Flexible Funding Model Program Report

Version 2026 | Office of Domestic Partnerships

Cooperative Agreement Program Report Form

Instructions & User Tips

- This template is intended to serve as your Office of Domestic Partnership's program reporting instrument for this agreement.
- Please complete each report (Mid-Year, Annual and Final Progress Report) in accordance with the reporting cycle and deadlines for the current budget period and as directed by your project manager and Notice of Award (NOA).
- This program report contains multiple sections to complete. For each subsequent report deadline, add any new information since the last submission in the appropriate section and re-submit this template.
- Please refer to your NOA for required submission dates for each budget period.
- In the final year of the CAP, the Annual Report is replaced by the Final Progress Report.
- Save this form early and often using "[State Abbreviation]_[Last 4 digits of the Cooperative Agreement Number]_[Current Budget Year] [Report Type]" filename. Example: MI_1234_2025_Midyear
- Download the form template.
- Complete only the sections that apply to your program.
- Don't worry about exact character counts.
- Focus on major activities and outcomes and what is most important for FDA to know.
- Brief descriptions are fine; use long narratives where warranted.
- For questions regarding this form, please email the Project Managers and assigned Technical Advisor(s).
- Upon completion, e-mail your file to your Project Manager and assigned Technical Advisor.

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Basic Information

Recipient Name:	**Federal Award Identification Number:**	**Report Type:**
[Free Text]	[Free Text]	☐ Mid-Year ☐ Annual ☐ Final

Date Completed:
[Free Text]

Project Period Start Date	**Project End Date**	**Budget Period Start Date**	**Budget Period End Date**
[Free Text]	[Free Text]	[Free Text]	[Free Text]

Track (Select One):
☐ MFRPS Development ☐ MFRPS Maintenance

Key Personnel

Role	**Name**	**Email**	**Phone Number**
Principal Investigator	[Free Text]	[Free Text]	[Free Text]
Program Director/Manager	[Free Text]	[Free Text]	[Free Text]
MFRPS Coordinator	[Free Text]	[Free Text]	[Free Text]

Key Definitions

Term	**Definition**
Development Base Track	The recipient will develop and implement a strategic improvement plan to reach full conformance.
Maintenance Base Track	The recipient will maintain full conformance with the MFRPS. If the program fails to meet any of the program elements and documentation requirements of the MFRPS, whether identified through self-assessment or FDA assessment, the program shall develop or update a Strategic Improvement Plan including the completion of any corrective action or CAPA requirements.
Maintenance Activities	The actions the program completes that are required to maintain conformance with the standards.
Enhancement Activities	The actions the program completes for continuous improvement to the program's functions, procedures, protocols, practices, etc.

Term	Definition
Outcomes	The net effect of achieving the stated goals and objectives for your program and this agreement.
Objectives	Specific impacts related to public health intended to be achieved with these funds.
Milestones	Specific actions or events benchmarking progress achieved over the course of the project period.
Deliverables	Previously agreed upon products or outputs that will result from executing your award.
SLTT	State, Local, Tribal, and Territorial.

Section 1: Mid-Year Report — Basic Information

ALL awardees should complete this section for the mid-year report along with your updated Strategic Improvement Plan. The additional sections of the report will be completed with the required Research Performance Progress Report (RPPR). Programs that have been placed under Special Terms and Conditions shall ensure they submit any additional required documentation.

Mid-Year Status Reports

Item	Response
Status report on the hiring and training of cooperative agreement funded personnel and other manufactured food program personnel.	[Free Text]
Status report on the purchasing, development, and operational readiness of any equipment or software/hardware.	[Free Text]
Briefly describe any significant changes to your program, personnel or operations since the last reporting period.	[Free Text]
Identify any pending issues or concerns that may affect accomplishing the objectives and goals of the cooperative agreement.	[Free Text]

Section 2: MFRPS Standards Reporting

ALL awardees should complete this section. If the program has nothing to report for a specific section, please indicate the section is not applicable (N/A).

Note: Separately from your submission of this form, all required MFRPS Appendices and your Strategic Improvement Plan must be submitted to your Program Managers and Technical Advisors with the RPPR per your program's Notice of Award. Programs that have been placed under Special Terms and Conditions shall ensure they submit any additional required documentation.

