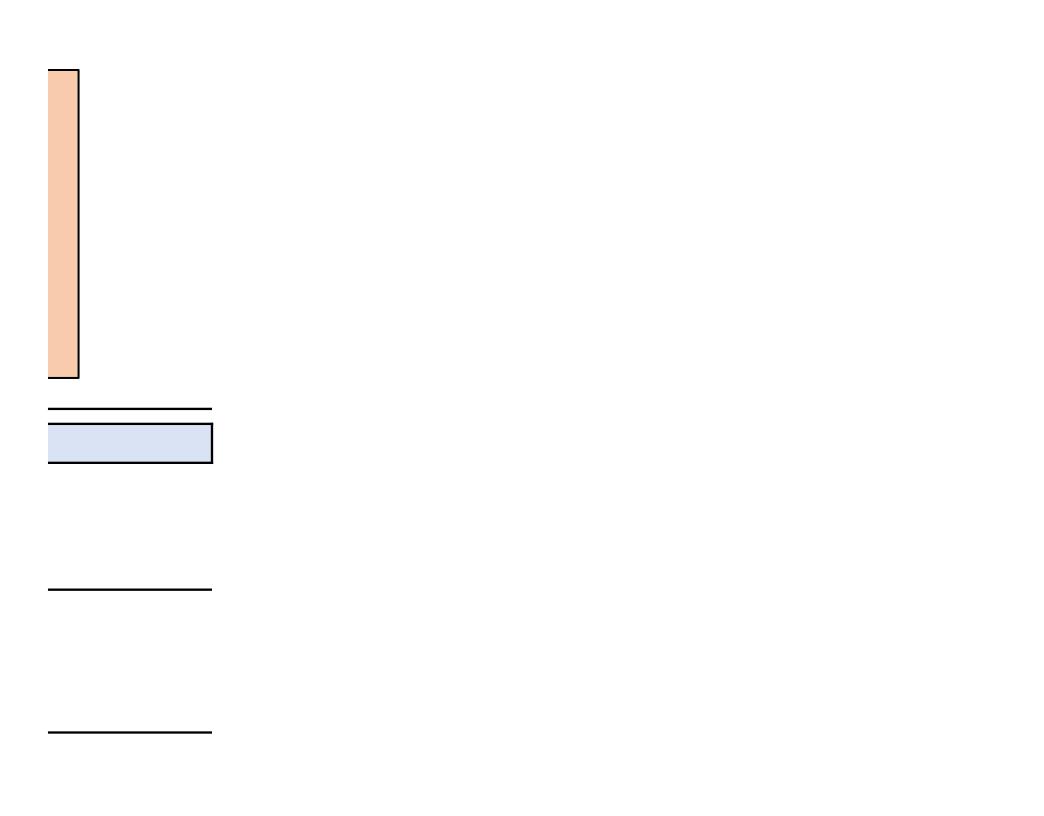
Office of Partnerships Program Report			
This template contains multiple sections and tabs to complete. Please see the instructions section at the top of each section to ensure you are only filling out the sections applicable to your award.			
Once you have completed all applicable sections for completed report excel file to your Project Manage			port" filename and E-mail your
Recipent 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			
G =			

Principal Investigator (PI) PI Email					
PI Phone				If Yes, please enter applicable updates below.	
Select "Yes" for all applicable	award track	หร for which reportin	g infori	mation 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 Wastewate	er				
Continue to M-HF Track	Contin	ue to C-HF Track		Continue to R-FD Track	
					_
Continue to M-AF Track	Contin	ue to C-AF Track			
Continue to M-FD Track	Contin	ue to C-FD Track			
Continue to M-WGS Track					Col
Continue to M-CC Track					Co



Continue to SP-Sample
Collection Track

Continue to SP-IT Track

ntinue to SP-MD/V Track

Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

Intinue to SP-CoV2 Track

THE THE TENT OF TH

Office of Partnerships Program F Questions Applicable to All Tra

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

1 Tracks
V

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

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

	Track	Budget Period funded
1		
2		
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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: FERN Membership (Mid-Year & Annual) Is your lab currently a FERN member? If no, list the date of planned application to FERN: 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? Note: Attach scope of accreditation to your submission email. 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.

Have you successfully submitted data to FDA this budget period via the ORA		
Workflow	Number of Samples Submitted	
1		
2		
3		
4		
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8		
9		
.0		
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?		

