

Monthly Report Template



Center for Tobacco Products

Monthly Report

for

FDA Retail Tobacco Compliance Check Inspection Program

State/Territory: North Carolina

Agency/Department/Contractor: NC DHHS DMH/DD/SUS

Address:

Contract Year: Base Year

Month: Select month

Period Covered: Enter start date, **to** Enter end date.

Program Coordinator:

Prepared By:

Date Submitted: Click or tap to enter a date.

State/Territory, Agency/Department/Contractor – Contract Number

Section I – Program Overview

Enter the total number of inspections completed for the monthly performance period reported and the total number of inspections performed to date.

Inspections					
	FDA Directed Undercover Buy	FDA Directed Advertising & Labeling	Follow-Up Pairs Not Performed w/in 2-week window	Inspections performed after Target Completion Date	Hand Deliveries
Month 01					
Month 02					
Month 03					
Month 04					
Month 05					
Month 06					
Month 07					
Month 08					
Month 09					
Month 10					
Month 11					
Month 12					
Extension Months					
Contract Requirement					
Total To-Date					
Percentage Completed					
Total Remaining					

To update the **Total To-Date**, **Percentage Completed**, and **Total Remaining** rows, highlight the table and press F9.

Program Management Activities

Please describe program management activities completed by each non-inspection labor category during this month: The description of program management activities should support the labor hours completed and billed for each labor category during the month.

State/Territory, Agency/Department/Contractor – Contract Number

Other Labor Categories (all other labor categories that are **not** identified as key personnel, Inspectors, or Underage Purchasers).

Labor Category	Description of activities during the month

SAMPLE

State/Territory, Agency/Department/Contractor – Contract Number

Please provide the direct labor hours of the Prime Contractor, Subcontractors, and Consultants for the current reporting period:

Labor Category	Number of Personnel	Total Actual Hours Worked During the Month

State/Territory, Agency/Department/Contractor – Contract Number

Retail Outlet List

Has an accurate, non-duplicative, and complete list of tobacco retail establishments to be added to FDA's current list of retailers been submitted to the FDA? If yes, provide the date of submission, the methods/sources used to identify new retail establishments and make updates to existing establishments.

- ☐ Yes: Select Date of Submission
- ☐ No

In the table below, provide the number of new establishments created in TIMS during the period of performance and the number of establishments updated (marked OOB, address updated) during the period of performance.

Tobacco Retail Establishment List		
	# of new establishments added	# of establishments updated
Month 01		
Month 02		
Month 03		
Month 04		
Month 05		
Month 06		
Month 07		
Month 08		
Month 09		
Month 10		
Month 11		
Month 12		
Total		

To update the **Total** rows, highlight the table and press F9:

State/Territory, Agency/Department/Contractor – Contract Number

Program Participants

Please list all active personnel responsible for conducting inspections during the month.

Name of Active Personnel

Please identify new employees and employees who have left the program during the month.

Please do not include the name of an Underage Purchaser, only include the UP ID.

Name/UP ID	Role	Start Date	Separation Date (if applicable)

State/Territory, Agency/Department/Contractor – Contract Number

Please identify the list of candidates submitted for commissioning during the month. Provide the status of the completion/submission of all required paperwork (Attachment 1, eQip, and Fingerprints).

Name	Date submitted for background check/commissioning (if applicable)	Has all documentation required for commissioning been submitted (Not Started, In Progress, Completed)

Training

Please identify employees who have completed training during the month. For Undercover Purchasers who have completed only list the UP ID, do not include their name.

Name/UP ID	Training type (Initial, refresher)	Date completed

State/Territory, Agency/Department/Contractor – Contract Number

For any employee who did not complete required training (if applicable), please include their name, reason why training was not completed, and when training will be completed.

Name/UP ID	Reason why required training not completed	Date training will be completed

Retail Inspection Coverage Plan

Describe the retail inspection coverage plan for the month. The inspection plan for the month outlines:

Describe retail outlet inspectional coverage plan for the next month.

State/Territory, Agency/Department/Contractor – Contract Number

Non-FDA Tobacco Control Programs

Please describe any activities performed under this contract that are coordinated with any non-FDA tobacco control programs within the Contractor's jurisdiction, if applicable.

Performance/Quality Control

Please describe any issues or barriers encountered that affected meeting the requirements of the contract during the month. Describe the methods used to address the risk/issue and the progress toward resolving/mitigating the risk/issues encountered.