Status of Self-Assessment and Appendices

The program shall review and update their Strategic Improvement Plan self-assessment appendices at least annually. Appendices required for submission with the RPPR are listed in the program's

Notice of Award. All required documents submitted should be current and fit for use as defined in the MFRPS.

Item	Response
Confirm if the required appendices listed in the NOA are current and fit for use and submitted as a separate attachment with the RPPR Annual Progress report (Yes/No/Explain Below):	☐ Yes ☐ No Appendices submission comments: [Free Text]
Strategic Improvement Plan must be current and fit for use and submitted with the RPPR (check all that apply):	☐ Current and fit for use ☐ Submitted with this report ☐ In Development
Estimated hours spent updating SIP and Appendices:	[Free Text]
Appendices submission comments (if applicable):	[Free Text]

FDA Assessments

Item	Response
Enter the date of the most recent FDA assessment:	[Free Text]
Did the assessment verify the program is in full conformance with the MFRPS? (Yes/No/Explain Below):	☐ Yes ☐ No FDA assessment comments: [Free Text]
Additional FDA assessment comments (if applicable):	[Free Text]

Critical Challenges and Resource Needs

Item	Response
Challenges meeting NOFO deliverables (not discussed elsewhere). Please consider funding, partnership concerns, communication gaps, administrative burden or any other challenges.	[Free Text]
What additional resources or support do you foresee needing in meeting all MFRPS, DMR objectives of this FFM and programmatic goals?	[Free Text]

Detailed Progress Report — MFRPS Standards

Detailed Progress Report on the recipient meeting the project milestones detailed in the cooperative agreement, proposal, strategic plan, conditions of the award, etc. Include details in your efforts towards achieving or maintaining conformance and consider the outcomes of the CAP including: providing FDA the foundation for pursuing regulatory actions based on findings of the program, developing strategies for achieving conformance that can be replicated or leveraged across other programs, support to other FDA cooperative agreements including laboratory sample analysis CAPs, ensuring training of the MFRPS Coordinator and other applicable staff, etc.

Note: This form is intended to capture your progress narrative. You do not need to include details that will be documented with your Strategic Improvement Plan. Please include a reference to the applicable document when appropriate.

Standard 1: Regulatory Foundation

The program evaluates the scope of its legal authority and regulatory provisions to ensure the protection of manufactured food within its jurisdiction. The program's evaluation includes a determination of how the program's REGULATORY FOUNDATION corresponds to specific sections of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and Code of Federal Regulations (CFR).

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Did your program add or update manufactured food law(s) and/or regulations during this reporting period?	☐ Yes ☐ No If yes, please indicate which law and/or regulation was changed and ensure this change is reflected on Appendix 1.2: [Free Text]
Is your program considering any laws or regulations that may impact your regulatory agency's authority, capacity or resources for manufactured food?	☐ Yes ☐ No If yes, please explain: [Free Text]

Standard 2: Training Program

The program establishes and maintains a written training plan that promotes development and demonstrates that all inspectors who will conduct manufactured food inspections have the necessary competencies, field training, and continuing education to adequately perform their work.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Does the program have training needs for inspection types not currently conducted under the human food contract?	☐ Yes ☐ No If yes, please identify each inspection type and the number of firms in inventory for that type: [Free Text]
Current Training Gaps/Needs:	[Free Text]
Progress in planning for National Curriculum Standards implementation:	[Free Text]
Is a training Point of Contact designated?	☐ Yes ☐ No Name: _____ Title: _____

Item	Response
	Email Address: _____
Training Provided to Others — Have you facilitated FDA training in this reporting period or had staff serve as trainers in FDA courses?	☐ Yes ☐ No If yes, please list each FDA training course facilitated or taught by your staff during this reporting period, and provide the number of times each course was delivered, the total number of participants trained, and the number of SLTTs representatives (if applicable): [Free Text]