	If no, how and when will you fill the vacant positions?	
	Instrumentation (Annual)	
	Have you obtained or replaced instrumentation/ed Cooperative Agreement in this Budget Period?	quipment in order to oper
	If yes, please fill in the requested information belo	w:
	Description of Item (e.g. analysis used for)	Common Name (e.g. ICP, GCMS, MiSeq, etc.)
1		
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[Training Received (Mid-Year & Annual)	
	Training Title	Training Provider

1	
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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)
1		
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12		
13		
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20		

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 Acreditation	

Continue to M-HF Track

Continue to C-HF Track

Continue t

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

<u>Report</u> <u>acks</u>	
ns provided or worksheet tabs to advance to the	

that you are completing in this budget period and wish to

Work remaining in order to successfully complete Track requirements

following sections should be specific to this budget peri

DX (any workflow)?	
Type of Sampling	
ilities needed.	
inties needed.	

ate under this	
)
Make/Model	New/Replaced

Tracks this Training Supported

Number of People Trained

k related to one or more Tracks below:

Meeting End Date (M/D/YYYY)	Meeting Format

Journal/Meeting (enter name)	Link to Presentation

this report as attachments:

o 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

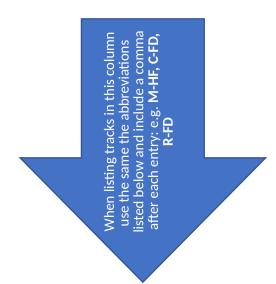
report highlights/fulfillment of

Accomplishments completed this budget period

od.

Comments	

Status	Total Number of Operational Instruments used for CAPs



Please use the following abreviations 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**-

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

How Many People Attended	Tracks this Meeting Supported

Status Date Preser	

ew Coversheet tab

iew All_Tracks tab

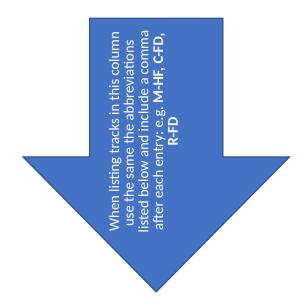
inue to Budget tab

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

List Tracks this Instrumentation Supported

Please use the following abreviations when listing tro

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



Please use the following abreviations 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**

ıcks:

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.

Continue to M-HF Track

Continue to M-FD Track

Continue to M-WGS Track Continue to M-CC Track

Continue to C-HF Track Continue to M-AF Track Continue to C-AF Track

Continue to C-FD Track

Continue to R-FD Track

Continue to SP-Sample Collection Track

Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

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
Estimated unobligated funds (at RPPR 13 submission, this value will be used to determine your offset for next year)	\$0.00		
14Additional Budget Comments:			

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

-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).

funded Calendar this role

M-HF Training/Mentorship Administered (Mid-Year & Annual)

1	otal number of M-HF related Training/Me Administered:		
	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
2			
3			
4			
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11			
12			

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13					
14					
15					
16					
17					
18					
19					
20					
	M-HF Training Needed (Mid-Year & Annua	si)		ı	
	Does your laboratory need M-HF related tr				
	Describe training need:	annig:			
	Describe training need.				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	M-HF Mentorship Needed (Mid-Year & An	nual)			
	Are you in need of help finding a M-HF Me				
	Describe mentoring need			If you have a particular laboratory aff assist you list them below:	iliated with this CAP you would like to
1					
2					
3					
,					
4	4				
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6	6				
7					
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10					

Projects listed here should include the following
1) FDA requested special assignments (testing a

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				
2				
3				
4				
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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)

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

1					
2					
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8					
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10					
10 M-HF Track Additional Informa	ation (Mid-Year & Annual)				
M-HF Track Additional Informa	ation (Mid-Year & Annual) on you would like to provide regardin	ng your program within the M-HF t	rack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rrack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rrack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rrack please enter it below:		
M-HF Track Additional Informa		ng your program within the M-HF t	rrack please enter it below:		
M-HF Track Additional Information	on you would like to provide regardi				
M-HF Track Additional Information If there is any other information Continue to M-HF Track	Continue to C-HF Track		inue to SP-Sample	w Coversheet tab	
M-HF Track Additional Information	on you would like to provide regardi	Continue to R-FD Track	inue to SP-Sample ollection Track	w Coversheet tab	

Continue to SP-CoV2 Track

Continue to M-CC Track

Office of Partnerships Program Report <u>Track Specific Report</u>

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.

Continue to R-FD Track

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-HF Track

Continue to M-FD Track

Continue to M-WGS Track

Continue to M-CC Track

Continue to M-AF Track

Continue to C-HF Track

Continue to C-AF Track

Continue to C-FD Track

nue to C-AF Track

Continue to SP-Sample Collection Track Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

get asks the recipient to oudget period, and as <u>"Funds</u>

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

Grant Track:

M-AF

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-The budget required in the eRA Commons RPPR Section H Budg submit their SF 424 Research and Related Budget for the next bill Requested".
2 Equipment	\$0.00	\$0.00	\$0.00	The budget section of the new ORA pilot forms requests recipie the current budget period, as actual expenditures to date, proje remainder of the budget period and total budgeted.
3 Travel	\$0.00	\$0.00	\$0.00	remainder of the budget period and total budgeted.
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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
14Additional Budget Comments: (Use Alt+Enter for new line if desired)				

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, neeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
3						
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M-AF Training/Mentorship Administered (Mid-Year & Annual)

D	escribe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
2			
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4			
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M-AF Training Needed (Mid-Year & Annua	al)			
Does your laboratory need M-AF related to				
Describe training need:				
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<u></u>				
8				
9				
M-AF Mentorship Needed (Mid-Year & An				1
Are you in need of help finding a M-AF Me	ntor lab?		T	
Describe mentoring need			If you have a particular laboratory aft assist you list them below:	iliated with this CAP you would like to
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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	

