

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 inspectorate 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 inspectorate division within 10 working days. The program division is responsible for reporting the changes to Office of Domestic Partnerships (ODP) 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:

ODP Approving Official

Date

ODP Decision Distribution

ODP Audit Program Manager
Program Manager (COR), FDA HFP OIFSSP ODP DDPI
Inspectorate Division Director
State Liaison
State Agency Contact

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 inspectorate division will complete and submit the form to the ODP Audit Program Manager. If an audit reduction is needed in both feed and food, the inspectorate division must complete and submit separate forms for each program.

The ODP Audit Program Manager will provide copies to the Inspectorate Division Director, ODP Program Manager, State Liaison, and the State Agency Contact 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 inspectorate division
2. Provide the name of the inspectorate 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 inspectorate 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 inspectorate division within 10 working days. The inspectorate division is responsible for reporting the changes to ODP Audit Program Manager within 10 working days. A new Request for Audit Reduction Form may be needed.

V. To Be Completed By ODP

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