

## Office of Partnerships Cooperative Agreement Progress Report Form

This progress report contains multiple sections and tabs by award track to complete. See your Notice of Award (NOA) or contact your program managers to confirm which tracks are applicable to your award.

This progress report is provided for the Food Protection Task Force (FPTF) track of the Flexible Funding Model (FFM) award. See your Notice of Award (NOA) or contact your program managers to confirm if the FPTF track is included in your award.

Save this form early and often using "FFM\_[Abbreviated State]\_[Abbreviated Agency Name]\_[Current Budget Year]\_Progress Report.xlsx" filename.

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

Questions regarding this form, contact [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov); questions regarding the budget contact Program Managers, [James.Betz@fda.hhs.gov](mailto:James.Betz@fda.hhs.gov) and [Jocelyn.Ramos@fda.hhs.gov](mailto:Jocelyn.Ramos@fda.hhs.gov).

Save this form early and often using "FFM\_[Abbreviated State]\_[Abbreviated Agency Name]\_[Current Budget Year]\_Progress Report.xlsx" filename.

Upon completion, E-mail your final excel file to your Project Managers and [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov).

Questions regarding this form, contact [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov); questions regarding the budget contact Program Managers, [James.Betz@fda.hhs.gov](mailto:James.Betz@fda.hhs.gov) and [Jocelyn.Ramos@fda.hhs.gov](mailto:Jocelyn.Ramos@fda.hhs.gov).

Upon completion, E-mail your final excel file to your Project Managers and [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov).

**Awardee Name**

Select

**Report Type**

End of Year

If Yes, please enter applicable updates below.

**Date Completed**

**Project Period Start Date**

**Project End Date**

**Budget Period Start Date**

**Budget Period End Date**

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**Principal Investigator (PI)**

**PI Email**

**PI Phone**

**Has PI Information Changed?**

If Yes, please enter applicable updates below.

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**New PI Name**

**New PI Email**

**New PI Phone**

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## Office of Partnerships Cooperative Ag

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

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

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

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

date of this progress report through the remainder of the current funding period.

The text entered may exceed the space provided. "Alt+Enter" will return a new lin  
**ORAOPDataHub@fda.hhs.gov**; for questions regarding the budget contact Progr  
Budget information entered for each track page will sum together with other track  
on the individual track pages.

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

**Grant Track:**

**Grant Year (select):**

### Budget Report

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

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

Reporting Period Start Date:
Reporting Period End Date:

**Summary of Progress**

FPTF Official's Name:
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<b>FPTF Mission:</b>	

<b>FPTF Annual Goals:</b>	

<b>FPTF Annual Objectives:</b>	
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[Empty text box]

**Provide a description of the FPTF structure and leadership:**

[Empty text box]

**Provide a description of the FPTF membership:**

[Empty text box]

## Task Force Meeting Details - Attach copies of agendas to

	<b>Meetings:</b>
	<b>Trainings:</b>
	<b>Workshops:</b>

<b>Describe the meeting or training type (webinar, face to face, etc</b>

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

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## Evaluations of Accomplishments and Outcomes

<b>Describe what went well (success stories and lessons learned):</b>
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[Redacted]

**Describe how the FPTF promoted the integration of an efficient :  
protection of public health:**

[Redacted]

**Describe the FPTF efforts to foster communication, education ar**

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<b>Describe what could be done better:</b>	

<b>Describe what could be done to improve the outreach activity e</b>	



**Meeting(s) Evaluation You may submit MFRPS Appendix**

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

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

**Identification of any issues encountered during the implementation of the ordinances:**

[Empty text box]

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

[Empty text box]

***Terms and Conditions for FPTF funding track (as applica***

**All conference material (promotional materials, agenda, publica  
an acknowledgement of FDA grant support and a disclaimer stat  
possible [in part] by [insert grant number] from [insert FDA nam  
publications and by speakers and moderators do not necessarily  
and Human Services; nor does mention of trade names, commer  
U.S. Government.”**

[Empty text box]

Changes in key task for personnel must be reported. Recipients :  
James.Betz@fda.hhs.gov, Jocelyn Ramos Project Officer of the F  
Giesen, Project Officer of Food Protection Task Force Program at  
Grant Specialist of the FFM Program at, Gordana.Zuber@fda.hhs

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### Additional Narrative

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

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



## Agreement Progress Report Form

MFRPS award information on the MFRPS page. You should only complete this page for development, RRT Maintenance, or PC Expansion please complete the page as this page).