1-AF Proficiency Testing (Annual)						
lease fill in the requested information abo elated to commodity/hazard pairs on you	out proficiency testing and r approved sampling plan	l/or competency exercises. Only refor the year.	eport PTs/Competency Exercises	1		
PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below			
A-AF FDA Form 431 or e431 (Mid-Year & are you using the FDA Form 431 or e431?						
no, do the documents you are using cover	er all the items within the	431?				
xplain your answer:						
tate Regulatory Action on M-AF Samples	(Mid-Year & Annual)	<u> </u>				
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)	

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M-AF Track Additional Information	on (Mid-Year & Annual) you would like to provide regardin	g your program within the M-AF tr	rack please enter it below:			
,	, , ,	5, 1 0	'			
Continue to M-HF Track	Continue to C-HF Track	ontinue to R-FD Track	Reviews to CD Complex	v Coversheet tab		
Continue to M-HF Track Continue to M-AF Track	Continue to C-HF Track Continue to C-AF Track		Ollection Track Review	v Coversheet tab w All. Tracks tab		
Continue to M-AF Track Continue to M-FD Track		Conti	nue to SP-IT Track			
Continue to M-AF Track	Continue to C-AF Track	Continu	nue to SP-IT Track Continu	w All_Tracks tab		



ontinue to SP-MD/V Track

tinue to SP-CoV2 Track

M-FD Grant Track:

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-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 "Fun Requested".
2 Equipment	\$0.00	\$0.00	\$0.00	-The budget section of the new ORA pilot forms requests recipients report on the budget the current budget period, as actual expenditures to date, projected expenditures for the remainder of the budget period and total budgeted.
3 Travel	\$0.00	\$0.00	\$0.00	remainder of the douget period and total budgeted.
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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
seAdditional Budget Comments: (Dse Alt-Enter for new line if desired)				

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 (If an individual has more than one role for M-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 FERNIab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
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17						
18						
19						
20						

M-FD Training/Mentorship Administered (Mid-Year & Annual)

	Laboratories Mentored/Trained	Number of People Trained
1		
2		
3		
4		
5		

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			1			
			1			
			1			
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			1			
			1			
			1			
			1			
A PD Tools on New day (Add Vo. 2	n.		J			
M-FD Training Needed (Mid-Year & Annua Does your laboratory need M-FD related tr					_	
escribe training need:					-	
					1	
I-FD Mentorship Needed (Mid-Year & An	inual)					
re you in need of help finding a M-FD Mer	ntor lab?				1	
escribe mentoring need			If you have a particular laboratory affilia assist you list them below:	ted with this CAP you would like to		
					1	
					-	
					-	
					1	
					1	
					ł	
					1	
					1	
					1	
1-FD Expansions of Capabilities/Capacitie	s for Food Defense testing	(Mid-Year & Annual)				
lease describe increases or expansions in ood Defense related trainings are also ite	capabilities or capacities f	or food Defense testing (increase	s in trained personnel, new capabili	ies developed, etc.). Make sure		
ood Defense related trainings are also ite	mized in the Trainings sect	don 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:

	If your lab utilized funding to implement a new method under the Food Defense I rack, 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									
3									
4									
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6									
7									
8									
5									
10									

M-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. Filing out this table may also assist laboratories in identifying steps you may need to take to increase capability and or papeatry for any of these methods. The chart below is populated with methods that was been identified as key capabilities for 600 defense track, but there is space to enter other methods that are not currently isted. 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
1													

2							
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10							

M-FD Food Defense Activities i.e. FDA-assigned samples, exercises, responses (Mid-Year & Annual)

1	Activity	Description of Activity and Highlights
1		
2		
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10		

Is your laboratory registered for Select Agents or Toxins?	
If so, at what level?	
Does your lab have an APHIS permit for controlled materials transport?	
Do you have laboratory staff that can package and ship Category A?	
Do you have laboratory staff that can package and ship Select Agents?	
Does your laboratory have BSL2 facilities in which BSL-2+ work can be completed?	
Does your laboratory have BSL3 facilities?	
If so, are they operational?	
Can you accept food samples for testing?	

M-FD Track Additional Information (Mid-Year & Annual)
If there is any other information you would like to provide regarding your program within the M-FD track please enter it below:

Continue to CHE Track

Continue to CAE Track Continue to C-FD Track

Continue to SP-Sample Collection Track Review All_Tracks tab Continue to SP-MD/V 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 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.

