

Office of Partnerships Cooperative Agreement Program Report Form

This progress report contains multiple sections and tabs to complete. See the instructions provided in the orange box for each page for specific information to complete each tab.

Once you have completed all applicable sections for your award, save this form using "SCC_Abbreviated Association Name_Last 4 Grant #_Progress Report" filename and ***E-mail your completed report excel file to your Project Manager and ORAOPDataHub@fda.hhs.gov.***

Awardee Name (Select)

Select

Last 4 Grant Number

Select Awardee Name

Report Type

End of Year

Date Completed

Project Period Start Date

Select Awardee Name

Project End Date

Select Awardee Name

Budget Period Start Date

Select Awardee Name

Budget Period End Date

Select Awardee Name

Principal Investigator (PI)

PI Email

PI Phone

If Yes, please enter applicable updates below.
~~Note: an official request and approval is still required.~~

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional Questions](#)

[Complete Personnel Report](#)

[Complete Budget Report](#)

The information below applies only to requirements of the Paperwork Reduction Act of 1995.

The burden time for this collection of information is estimated to average 36.67 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right:

“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.

Office of Partnerships Cooperative Agreement Program Report For Progress on Meeting Objectives

Text entered may exceed the visible field space if needed.

All Meeting Objectives entered below must also relate to or make progress toward meeting the FOA Scientific Conference Grant Program Goal:

Support of high-quality conferences and scientific meetings designed to research and investigate a topic clearly aligned with the FDA mission as a symposium, seminar, workshop, or any formal meeting, whether conducted face-to-face or virtually to exchange information and expertise impacting the public's health within the scope of the FDA's mission.

Terminology:

The **Goal** is considered to be the **primary performance element or primary outcome** for this award.

Objectives are self-selected by the awardee and approved by the FDA Project Manager(s). They are considered to be the **secondary performance element** of the award.

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional
Questions](#)

[Complete Personnel Report](#)

[Complete Budget Report](#)

Meeting Objective 1:

Planned Start Date

Planned End Date

Obj

Obj

Planned Meeting Objective Short Description

Progress Report (Use Alt+Enter for new line if desired)

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 2:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 3:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 4:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 5:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 6:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]



Meeting Objective 7:

Planned Start Date	<input type="text"/>
Planned End Date	<input type="text"/>

Planned Meeting Objective Short Description

Obj
Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 8:

Planned Start Date

Planned End Date

Planned Meeting Objective Short Description

Obj

Obj

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

[Replace bracketed text with your response]

Meeting Objective 9:

Planned Start Date	<input type="text"/>
Planned End Date	<input type="text"/>

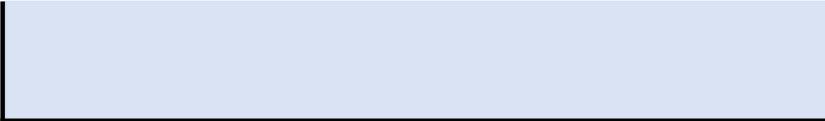
Obj
Obj

Planned Meeting Objective Short Description

[Replace bracketed text with your response]

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]



Meeting Objective 10:

Planned Start Date	<input type="text"/>
Planned End Date	<input type="text"/>

Obj
Obj

Planned Meeting Objective Short Description

[Replace bracketed text with your response]

Progress Report *(Use Alt+Enter for new line if desired)*

[Replace bracketed text with your response]

 **any performance elements that are impacted by each action item (to view objectives or activities click t**

[Click to review impacts to performance elements below](#)

[elements below](#)