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

as desired. See printing instructions on the "PrintOption" tab.  
for your attachment to eRA Commons. See printing instructions on the  
e of submission for this report. Expended to Date includes all expenditures  
Total Projected Expenses includes all planned expenditures from the due date  
e of submission for this report. Expended to Date includes all expenditures  
Total Projected Expenses includes all planned expenditures from the due  
e within a text box if desired. **For questions regarding this form, contact  
Team Managers, [James.Betz@fda.hhs.gov](mailto:James.Betz@fda.hhs.gov) and [Jocelyn.Ramos@fda.hhs.gov](mailto:Jocelyn.Ramos@fda.hhs.gov).**  
budgets on the Budget page but you will only be able to edit your entries

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

FPDF

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

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**your email submission**

**Enter Number**


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

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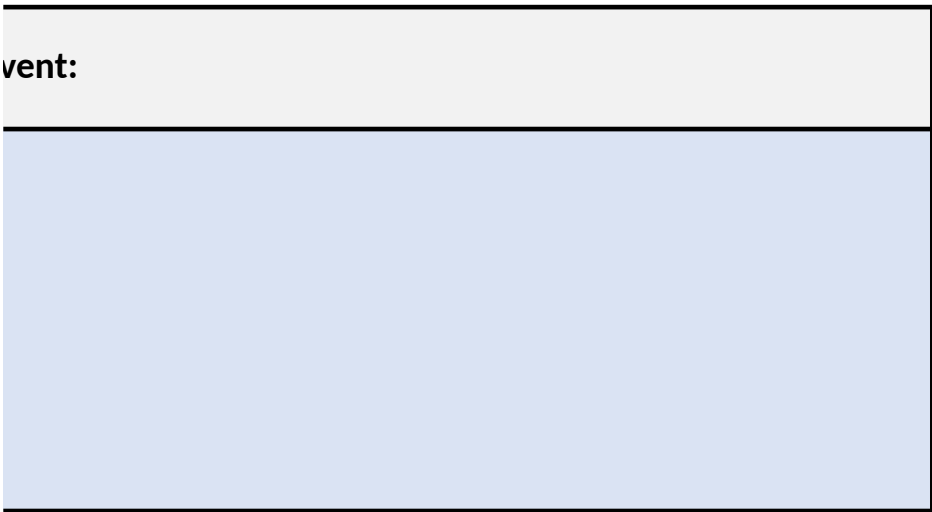
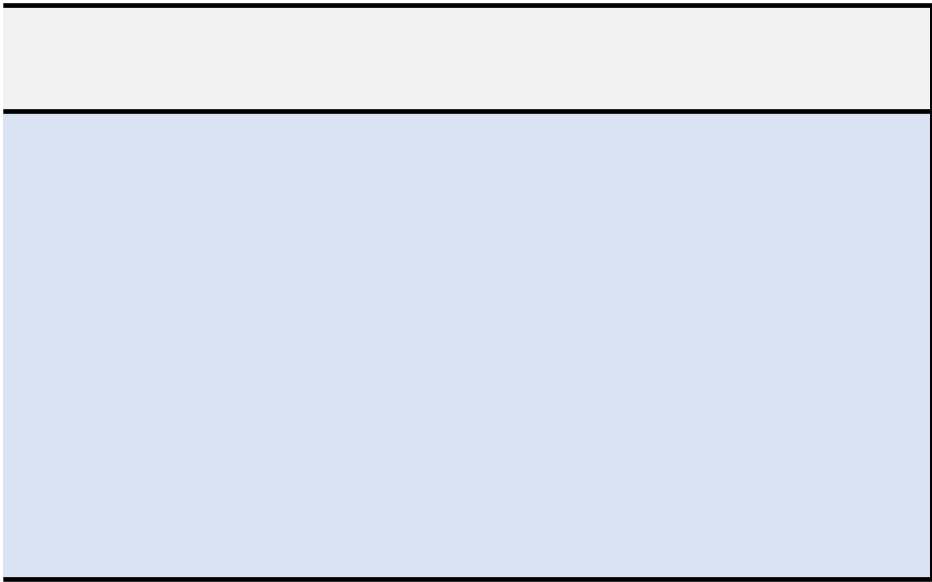