Continue to R-FD Track

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-HF Track

Continue to C-HF Track

Continue to SP-Sample
Collection Track

Review Coversheet tab

Continue to Budget tab

Continue to M-AF Track

Continue to C-AF Track

Review All Tracks tab

Continue to M-FD Track

Continue to C-FD Track

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to M-WGS Track

Continue to M-CC Track

Continue to SP-CoV2 Track

Grant Track:

M-WGS

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1Total 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 13 submission, this value will be used to determine your offset for next year)	\$0.00		
14 Additional Budget Comments: (Use Alt+Enter for new line if desired)			

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

-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. CAP Role (If an individual has more than one role for M-WGS they may be listed for each CAP funded role) 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 Last Name, First Name Email Phone

M-WGS Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
2			
3			
4			
5			
6			
7			
8			
9			

1-WGS Training Needed (Mid-Year & Annual)	
oes your laboratory need M-WGS related training?	
escribe training need:	
1-WGS Mentorship Needed (Mid-Year & Annual)	
re you in need of help finding a M-WGS Mentor lab?	
If you have a particular laboratory affiliated with this CAF like to assist you list them below:	P you would
inke to assist you list them below:	

9	
10	

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				
2				
3				
4				
5				
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10				

M-WGS Collaborations (Mid-Year & Annual)

	Please select "Yes" for those collaboration types that apply or "No" for those that do not below:					
	Specific Projects (sets of Isolates) the Lab is Sequencing	FDA Directed Project	Academia Collaboration	International Collaboration	Other Historical Isolate Sets	Comments
1						
2						
3						
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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 C-HF Track Continue to R-FD Track Review Coversheet tab

Continue to M-AF Track

Continue to C-AF Track

Continue to C-FD Track

Continue to M-FD Track

Continue to M-WGS Track

Continue to M-CC Track

Continue to SP-Sample Collection Track

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

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.

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 R-FD Track Continue to C-AF Track Continue to SP-IT Track Continue to C-FD Track

Continue to SP-MD/V Track

Continue to SP-Sample Collection Track

Continue to SP-CoV2 Track

Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

Grant Track:

M-CC

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1Total 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
0 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
1 Other Costs	\$0.00	\$0.00	\$0.00
2 Total Budget	\$0.00	\$0.00	\$0.00
Estimated unobligated funds (at RPPR 3 submission, this value will be used to determine your offset for next year)	\$0.00		
4Additional Budget Comments: (Use Alt+Enter for new line if desired)			

Note to Respondent:

r-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".

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.

	The following section will be used to upua	ate contact lists for this fi	ack. I icase include all personne	i diat work on diis mack, even ii	they are not funded under the avi	rui u.
	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		Include this person on distribution list for this Track (receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	
1						
2						
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M-CC Training/Mentorship Administered (Mid-Year & Annual)

	escribe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1	escribe Mentorship/Training Topic	Mentored/Trained	Number of People Trained
2			
3			
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M-CC Training Needed (Mid-Year & Annual)

	Does your laboratory need M-CC related training?	İ
	Describe training need:	
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3		

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}								
1								
8								
9								
10								
	M-CC Mentorship Needed (Mid-Year & Annual)							
Are y	ou in need of help finding a M-CC Me	entor lab?		Γ		1		
Descri	ibe mentoring need			If you have a particular laboratory aff assist you list them below:	filiated with this CAP you would like to			
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	,							
<u></u>								
9								
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	M-CC Capability/Capacity Development (Mid-Year & Annual)							
Pleas	Please describe highlights as they align with the M-CC Development Grant Track:							
						I		
If you	ur lab was funded to implement a new	w method under the M-CC	Development Track please fill in o	hart 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		p Jusea, explain selow.		CAPACIT DELOTIO	Training Received	ioi diis incersar	pecini peninsiateu.	CAPIGITI BUILDITI

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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				
2				
3				
4				

C. C. C. C. Additional Information (Mid-Year & Annual) ere is any other information you would like to provide regarding your program within the M-CC track please enter it below:	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
C Track Additional Information (Mid-Year & Annual)	
Continue to M-HF Track Continue to C-HF Track Continue to SP-Sample Collection Track Continue to SP-Sample Collection Track	
ntinue to M-AF Track Continue to G-AF Track Review All Tracks tab	
Continue to M-FD Track Continue to C-FD Track Continue to SP-IT Track Continue to Budget tab	
ntinue to M-WGS Track Continue to SP-MD/V Track	
ontinue to M-CCTrack	
Continue to SP-CoV2 Track	

Office of Partnerships Program Report Track Specific Report

Continue to R-FD Track

Complete this tab only if you are participating in the LFFM Chemistry - Human Food Track (C-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 (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.

Continue to M-HF Track

Continue to C-HF Track

Continue to C-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-WGS Track

Continue to M-FD Track

Continue to SP-MD/V Track

Continue to Budget tab

Continue to M-CC Track

Continue to SP-CoV2 Track

Grant Track:

C-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
o Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
1 Other Costs	\$0.00	\$0.00	\$0.00
² Total Budget	\$0.00	\$0.00	\$0.00
Estimated unobligated funds (at RPPR 3 submission, this value will be used to determine your offset for next year)	\$0.00		
Additional Budget Comments:			
14Additional Budget Comments: (Use Alt+Enter for new line if desired)			

Note to Respondent:

The budget required in the eRA Commons RPPR Section H Budget asks the recipient to ubmit their 5F 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-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).