State/Territory, Agency/Department/Contractor – Contract Number

Media Coverage

Did any media contact and/or inquiries occur during the month. If yes, please describe the nature, date, and action taken of the media contact/inquiry that occurred during the month.

- ☐ Yes (Complete table below)
- ☐ No
- ☐ N/A

Name of Individual, Contacting Organization	Date of Contact by External Organization	Nature of Media Contact/ Inquiry	FDA Contact Notified of Inquiry	Date and Time FDA Contact Received Notification

Feedback

Please describe your experiences with the FDA Tobacco Compliance Check Inspection program in general. Topics include, but are not limited to, the use of handheld devices and other hardware, hardcopy forms, TIMS, and the inspection process. Please also share any issues, concerns, and/or recommendations regarding aspects of the program:

Government Property

In accordance with the Control of Property Section of the Contract (G.6), all accountable property should be reported annually. Accountable property is nonexpendable personal property with an acquisition cost of \$5,000 or more, and with a useful life of two years or more and sensitive items (regardless of acquisition value). Examples of sensitive items include computers, smartphones, and cameras. For a full list of sensitive items, please see the Sensitive Items Policy for Personal Property and Equipment attached below.



SI Policy
03182014.pdf

State/Territory, Agency/Department/Contractor – Contract Number

Has the Contractor returned any equipment or Government Property during the month? If yes, complete the table to include, name of Contractor personnel property was assigned, if applicable, property description, FDA property number, and shipment return tracking number.

☐ Yes (Completed table below)

☐ No

Name	Description	FDA Property Number	Shipment tracking number

Has a completed Report of Accountable of Personal Property been submitted to the FDA during this contract year? If yes, what was the date of submission?

☐ Yes: Select Date of Submission

☐ No

Has the Contractor 1) implemented a program for the protection, preservation and maintenance of all Government property, 2) executed procedures to educate your employees concerning individual responsibilities for Government property, and 3) taken actions to monitor and assess your property control system? If yes, briefly describe the program, procedures and efforts:

☐ Yes: Internal tracking sheets, in-person ride along to verify property possession, etc.,

☐ No

If previously defined, have there been any changes to the property control system detailed above? If yes, briefly describe:

☐ Yes: If yes, enter description

☐ No

☐ N/A

Has the Contractor disposed of any equipment or Government Property? If yes, describe how this was done and who was consulted prior to such action.

☐ Yes: If yes, enter description

☐ No



State/Territory, Agency/Department/Contractor – Contract Number

Section II - Financials

Financial Information shall be submitted for each major task or line-item cost.

Data shall include but is not limited to:

1. The total estimated cost budgeted (excluding fee)
2. The estimated cost expended during the current reporting period
3. Identification of direct labor hours of prime contractor, subcontractors and consultants (as applicable)
4. Total project to date expenditures
5. Total funds remaining

Please provide the estimated costs expended during the current month in the table below.

Estimated Costs (Current Reporting Period)	Direct Labor	Fringe Benefits	Materials & Supplies	Travel	Subcontracts	Other Direct Costs	Total Indirect Costs	POP Total
Month 01								
Month 02								
Month 03								
Month 04								
Month 05								
Month 06								
Month 07								
Month 08								
Month 09								
Month 10								
Month 11								
Month 12								
Total Cost Category Amount Budgeted for Contract Year								
Total To Date Costs								
Total Funds Remaining								

To update the **POP Total**, **Total Cost Category Amount Budgeted for Contract Year**, **Total To-Date Costs**, and **Total Remaining** rows, highlight the table and press F9.

State/Territory, Agency/Department/Contractor – Contract Number

Please provide the estimated projected expenditures for the following month in the table below.

Estimated Costs (Next Reporting Period)	Direct Labor	Fringe Benefits	Materials & Supplies	Travel	Subcontracts	Other Direct Costs	Total Indirect Costs	POP Total
Month 01								
Month 02								
Month 03								
Month 04								
Month 05								
Month 06								
Month 07								
Month 08								
Month 09								
Month 10								
Month 11								
Month 12								
Total Cost Category Amount Budgeted for Contract Year								
Total To Date Costs								
Total Funds Remaining								

To update the **POP Total**, **Total Cost Category Amount Budgeted for Contract Year**, **Total To-Date Costs**, and **Total Remaining** rows, highlight the table and press **F9**.

State/Territory, Agency/Department/Contractor – Contract Number

Are any invoices currently outstanding? If yes, please list them by month and calendar year and provide the reason for the delay and anticipated submission date in the table below:

Outstanding Invoice POP	Reason for Delay	Anticipated Submission Date

SAMPLE