**statewide HAF protection system that maximized the**



**and outreach:**



x 7.2 form(s) if completed

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

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

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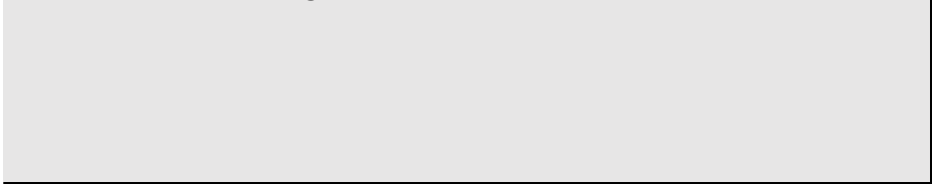


**t their goals and objectives for sharing with other task**



**ole)**

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



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

successes here:

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



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

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

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

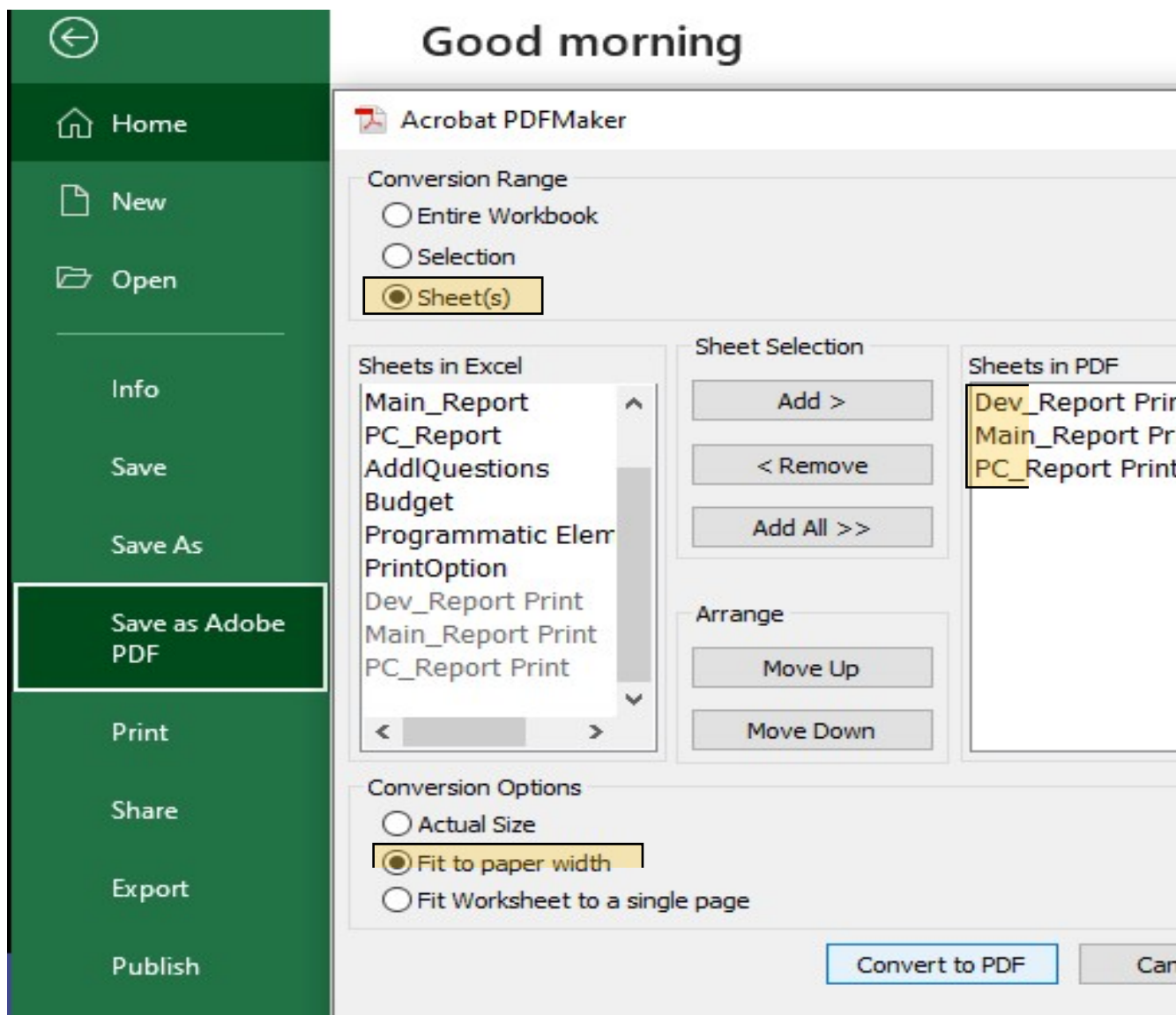
Note: If you reach the maximum row height you will need to shorten your response for it to display.