	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, neeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
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11						
12						
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15						
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20						

C-HF Training/Mentorship Administered (Mid-Year & Annual)

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1		
2		
3		
4		
5		
6		
7		
8		
9		
0		
1		
2		
3		

14					
15					
16					
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	C-HF Training Needed (Mid-Year & Annual)			ı	
					1
	Does your laboratory need C-HF related trai Describe training need:	ning:			
1	beschibe training freed.				
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8					
9					
10					
- 0					
	C-HF Mentorship Needed (Mid-Year & Ann	ual)			
1	Are you in need of help finding a C-HF Ment		_]
	Describe mentoring need			If you have a particular laboratory aff	iliated with this CAP you would like to
1				, so list tion below.	
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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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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:						

	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						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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 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 Chemistry - Food Defense Track (F-D). If you are participating in any other track(s) use the buttons provided or tabb below to confinue to all applicable tracks per your notice of award document. If an activity lettle on this lown would also impact another track (e.g., mentoring event, etc.) list the event on the applicable that for both nacks but include class for VLP role or "unimeter of people trained" for this tota cold.

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-HF Track Continue to M-FD Track

Continue to M-WGS 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 Review Coversheet tab Review All_Tracks tab Continue to Budget tab

Continue to SP-MD/V Track Continue to SP-CoV2 Track

Continue to M-CC Track Grant Track:

C-FD

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respond
¹ Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-The budget required in the eRA Commons RPPR Section submit their SF 424 Research and Related Budget for the Requested".
2 Equipment	\$0.00	\$0.00	\$0.00	-The budget section of the new ORA pilot forms reques the current budget period, as actual expenditures to di- remainder of the budget period and total budgeted.
3Travel	\$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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
14Additional Budget Comments:				
(Use Alt+Enter for new line if desired)				

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.

	he following section will be used to upda	te contact lists for this Ir	ack. Please include all personnel	that work on this Track, even if	they are not funded under the awa	ard.
	Last Name, First Name	CAP Role (If an individual has more than one role for C-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 FERNIab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
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escribe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
-FD Training Needed (Mid-Year & Ar		_
oes your laboratory need C-FD relate escribe training need:	ed training?	
escribe training need:		

C-FD Mentorship Needed (Mid-Year & Annual)

C-FD Mentorship Needed (Mid-Year & Annual)	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:						
1								
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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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C-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 steep 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 keep abilities 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
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

C-FD Food Defense Activities i.e. FDA-assigned samples, exercises, responses (Mid-Year & Annual)

ı	Activity	Description of Activity and Highlights
1		
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C-FD Track Additional Information (Mid-Year & Annual) If there is any other information you would like to provide regarding your program within the C-FD 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 R-FD Track

Continue to C-AF Track

Continue to C-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 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 Chemistry - Animal Food Track (CAF). 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 "humber of people trained" for this track only in the provided or the

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-HF Track Continue to M-AF Track

Continue to C-HF Track Continue to C-AF 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 All_Tracks tab Continue to Budget tab

Review Coversheet tab

Continue to M-FD Track Continue to C-FD Track Continue to M-WGS Track

Continue to M-CC Track

C-AF **Grant Track:**

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-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".
² Equipment	\$0.00	\$0.00	\$0.00	-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.
3 Travel	\$0.00	\$0.00	\$0.00	Terminoci of the bodget period and total bodgeted.
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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
14Additional Budget Comments: (Use Alt+Enter for new line if desired)				

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).

Г						
	Last Name, First Name	CAP Role (If an individual has more than one role for C-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
1						
2						
3						
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C-AF Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
2			
3			
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11			
12			
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14			

	1	
15		
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	-	
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10		
C-AF Training Needed (Mid-Year & Annual)		
Does your laboratory need C-AF related training?		
Describe training need:		
1		
2		
3		
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5		
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.0		
C-AF Mentorship Needed (Mid-Year & Annual)		
Are you in need of help finding a C-AF Mentor lab?	If you have a particular laborate ""	listed with this CAD
Describe mentoring need	If you have a particular laboratory affi assist you list them below:	ilateu with this CAP you would like to
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

C-AF Proficiency Testing (Annual)					•		
Please fill in the requested information aborelated to commodity/hazard pairs on your	out proficiency testing and r approved sampling plan	l/or competency exercises. Only refor the budget period.	eport PTs/Competency Exercises				
PT/Exercise Description (Include analyte(s) and matrices)	PT/Exercise Provider	Laboratory Performance	If unacceptable, explain below				
				•			
C-AF FDA Form 431 or e431 (Mid-Year & A Are you using the FDA Form 431 or e431?	nnual)			1			
f no, do the documents you are using cover	er all the items within the	431?				1	
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)		

Continue to M-AF Track Continue	nue to C-HF Track nue to C-AF Track nue to C-FD Track	Continu	nue to SP-IT Track	v All. Tracks tab ue to Budget tab	

