

forms pertaining to FDA awards.

APPENDIX I

REQUEST FOR AUDIT REDUCTION

I. CONTACT INFORMATION

1. Program Division Office:	2. State Liaison Contact
3. State Agency	4. State Agency Contact

II. CONTRACT INFORMATION

1. Period of Performance	Start Date:	End Date:
2. Contract Program	<input type="checkbox"/> Human Food	<input type="checkbox"/> Animal Food
3. Audit Phase	<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II <input type="checkbox"/> Phase III

III. AUDIT REDUCTION

Please explain the reasons for requesting an audit reduction.

Please provide the number of audits planned for each type of inspection.

HUMAN FOOD		ANIMAL FOOD	
Human Food GMP	_____	PC Animal Food	_____
LACF/AF	_____	BSE	_____
Seafood HACCP	_____	Medicated Animal Food	_____
Juice HACCP	_____		
Total	_____		

IV. CONDITIONS OF AGREEMENT

The state and program division understand that the audit reduction is valid for the period of performance specified in this agreement.

It is the responsibility of the program division and state to report any changes to the information provided on the form. If the information provided on the form changes, the state shall notify the program division within 10 working days. The program division is responsible for reporting the changes to Office of Partnerships (OP) within 10 working days. A new Request for Audit Reduction form may be needed.

V. TO BE COMPLETED BY OFFICE OF PARTNERSHIPS

- Approved with the conditions set forth in this agreement
- Not approved for the following reasons:

OP Approving Official

Date

Distribution

- Director, Office of Partnerships
- Program Division Director
- Project Manager, OP
- State Liaison/District Technical Advisor
- State Agency

Appendix I Instructions for Completing the Request for Audit Reduction

AUDIT REDUCTIONS MUST BE REQUESTED DURING THE FIRST QUARTER OF THE CONTRACT PERIOD OF PERFORMANCE OR AT THE TIME THE PROGRAM BECOMES AWARE OF THE NEED FOR A REDUCTION.

GENERAL

Use this form to obtain approval for reducing the required number of audits for the human and animal food contract inspection programs. The Program Division will complete and submit the form to the OP Audit Program Manager. If an audit reduction is needed in both feed and food, the Program Division must complete and submit separate forms for each program.

The OP Audit Program Manager will provide copies to the Program Division Director, OP Project Manager, State Liaison/District Technical Advisor, and the State Agency as notification of approval or disapproval of the request.

The request for audit reduction must be submitted and approved for each 12-month period of performance.

SPECIFIC

I. Contact Information

1. Provide the Program Division.
2. Provide the name of the Program Division person to be contacted for the information.
3. Provide the State Agency.
4. Provide the name of the State person to be contacted for the information.

II. Contract Information

1. Period of Performance (MM/DD/YYYY) - Enter the start date and end date of the contract period.
2. Select the box for the contract inspection program. When requesting a reduction in audits for the food contract program, check Human Food. When requesting a reduction in audits for the animal food contract program, check Animal Food.
3. Check the state's phase of implementation of the contract audit program.

III. Audit Reduction

1. Briefly explain the reasons for requesting an audit reduction.
2. Provide the number of audits planned for each type of inspection.

IV. Conditions of Agreement

The Program Division and state shall read and understand these conditions of agreement. It is the responsibility of the Program Division and state to report any changes to the information provided on the form. If the information provided on the form changes, the state shall notify the Program Division within 10 working days. The Program Division is responsible for reporting the changes to OP Audit Program Manager within 10 working days. A new Request for Audit Reduction Form may be needed.

V. To Be Completed By OP

This section is for OP only and should be left blank. If the audit reduction is not approved, an explanation will be provided.

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
PRASStaff@fda.hhs.gov

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