Select)*   Select

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

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

Principal Investigator (PI)

PI Email

PI Phone

If Yes, please enter applicable updates below.

Is your contact and admin spreadsheet current in ORAPP?

Select

Educational Needs Assessment Submission Instructions: An educational needs assessment is required to be completed
assessment. When completing this sheet, please do not make any changes to Rows 1-3. Row 3 contains examples of resp
designated folder for educational needs assessment submissions, along with any supporting materials, and notify your P
template=fileshow&fileID=111256). If you have any questions, please contact your FDA OP Project Manager.

Submission Date (MM/DD/YYYY)	State/Territory (abbreviation)	Project POC	Proposed project	List all collaborating agencies/entities for project and describe role(s):	Include a link or attach to submission any existing materials or resources that will be used in the development of your project.
MM/DD/YYYY	state abbreviation	enter name and email	material translation/ equipment purchase/ development of video publication, factsheet, pamphlet, flyer, postcard, advertisement, training, or workshop	FDA - provide content Extension (name) - delivery/presenter CAP Agency - organize content for delivery etc...	enter description of existing material and link or attachment

prior to the development of any new trainings and/or materials to conduct education, outreach, and/or technical assistance u
ponses or format for the corresponding column's question. Please fill in your responses in Row 4. If you are resubmitting an Ec
Project Manager. Within 30 work days of submission of a completed Educational Needs Assessment, you will receive a respons

What need does this project address?	Target audience	Provide details on how will you use use this project to accomplish CAP objectives once it's developed.	Mechanism for project dissemination to target audience
ie: audience/why/how it ties to PSR sectiion for example: plain farmers need access to non electromic source in the form of a fact sheet that describes application of biological soil amendment application in the Fall months	commodity specific/ covered farm or business size/ culturally adapted/ regionally specific	ex: Subawardee will develop written training curriculum and demonstration will be used to train regional extension personnel and farmers on the techniques, frequency and documentation for cleaning and saintizing of wet packline equipment. Tomatoes, apples, cantaloupes will all be highlighted. Contractor will be used to video the trainings for broad sharing/availability.	email/ mailed/ website/ phone/ in person (1:1)/ in person (group setting)/ virtual offering

using funding under this CAP. The grantee should inform their FDA Project Manager before initiating an educational needs a
ducational Needs Assessment for a project that was previously not approved, keep your original submission information in F
se from your OP Project Manager as to whether your proposed project was approved. For transparency, a log of submitted E

Mechanism for sharing the project externally for other produce programs to use	What subpart(s) (A-Q) of the PSR does the project address?	If applicable, what citation number of the PSR does the project address?	What data do you have that supports the need for this project?
email/ mailed/ website/ phone/ in person (1:1)/ in person (group setting)/ virtual offering	include PSR subpart	include PSR citation	feedback/questions/ observations from PSA trainings, or OFRRs, or Inspections, Technical Assistance, etc.

Did you search/research existing resources that may address your need?	If Column O = yes, what existing resource(s) did you review that did not meet your need?	How will your project be reviewed for PSR alignment prior and during development?	What is the proposed date your project will be complete? Note: It is expected that completed projects will be available for broad sharing with CAP partners.
yes no	reviewed clearinghouse/ reviewed websites (FDA, PSA,regional center, etc.)/ contacted PSN, extension, regional center, etc.	PSN/ Other peer review/ Regional Center	mm/yyyy

this excel sheet as your educational needs
 needs assessment to your ORAPP folder in the
ember/workgroups/file.cfm?

Project Budget and Budget Justification	How will you evaluate the effectiveness of the project?
personnel costs/material cost	inspection data/ OFRR data/ technical assistance inquiry