Office of Partnerships Program Report

Track Specific Report

Complete this tab only if you are participating in the LIFTM Radiochemistry -Food Defense Track (8 PCI). If you are participating in any other track(s) use the buttons provided or tabb below to confine to all applicable tracks per your notice of award document. If an activity lated on this form would also impact another track (e.g. personnel mentoring event, etc.) lat the event on the applicable table for both for "VP-to-te" or "more of people trainer 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-HF Track Continue to M-FD Track

Continue to M-WGS Track

Continue to C-HF Track Continue to C-AF Track

Continue to R-FD Track

Continue to SP-Sample Collection Track Continue to SP-IT Track Continue to SP-MD/V Track Review Coversheet tab Review All_Tracks tab Continue to Budget tab

Continue to SP-CoV2 Track

Continue to M-CC Track

R-FD Grant Track:

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-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".
² Equipment	\$0.00	\$0.00	\$0.00	-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.
3Travel	\$0.00	\$0.00	\$0.00	Teliainuei of the budget period and total budgeted.
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	
9Equipment/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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
14 Additional Budget Comments: (Use Alt+finiter for new line if desired)				

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 FERNIab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
11	1						
11	2						
1	3						
1	4						
1	5						
1	4						
1	7						
11	8						
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13	11						
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10	14						
17	15						
18	16						
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19	18						
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20	20						

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

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

	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 aff assist you list them below:	iliated with this CAP you would like to
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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 keep 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)

ı	Activity	Description of Activity and Highlights
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R-FD Track Additional Information (Mid-Year & Annual)							
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 M-FD Track Continue to M-WGS Track Continue to M-CC Track

Continue to C-HF Track

Continue to C-FD Track

Continue to SP-Sample Collection Track Continue to SP-IT Track ontinue to SP-MD/V Track

Continue to SP-CoV2 Track

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 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 trainied" 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-HF Track Continue to M-AF Track Continue to C-HF 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 R-FD Track

Continue to SP-Sample
Collection Track

Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

Grant Track:

SP-SC

Expenses	Total Budgeted	Expended to Date	Projected Expenses	Note to Respondent:
1Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-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".
2 Equipment	\$0.00	\$0.00	\$0.00	. 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.
3 Travel	\$0.00	\$0.00	\$0.00	remainder of the bodget period and total bodgeted.
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 13 submission, this value will be used to determine your offset for next year)	\$0.00			
14Additional Budget Comments: (Use Alt+Enter for new line if desired)				

	Last Name, First Name	CAP Role (If an individual has more than one role for SP-SC 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						
2						
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SP-SC Training/Mentorship Administered (Mid-Year & Annual)

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
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L	SP-SC Training Needed (Mid-Year & Annua	l		
- 1	Does your laboratory need SP-SC related tr			
	Describe training need:			
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	SD SC Mantauchin Nacdad (Mid Vacu C An	anual)		
г	SP-SC Mentorship Needed (Mid-Year & An Are you in need of help finding a SP-SC Me			
Ī	Describe mentoring need		If you have a particular laboratory aff like to assist you list them below:	iliated with this CAP you would
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SP-SC Competency Verification Exercises (Annual)

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	SP-SC Track Additional Information (Mid-Y	ear & Annual)			
	If there is any other information you would		your program within the SP-SC tr	ack please enter it below:	
	Continue to M-HF Track Continue	to C-HF Track Co	ntinue to R-FD Track Cont	Davideus	v Coversheet tab
			Cont	ollection Track	
	Continue to M-AF Track Continue	to C-AF Track	Cont	inue to SP-IT Track	w All_Tracks tab
	Continue to M-FD Track Continue	to C-FD Track	COIL	Continu	ue to Budget tab
	Continue to M-WGS Track		Continu	ue to SP-MD/V Track	
	Continue to M-CC Track		C	to the CD CoVO Tree It	
			Contin	ue to SP-CoV2 Track	

Office of Partnerships Program Report <u>Track Specific Report</u>

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.

Continue to M-AF Track

Continue to M-AF Track

Continue to M-FD Track

Continue to C-AF Track

-k

Continue to SP-Sample Collection Track Review Coversheet tab

Continue to C-FD Track

Continue to R-FD Track

Review All_Tracks tab

Continue to Budget tab

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

Continue to M-WGS Track

Continue to M-CC Track

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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	Note to Respondent:
² Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	-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".
3 Equipment	\$0.00	\$0.00	\$0.00	-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.
4 Travel	\$0.00	\$0.00	\$0.00	remainder of the badget period and total badgeted.
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	
Total Budget	\$0.00	\$0.00	\$0.00	
Estimated unobligated funds (at RPPR 17 submission, this value will be used to determine your offset for next year)	\$0.00			
20 Additional Budget Comments: (Use Alt+Enter for new line if desired)				

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.