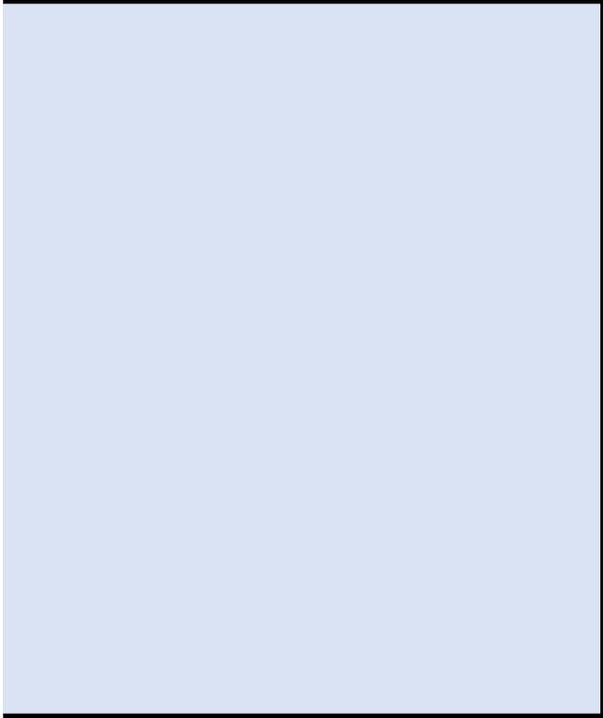
m

ision. A conference or scientific meeting is defined
plore a defined subject, issue, or area of concern

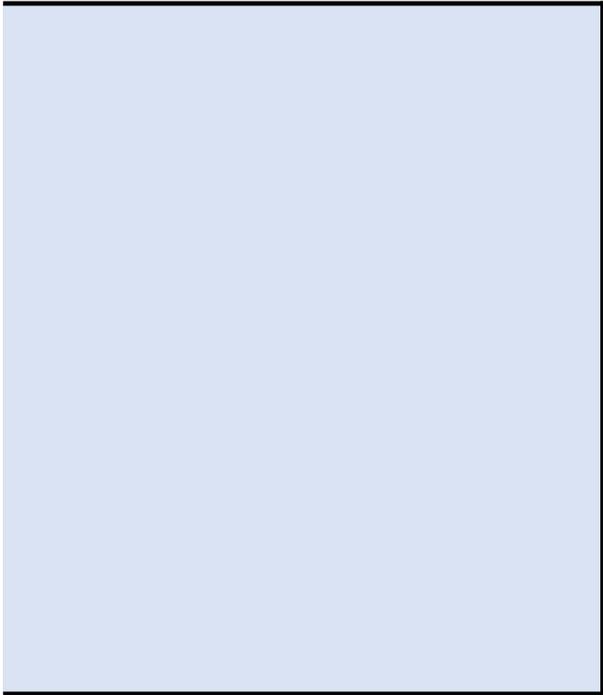
ents or sub-outcomes that support the Goal for this

nal

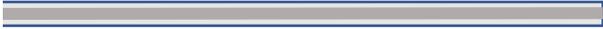
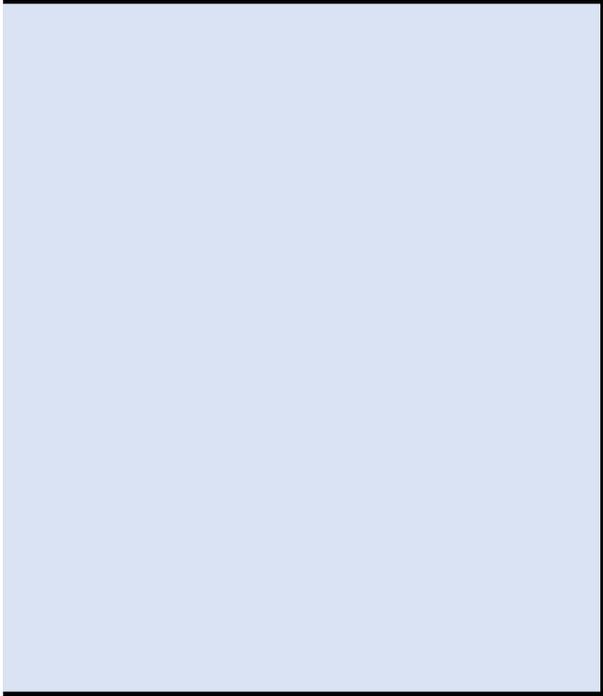
ective Status	Select
jective Percent Complete	Select