You can convert to pdf using one of two options:

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

2. File > Print > choose Adobe PDF as printer and leave Settings as Print Active Sheets only (see Figure 1) > choose Fit All Columns on One Page > Print. Printing the entire workbook is not recommended.

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



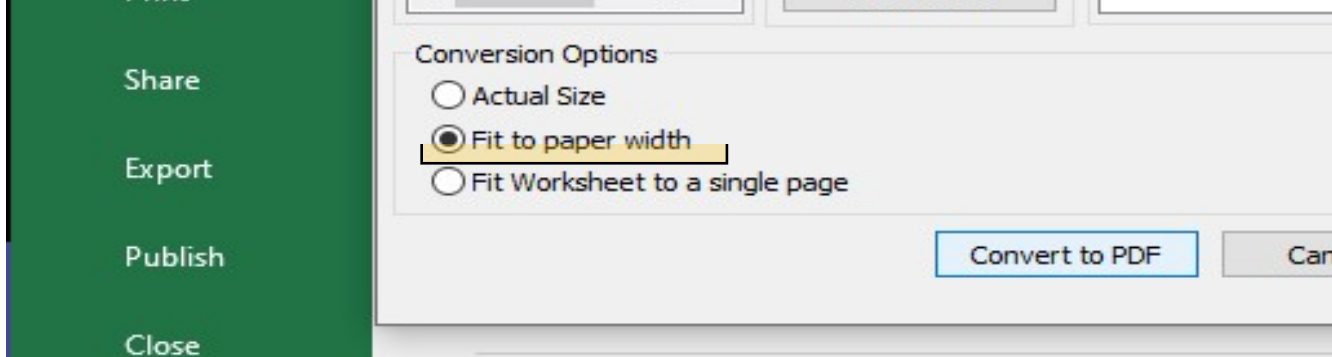


Figure 1. Save as Adobe PDF

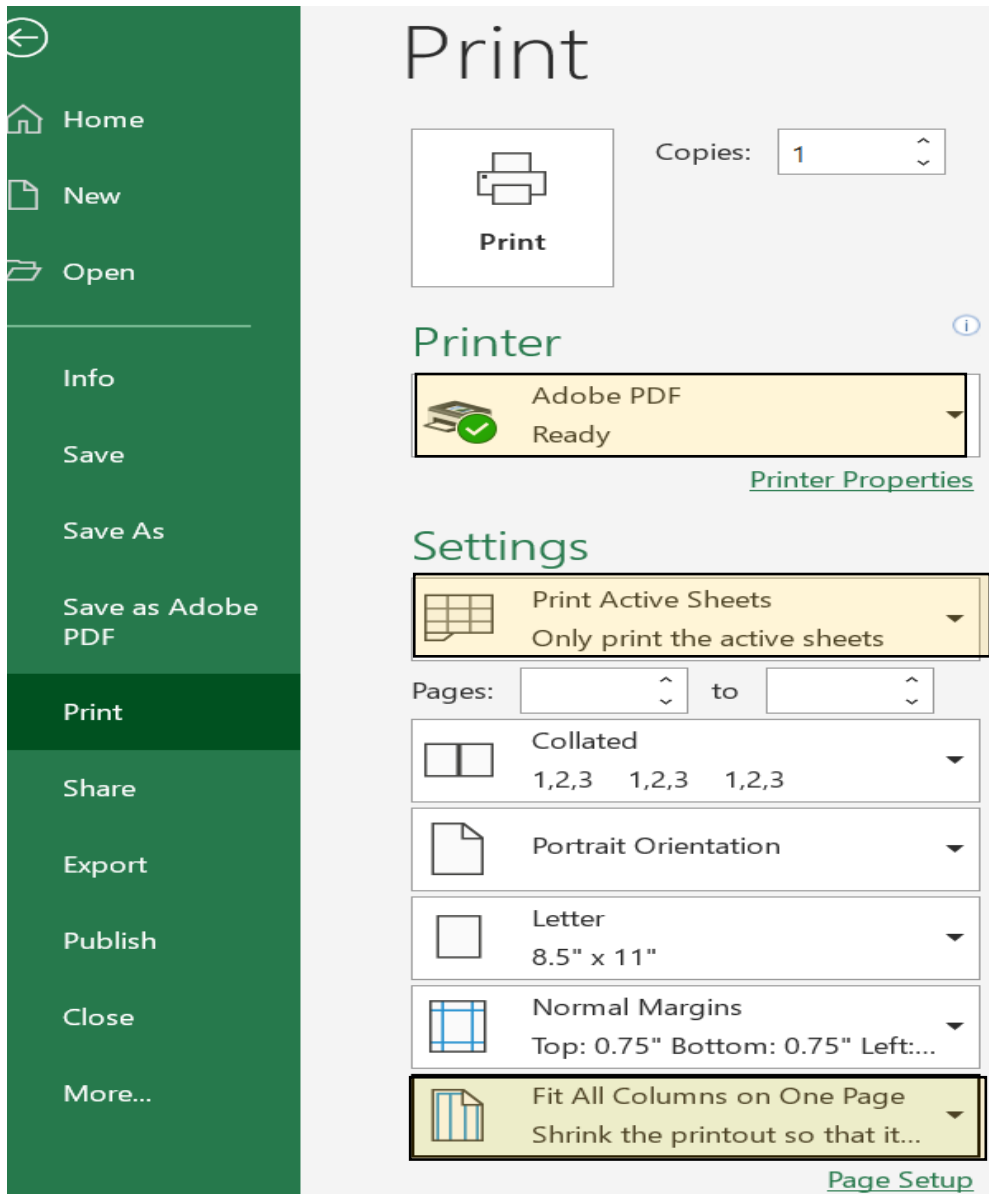


Figure 2. Print to PDF



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n the corresponding track  
rresponding track page.

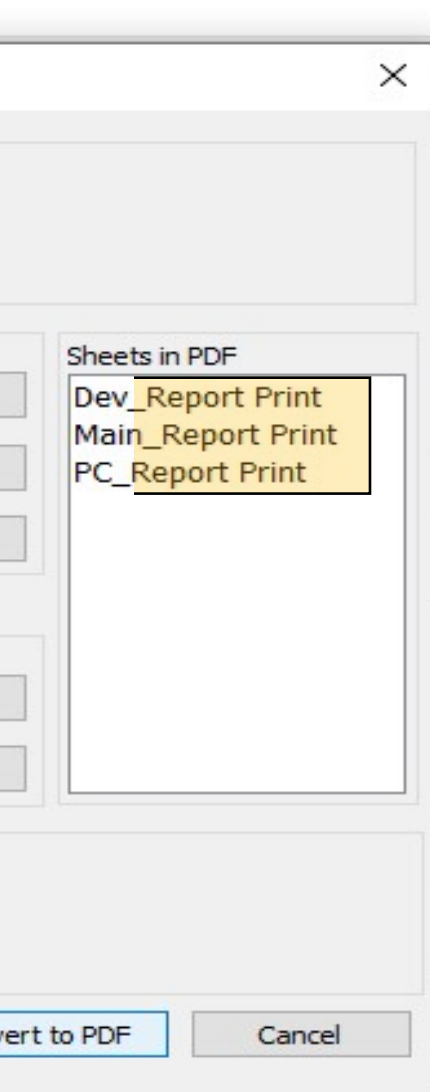
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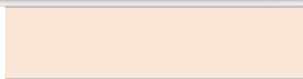
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sult in numerous pages that



Convert to PDF

Cancel



**Select  
End of Year  
FPTF  
Program Narrative**

Dates covered by this report:

**Summary of Progress**

FPTF Official's Name:

FPTF Mission:

FPTF Annual Objectives:

Provide a description of the FPTF structure and leadership:

Provide a description of the FPTF membership:

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

Meetings:

Trainings:

Workshops:

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

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

**Evaluations of Accomplishments and Outcomes**

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

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

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

Describe what could be done better:

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

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

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

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

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

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

**Additional Narrative**

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

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