Standard 3: Inspection Program

The program has a risk-based manufactured food inspection program to determine compliance with manufactured food laws and reduce the occurrence of FOOD-RELATED INCIDENTS.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Number of inspections completed in this reporting period by commodity type (excluding contract inspections):	Manufactured Food (GMP, Qualified Facility, Limited Scope, Modified Requirements): ___ Full Scope PC: ___ Juice HACCP: ___ Seafood HACCP: ___ LACF: ___ Acidified: ___ Dietary Supplements (under 21 CFR 111 or equivalent law): ___
Did you accept any FDA inspections to count towards your program workplan this reporting period?	☐ Yes ☐ No If yes, how many of each type listed below: Manufactured Food (GMP, Qualified Facility, Limited Scope, Modified Requirements): ___ Full Scope PC: ___ Juice HACCP: ___ Seafood HACCP: ___ LACF: ___ Acidified: ___ Dietary Supplements (under 21 CFR 111 or equivalent law): ___

Standard 4: Inspection Audit Program

The program establishes an audit program to evaluate and document the effectiveness of the program's inspections and sample collections. This includes two components: (1) field audit component, which is an on-site performance EVALUATION of an inspection and (2) a report audit component, which is a performance EVALUATION of the inspection reports and sample collection

reports, to verify they are consistently performed according to established performance factors.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Number of current QUALIFIED FIELD INSPECTION AUDITORS on staff (please attach current roster with types of inspections each is currently qualified to audit identified):	[Free Text / Attach Roster]
Audit Program Status (select all that apply):	☐ Have qualified auditors actively conducting field audits ☐ Developing Auditor Training Plan ☐ Collaborating with other programs to meet audit requirements ☐ Conducting Contract Audits
If applicable, describe your plan to identify and address the development of qualified field inspection auditors that may be necessary based on the manufactured food inventory for which the program inspects:	[Free Text]
Do you use the FDA Audit Form 3610-H for all field audits conducted by your program?	☐ Yes ☐ No If no, please describe your program's plans to begin utilizing the Form 3610-H: [Free Text]

Standard 5: Food-related Illness, Outbreak and Hazards Response

The program has a written food emergency response program to respond to food-related illness, injury, outbreaks and HAZARDS.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Number of notifications of food-related incidents that were reported to your program during this reporting period (5.3.2.2):	[Free Text]
Number of investigation and/or root cause investigation (environmental assessment) reports created under 5.3.5.1 this reporting period:	[Free Text]
Note:	If your program participates in the RRT cooperative agreement, the fields below are not required.

Item	Response
How were food-related incidents primarily identified during this reporting period? (Select all that apply):	☐ Consumer complaint ☐ Illness cluster/epidemiological signal ☐ Routine inspection finding ☐ Trade complaint ☐ Notification from another agency (state, local or federal) ☐ Other: _____
Number of incidents involving notification to another agency (state epi, CDC, local health or other federal agency) as required in 5.3.1.2.4:	[Free Text]

Standard 6: Compliance and Enforcement Program

The program has a written compliance and enforcement program, which describes its compliance strategy and procedures. The program conducts an annual evaluation of enforcement activities to identify potential improvements or modifications.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Did you share any significant enforcement actions (as described in the NOFO) with the FDA OII division in this reporting period?	☐ Yes ☐ No If no, please describe: [Free Text]
Of the significant enforcement actions shared, how many were the result of an incident reported in Standard 5?	[Free Text]
How do you use the information you collect in your monitoring of critical violations, chronic violators and chronic violations?	[Free Text]
Have you identified any patterns in this monitoring?	[Free Text]

Standard 7: Industry and Community Relations

The program participates in outreach activities that support communication and information exchange about food protection topics among regulators, industry, academia, and consumer representatives.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
How many outreach activity events did you document in this reporting period?	[Free Text]

Item	Response
Of the outreach activity events documented, were any of the following audiences targeted? (Check all that apply):	☐ Academia ☐ Industry ☐ SLTT partners ☐ Cottage food industry ☐ Farms/agricultural producers ☐ Retail establishments ☐ Consumers ☐ Other: _____
Of the outreach activity events documented, which methods were used for outreach? (Check all that apply):	☐ In-person ☐ Hybrid ☐ Virtual ☐ Seminar ☐ Workshop ☐ Training Course ☐ Other: _____

