# **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 End Date: Start Date: 2. Contract Program ☐ Human Food ☐ Animal Food ☐ Phase I ☐ Phase II ☐ Phase III 3. Audit Phase III. AUDIT REDUCTION Please explain the reasons for requesting an audit reduction. Please provide the number of audits planned for each type of inspection. ANIMAL FOOD **HUMAN 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 perio	d 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
<u>Distribution</u>	

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.
- 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.