Г						
	Last Name, First Name	CAP Role (If an individual has more than one role for SP-IT they may be listed for each CAP funded role)	Email	Phone	Include this person on distribution list for this Track (receive emails, invite to FERNIab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
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SP-IT Training/Mentorship Administered (Mid-Year & Annual)

Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1		
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SP-IT Training Needed (Mid-Year & Annual				
Does your laboratory need SP-IT related tra Describe training need:	ining?			
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SP-IT Mentorship Needed (Mid-Year & Ann	nual)			_
Are you in need of help finding a SP-IT Ment	tor lab?			
D!			If you have a particular laboratory	affiliated with this CAP you would
Describe mentoring need			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 2 3			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 2 3 4			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2 3 4			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2 3 4			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
Describe mentoring need 1 2 3 4 5 6			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
1 2 2 3 3 4 4 5 5 5 5 7 7 3 3 9 9			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
1 2 2 3 3 4 4 5 5 5 5 7 7 3 3 9 9			If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
1 2 2 3 3 4 4 5 5 6 6 7 8 8 9 9	4id-Year & Annual)		If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
1 2 3 4 5 6 6 7 8 9 0 ORA Data exchange (ORA DX) Adoption (N	tid-Year & Annual)		If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
ORA Data exchange (ORA DX) Adoption (NA Pre you participating in NSFDX? Are you participating in ORAPP?	fid-Year & Annual)		If you have a particular laboratory like to assist you list them below:	affiliated with this CAP you would
To the state of th				affiliated with this CAP you would
ORA Data exchange (ORA DX) Adoption (Nare you participating in NSFDX? Are you participating in ORAPP? Are you participating in DX Client? Did you participate in an onboarding session	n and complete the FDA q			affiliated with this CAP you would
To the state of th	n and complete the FDA q orandum of Understandir	ng (MOU) with FDA?		affiliated with this CAP you would
ORA Data exchange (ORA DX) Adoption (Nare you participating in NSFDX? Are you participating in ORAPP? Are you participating in DX Client? Did you participate in an onboarding session (NSFDX only) Have you entered into a Mem	n and complete the FDA q orandum of Understandir	ng (MOU) with FDA?		affiliated with this CAP you would
ORA Data exchange (ORA DX) Adoption (NA Pre you participating in NSFDX? Are you participating in ORAPP? Are you participating in DX Client? Did you participate in an onboarding session (NSFDX only) Have you entered into a Mem (NSFDX only) Have you entered into an Inte	n and complete the FDA q orandum of Understandir rconnection Security Agre	ng (MOU) with FDA? eement (ISA) with FDA?	f NFSDX, ORAPP, and DX?	
ORA Data exchange (ORA DX) Adoption (Nate you participating in NSFDX? Are you participating in ORAPP? Are you participating in DX Client? Did you participate in an onboarding session (NSFDX only) Have you entered into a Mem (NSFDX only) Have you entered into an Intellative you assessed the current IT capabilitie conducting an analysis of which fields can be that would need to be developed?	n and complete the FDA q orandum of Understandir rconnection Security Agre s of your laboratory as it e mapped to FDA data ele	ng (MOU) with FDA? eement (ISA) with FDA?	f NFSDX, ORAPP, and DX?	
ORA Data exchange (ORA DX) Adoption (NA pour participating in NSFDX? Are you participating in ORAPP? Are you participating in DX Client? Did you participate in an onboarding session (NSFDX only) Have you entered into a Mem (NSFDX only) Have you entered into an Inte	n and complete the FDA q orandum of Understandir rconnection Security Agre s of your laboratory as it e mapped to FDA data ele	ng (MOU) with FDA? eement (ISA) with FDA?	f NFSDX, ORAPP, and DX?	

Description

Activities

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	SP-IT Track Additional Information (Mid-	d like to provide regarding your program within the	o CD IT treat places outer it helevy	
1	t there is any other information you woul	d like to provide regarding your program within the	le 3F-11 track please effici it below.	
	Continue to M-HF Track Continue	to C-HF Track Continue to R-FD Track	Continue to SP-Sample Review Coversheet tab	
		to C-HF Track Continue to R-FD Track	Continue to SP-Sample Collection Track Review Coversheet tab Review All Tracks tab	
	Continue to M-AF Track Continue		Collection Track	
	Continue to M-AF Track Continue	e to C-AF Track	Collection Track Review All Tracks tab	

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 - 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 a stable track per your notice of award document. If a stable track per your notice of award document. If a special between 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-HF Track Continue to M-AF Track

Continue to C-HF Track Continue to C-AF Track

Continue to R-FD Track

Continue to SP-Sample
Collection Track Continue to SP-IT Track Review Coversheet tab Review All_Tracks tab

Continue to M-FD Track Continue to C-FD Track

Continue to SP-MD/V Track Continue to SP-CoV2 Track Continue to Budget tab

Continue to M-WGS Track Continue to M-CC Track

Grant Track:

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
Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00
Materials and Supplies	\$0.00	\$0.00	\$0.00
Publication Costs	\$0.00	\$0.00	\$0.00
Consultant Services	\$0.00	\$0.00	\$0.00
ADP/Computer Services	\$0.00	\$0.00	\$0.00
Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00
Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00
Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00
Other Costs	\$0.00	\$0.00	\$0.00
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		
Additional Budget Comments: (Use Alt+Enter for new line if desired)			

Note to Respondent:

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.