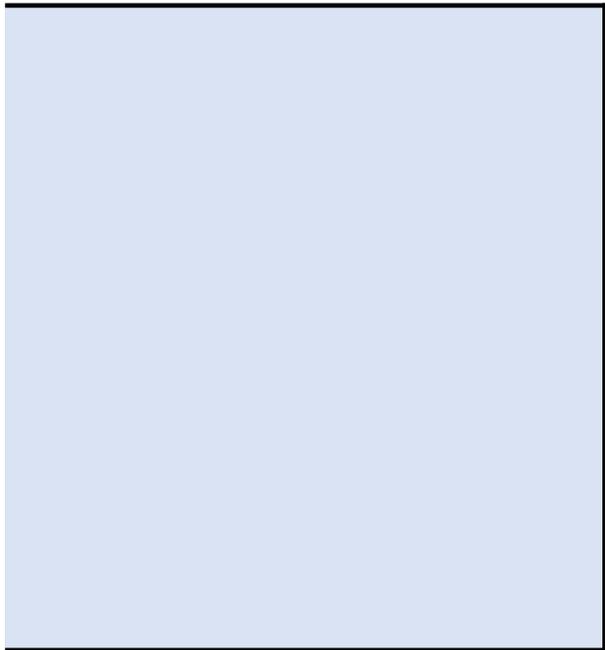
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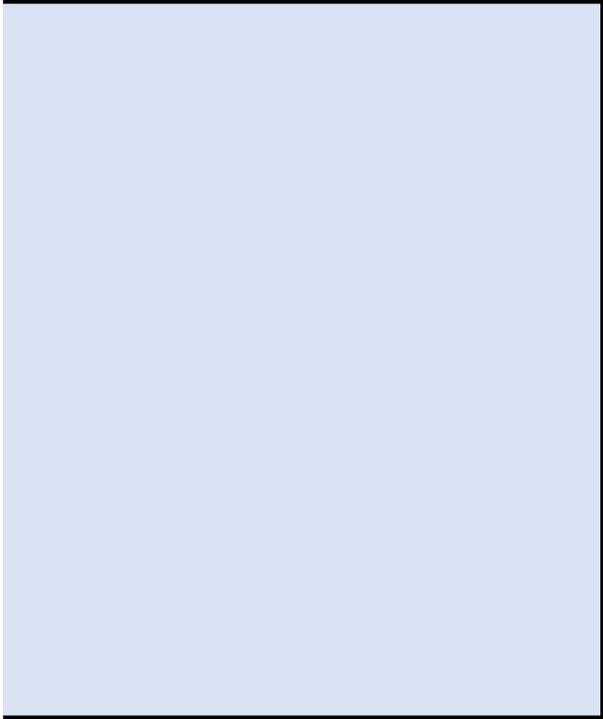
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rojective Percent Complete	Select



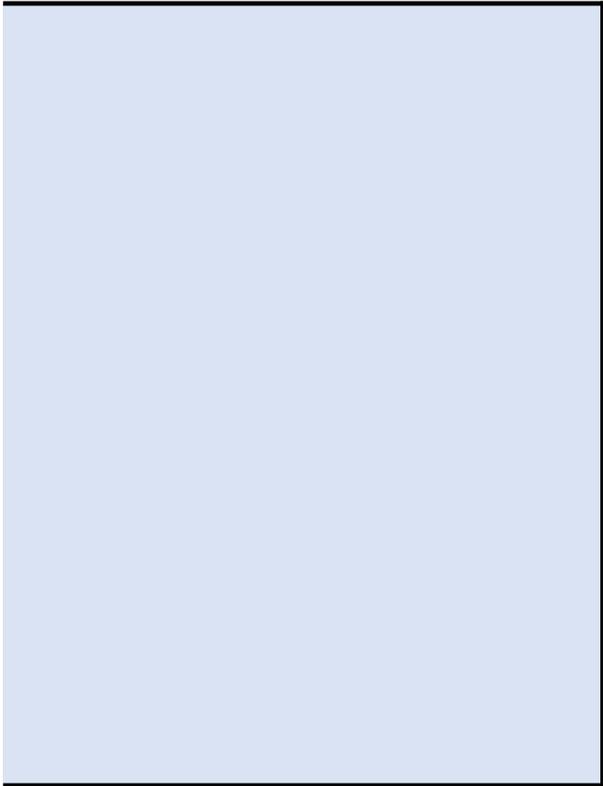
ective Status	Select
jective Percent Complete	Select