Standard 8: Program Administration

The program conducts an assessment of resource needs for staffing, equipment, and funding to meet inspectional frequencies and to achieve and maintain conformance with the program standards.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Identify the number of FTE staff currently dedicated to conducting manufactured food firm inspections:	[Free Text]
Are you currently able to fill vacant positions?	☐ Yes ☐ No
Do you have staffing needs beyond current vacancies?	☐ Yes ☐ No
Number of vacancies, length of vacancies and types of vacant positions: (e.g., 2 Field Inspectors–vacant for 3 months, 1 Compliance Officer–vacant for 6 months, 1 Lab Analyst–vacant for 1 year)	[Free Text]
Has your program experienced any budget reductions or funding constraints this reporting period that affected program operations?	☐ Yes ☐ No If yes, briefly explain: [Free Text]

Standard 9: Program Assessment

The program establishes a self-assessment and subsequent review to identify the strengths and weaknesses of the program. The results are used to develop or update a strategic improvement plan that aids the program in achieving and maintaining conformance with the program elements

of each standard and addresses any necessary corrective actions. The program has procedures to ensure required documents are current and fit-for-use.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
What software or method do you use for document control?	[Free Text]
How many corrective/preventive actions did you open this reporting period?	[Free Text]
How many corrective/preventive actions were you able to close this reporting period?	[Free Text]

Standard 10: Laboratory Support

The program has access to the laboratory services needed to support program.

Item	Response
Conformance Status (Select One):	☐ Full Conformance ☐ Not in Conformance
Activities Completed in this Reporting Period:	[Free Text]
Challenges and Successes:	[Free Text]
Primary Laboratory Name:	[Free Text]
Primary Laboratory Contact Name:	[Free Text]
Primary Laboratory Contact Email:	[Free Text]
ISO 17025 Accredited?	☐ Yes ☐ No Accrediting Organization: _____

Section 3: SLTT — Food Protection Task Force or Alternate Activities

SLTT = State, Local, Tribal, and Territorial

Item	Response
Do you participate in a Food Protection Task Force (FPTF)?	☐ Yes ☐ No The following fields apply to programs with a FPTF. If your program does not participate in the FPTF, skip to the Alternate Activities section below.

Item	Response
Did your FPTF convene at least one task force meeting this reporting period?	☐ Yes ☐ No If Yes, format of meeting: ☐ Virtual ☐ In-person ☐ Hybrid If No, please explain: [Free Text]
What is the make-up of your stakeholders in the FPTF?	[Free Text]
Describe the FPTF's effectiveness, successes and any opportunities for improvement.	[Free Text]
Were resources shared to the CFPTF FoodSHIELD site (if applicable)?	☐ Yes ☐ No
Did at least one staff member attend CFPTF meetings?	☐ Yes ☐ No
Alternate Activities — If you do NOT have a FPTF, please specifically describe the alternate activity your program participated in:	[Free Text]
Alternate Activities Table — Complete all columns below:	[See table below]

Alternate Activities Detail Table

Participating Personnel	Dates of Activity	Description of Project, Meeting or Activity	Effectiveness, Successes & Opportunities for Improvement
[Free Text]	[Free Text]	[Free Text]	[Free Text]
[Free Text]	[Free Text]	[Free Text]	[Free Text]
[Free Text]	[Free Text]	[Free Text]	[Free Text]

Section 4: Domestic Mutual Reliance (DMR)

Instructions: All awardees should complete this section.

Objective 2 DMR Activity A: Firm Inventory and Reconciliation

Item	Response
Describe your progress in the inventory reconciliation process.	[Free Text]
How many manufactured food firms were submitted to the FDA for reconciliation during this reporting period?	[Free Text]
If you received an inventory list from the FDA, how did you use this information?	[Free Text]
Have you identified any action items or solutions to address the firms that did not match?	[Free Text]

Inventory Management Activities

Activity	Status / Progress
Shared definitions established.	☐ Yes ☐ No ☐ In-Progress If "In-Progress," describe progress: [Free Text]
Facility jurisdictions clarified (State-primary facilities, FDA-primary facilities, shared responsibility).	☐ Yes ☐ No ☐ In-Progress If "In-Progress," describe progress: [Free Text]