		CAP Role (If an individual has more than one role for			Include this person on distribution list for this Track (receive emails, invite to	7.1.1
	Last Name, First Name	SP-MD/V they may be listed for each CAP funded role)	Email	Phone	(receive emails, invite to FERNlab.org workgroup, meeting invites, etc.)	Total expected CAP funded Calendar Months for this role
1						
2						
3						
4						
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6						
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Method Development and Method Validation Summary (Annual)

Γ				Intended Outcom	e(s) of this Project (mark yes fo	or all that apply)		
	Name of MDV Project	Type of Project	If Type of Project is Other, Describe Below	New or Revised Method to be Submitted to FDA or FERN Methods Coordination Committee		Response/Emergency use to Support State or Local Regulatory Programs	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
1								
2								
3								

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

		project and nignlights, specific to this budget period.
ı	Activities	Description
1		
2		
3		
4		
5		
6		
7		
В		
9		
0		

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 R-FD Track

Continue to M-HF Track Continue to M-AF Track

Continue to M-CC Track

Continue to C-AF Track

Continue to M-FD Track Continue to C-FD Track Continue to M-WGS Track

Continue to C-HF Track

Continue to SP-Sample
Collection Track Continue to SP-IT Track Continue to SP-MD/V Track

Review Coversheet tab Review All_Tracks tab Continue to Budget tab

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 included 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-HF Track

Continue to M-AF Track

Continue to C-HF Track

Continue to C-AF Track

Continue to M-FD Track

Continue to M-WGS Track

Continue to M-CC Track

Grant Track:

Continue to R-FD Track

Continue to SP-Sample Collection Track Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

Continue to SP-IT Track

Continue to SP-MD/V Track

Continue to SP-CoV2 Track

SP-CoV2

Expenses	Total Budgeted	Expended to Date	Projected Expenses
1Total 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 13 submission, this value will be used to determine your offset for next year)	\$0.00		
14Additional Budget Comments: (Use Alt+Enter for new line if desired)			

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

-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)

	Last Name, First Name	CAP Role (If an individual has more than one role for SP-CoV2 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						
2						
3						
4						
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16			_			
17						
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19						
20						

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

	Describe Mentorship/Training Topic	Laboratories Mentored/Trained	Number of People Trained
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

				_	
12					
13					
14					
15					
16					
17					
18					
19					
20					
	SP-CoV2 Training Needed (Mid-Year & Anr	nual)		•	
	Does your laboratory need SP-CoV2 related	d training?			,
	Describe training need:				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
í	SP-CoV2 Mentorship Needed (Mid-Year &	Annual)			ı
	Are you in need of help finding a SP-CoV2 N	Mentor lab?			
	Describe mentoring need			If you have a particular laboratory affi like to assist you list them below:	liated with this CAP you would
1					
2					
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4					
5					
6					
7					
8					
9					
10					

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				
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6				
7				
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9				
10				

SP-CoV2 Track Additional Information (Mid-Year & Annual)				
in there is any other informa	ation you would like to provide re	egarding your program within ti	ie SP-COVZ track piease enter it	it below:
Continue to M-HF Track Continue to M-AF Track	Continue to C-AF Track Continue to C-AF Track	Continue to R-FD Track	Continue to SP-Sample Collection Track	Review Coversheet tab Review All_Tracks tab
Continue to M-WGS Track	Continue to C-FD Track		Continue to SP-IT Track Continue to SP-MD/V Track	Continue to Budget tab
Continue to M-CC Track			Continue to SP-CoV2 Track	

Office of Partnerships Program Report Budget

Continue to R-FD Track

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

Continue to M-HF Track

Continue to C-HF 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 Trac

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	

_		
	Additional Budget Comments M-CC:	0
	Additional Budget Comments C-HF:	0
14	Additional Budget Comments C-AF:	0
	Additional Budget Comments C-FD:	0
	Additional Budget Comments R-FD:	0

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 C-HF	<u>Track</u>	Continue to R-FD Track	Continue to SP-Sample Collection Track
Continue to M-AF Track	Continue to C-AF	<u>Track</u>		
Continue to M-FD Track Continue to C-FD		<u>Track</u>		Continue to SP-IT Track
Continue to M-WGS Track				Continue to SP-MD/V Tracl
Continue to M-CC Track				

CONTRACTOR OF THE

Continue to SP-CoV2 Track

cable track page(s) and this page

Review Coversheet tab

Review All Tracks tab

Continue to Budget tab

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

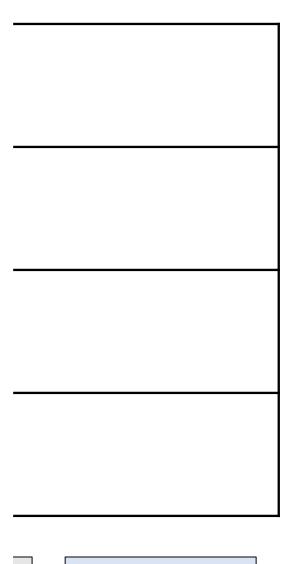
Note to Respondent:

-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	

1



Review Coversheet tab

Review All_Tracks tab

Continue to Budget tab