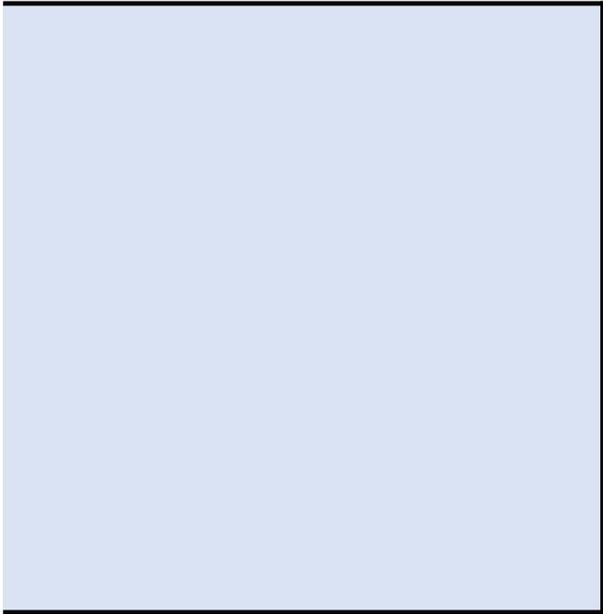
ective Status	Select
jective Percent Complete	Select



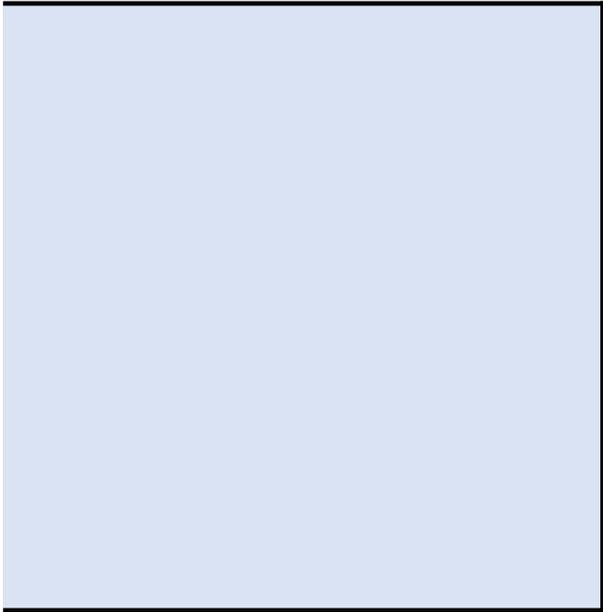
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rojective Percent Complete	Select



ective Status	Select
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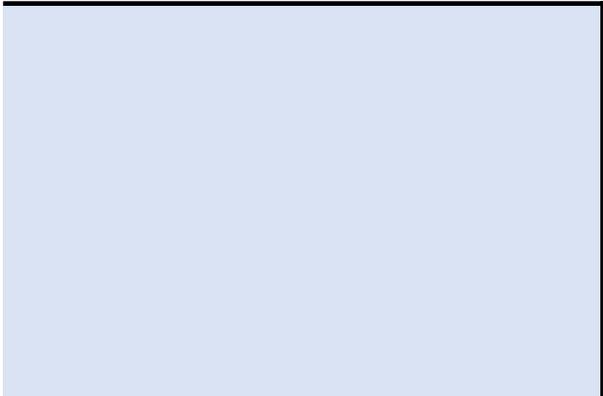


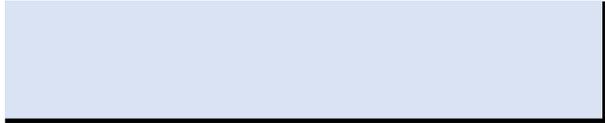
ective Status	Select
rojective Percent Complete	Select



ective Status

jective Percent Complete





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rojective Percent Complete



the linked column heading):



[Complete Coversheet](#)



[Complete Progress Narrative](#)



[Complete Additional Questions](#)