Objective 2 DMR Activity B: Collaborative Work Planning

Item	Response
Did the program workplan prioritize their risk-based inspection program per MFRPS Standard 3 and with consideration of FDA's FSMA inspection frequency mandate?	☐ Yes ☐ No If no, please explain: [Free Text]
Is your program currently experiencing any challenges in completing the FDA human food contract obligations? (NOFO Requirement 2.B.2)	☐ Yes ☐ No If yes, please explain: [Free Text]
Can you identify any successes and/or challenges in collaborative work planning? Can the process be improved and in which ways?	[Free Text]
Did you identify any instances where there was a duplication of effort between the work completed by the FDA and your program in this reporting period?	☐ Yes ☐ No If yes, how many: [Free Text]
How did the collaborative work planning meetings help address past challenges?	[Free Text]
Are there any topics you feel were not adequately covered or that should be addressed in the future?	[Free Text]
Do you have any other feedback on the work planning meetings?	[Free Text]

Objective 2 DMR Activity C: Communication and Coordination

Item	Response
Is your program currently experiencing any challenges with information sharing? (NOFO Requirement 2.C.1 — Biannual Planning Meetings should include discussion of: Workplan, Inspection updates, Enforcement actions, Training coordination, Field audit program, Consumer complaints, Recalls, Sampling, Significant Enforcement Actions, Significant Complaints and Recalls.)	☐ Yes ☐ No If yes, please explain: [Free Text]

Item	Response
Please share any successes you have had this reporting period with Information Sharing.	[Free Text]

Objective 2 DMR Activity D: LFFM Coordination (If Applicable)

Item	Response
Does your primary servicing laboratory participate in the LFFM?	☐ Yes ☐ No
Is your Manufactured Food program collecting samples to support the LFFM?	☐ Yes ☐ No
Has your program built the necessary regulatory and compliance infrastructure to investigate and respond to violative samples?	☐ Yes ☐ No
If you answered No to any of the above questions, please explain:	[Free Text]
How many LFFM violative sample follow-up actions did you conduct this project period?	[Free Text]

Section 5: IFSS Community Engagement

Objective 3: MFRPA Annual Meeting

Item	Response
Personnel Attended	[Free Text]
Dates Attended	[Free Text]

Objective 3: IFSS Enhancement Activities

Item	Response
Select the two (2) or more activities conducted:	☐ Mentoring New CAP coordinator/MFRPS Program ☐ Mentoring other RPS program Standards Coordinator's Manual revision or Coordinator's Meeting Planning ☐ Workgroup Participation ☐ MFRPA Board Participation ☐ MFRPA Annual Meeting Planning Committee ☐ RLTS Committee Participation ☐ Hosting/Developing Training for other jurisdictions ☐ Serving as a trainer for an RLTS course ☐ Serving as a Qualified Field Inspection Auditor or Trainer under Standard 2 or 4 for another enrolled program ☐ Present at the annual MFRPS meeting or Coordinator's meeting ☐ Develop and implement a field audit verification plan ☐ Participate in the PFP or One Integrated Workforce workgroup ☐ Dietary Supplement Infrastructure/Capacity development ☐ Other
Activity Details — Please include: dates, detailed description, impact of activities on the IFSS, personnel involved, number of activities conducted, topics covered and any additional pertinent information.	[Free Text]

Section 6: Final Progress Report

ALL awardees should complete this section at the end of the 5-year project along with your updated Strategic Improvement Plan.

Item	Response
Overall program achievements and successes over the 5-year project period.	[Free Text]
Reoccurring challenges and/or barriers during the 5-year project period.	[Free Text]
Were additional resources needed to make progress on the project? If so, please elaborate.	[Free Text]
Overall program effectiveness and impact.	[Free Text]
Identify any pending issues or concerns that may affect the program sustaining progress going forward.	[Free Text]

Item	Response
Recommended changes to future cooperative agreement's objectives, goals, oversight or administration.	[Free Text]

Section 7: Additional Information

Optional Comments
[Free Text]

Form Completion

Form Completion Date:	Submitted by:
[Free Text]	[Free Text]