Percentage breakdown of Federal vs Non-Federal Employees
[(# Federal Employees/Total # Attendees) * 100]

Conference Format (Select "Yes" for all applicable)

In-Person

Projected Agenda (may be attached) or provide a list of principal ar

[Replace bracketed text with your response]

Describe physical facilities and logistical arrangements

[Replace bracketed text with your response]

Justification of the conference(s), including the objectives, the prob
timeliness, and usefulness of the conference/meeting to the scienti

[Replace bracketed text with your response]

The following are a list of goals and priorities for the FDA Office of R conference or meeting is aligned with by selecting Yes in the drop-c goals of your event.

This Event will:
Improve coordination and communication between FDA and regula
Improve regulatory data sharing between FDA and regulatory and p
Expand availability of tools, systems and equipment for regulatory a
Increase knowledge and skills of regulatory and public health partn
Promote equivalency of regulations between FDA and regulatory ar
Improve quality systems of regulatory and public health partners
Increased efficiency of FDA and public health partner resource use
Increase partnerships to enhance public health protections
Expand collective capability and capacity among partners
Increase mutual acceptance and reliance on public health partner w

Description of the composition and role of the organizing committee including the basis for their selection and documentation of their a

[Replace bracketed text with your response]

Describe publicizing the conference/meeting to all interested partic

[Replace bracketed text with your response]

Post-Conference only:

Enter the number of virtual attendees

Enter the number of in-person attendees

List the top performing topics (i.e. which topic session(s) have the n

[Replace bracketed text with your response]

Enter the number of returning attendees or the number of attendees

Representatives in Attendance (mark "Yes" for all that apply)

Professions represented (mark "Yes" for all that apply)

Region (e.g. southwest, northeast, nationwide, international, etc.)

[Replace bracketed text with your response]

Post-conference survey: Completion rate

Post-conference survey: Overall feedback results

[Replace bracketed text with]

How did the meeting support the FDA mission?

[Replace bracketed text with your response]

Meeting Accomplishments

[Replace bracketed text with your response]

Public Health Impacts (Required)

Please answer the following specific questions related to your cooperation:
Specific (simple, sensible, significant).
Measurable (meaningful, motivating).
Achievable (agreed, attainable).
Relevant (reasonable, realistic and resourced, results-based).
Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

Please describe the public health impact of your activities under this

[Replace bracketed text with your response]

Please describe how your activities have facilitated long-term improve

[Replace bracketed text with your response]



Optional: Use this space to report any additional information as needed

[Replace bracketed text with your response]

[Complete Coversheet](#)

[Complete](#)

[Complete Personnel Report](#)

[Complete](#)

Operative Agreement Program Report Form
ns (Required unless otherwise noted)

e if needed.

et

[Complete Progress Narrative](#)

[Complete Additional Questions](#)

report

[Complete Budget Report](#)

confirm current status of the following metrics as applicable.):

h your response]

h your response]

Method of Selection

[] %

Virtual
[]

Issues or topics to be addressed and speakers

[]

[]

Comments it intends to clarify, and any developments it may stimulate; the public and academic community

[]

Regulatory Affairs and the Office of Partnerships. Please identify all goals and milestones provided for all relevant priorities (there must be at least one item that

atory and public health partners
ublic health partners
and public health partners
ers
nd public health partners for FDA-regulated commodities
ork, data, and action

e, and provide the names and credentials of key participants in the conference agreement to participate

--

participants and for publishing the proceedings.

most participants interested)

es compared to previous years

Federal	SLTT	Academic	Industry

Compliance Officers	Managers	Inspectors	Students

%

h your response]

operative agreement using SMART guidance:

me-sensitive).

s cooperative agreement.



vements to the national food safety system under this cooperative agreement



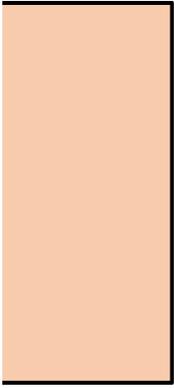
ended that was not already reported elsewhere



[Complete Progress Narrative](#)

[Complete Additional Questions](#)

[Complete Budget Report](#)





health need,



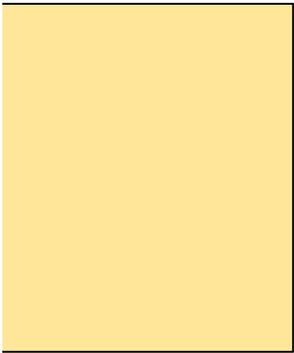
priorities your
t aligns with the

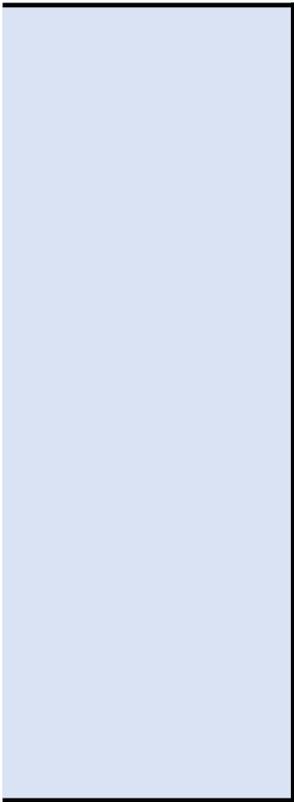
Select Yes below for all that apply:

ce /meeting,

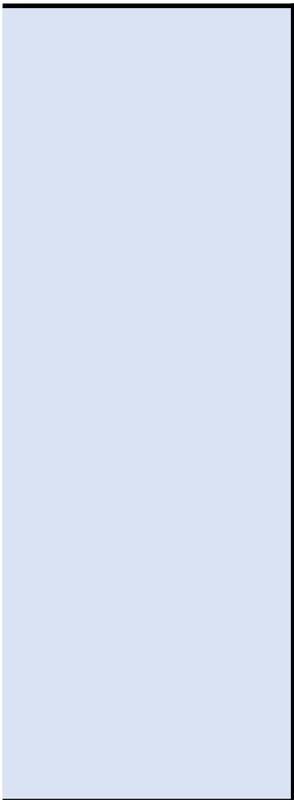
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Office of Partnerships Cooperative Agreement Program Report Form Personnel

Provide the information for each CAP project funded staff member.

Provide the number of months funded for this budget period only rounded to the nearest hundredth (XX.XX). Fully funded project personnel = 12.00 months.

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional Questions](#)

[Complete Personnel Report](#)

[Complete Budget Report](#)

	Name <i>(last name, first name)</i>	Title	Project Role	Months Funded <i>(# calendar mos)</i>
1				
2				
3				
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5				
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12				
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40				

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional Questions](#)

[Complete Personnel Report](#)

[Complete Budget Report](#)

Office of Partnerships Cooperative Agreement Program Report Form Budget

Provide the budget and expense information below.

For "Other 1-4" expenses only replace the bracketed text with a short detail description; e.g. "Other 1 user expense description".

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional Questions](#)

[Complete Personnel Report](#)

[Complete Budget Report](#)

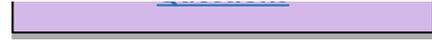
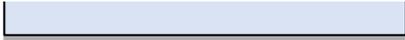
Expenses		Total Budgeted	Expended to Date	Total Projected Expenses
1	Total Budget	\$0.00	\$0.00	\$0.00
2	Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00
3	Equipment	\$0.00	\$0.00	\$0.00
4	Travel	\$0.00	\$0.00	\$0.00
5	Materials and Supplies	\$0.00	\$0.00	\$0.00
6	Publication Costs	\$0.00	\$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 1 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00
13	Other 2 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00
14	Other 3 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00
15	Other 4 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00
16	Estimated current obligated funds	\$0.00		
17	Carryover I will be requesting	\$0.00		
18	New funding request	\$0.00		
19	Total Requested for next budget period	\$0.00		
20	Additional Budget Comments: <i>(Use Alt+Enter for new line if desired)</i>	[Replace bracketed text with your response]		

[Complete Coversheet](#)

[Complete Progress Narrative](#)

[Complete Additional Questions](#)



[Complete Personnel Report](#)

[Complete Budget Report](#)

