NEHA-FDA Retail Flexible Funding Model Grant Program

Track 1 Development Base Grant - CY 2024 Application Template

Below is a multi-page screenshot from the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program Portal, showing the application template for the grant type specified above. The screen-shot includes images of all required input fields, including maximum character counts for each text box.

When preparing applications for this grant program, please consider the following best practices:

1) For reasons of security and functionality, jurisdictions are required to complete all grant applications online using a modern, up-to-date browser. Users may access links to download these browsers at https://www.neha.org/retail-grants-tech-support.

2) For browser access to the grant portal, we recommend using an up-to-date version of Chrome, Edge, or Brave. *Note: Internet Explorer is out of date and no longer supported by Microsoft and will not work with the NEHA-FDA RFFM Grant Program Portal*.

3) Some applicants find it useful to draft answers for each grant portal question into MS Word or a comparable program, checking character counts for each entry (found under the Review tab in Microsoft Word), and reviewing their entries using Spell Check or Editor (also found under the Review tab in Microsoft Word). When complete, entries can then be copied and pasted into the grant program portal. This can be especially important to avoid loss of unsaved information when using a web-based program like the NEHA-FDA RFFM Grant Program Portal.

All applications for this grant program must be completed and submitted online through the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program Portal, accessed through the NEHA Retail Grants website at https://www.neha.org/retail-grants . The information on the following pages may be helpful as you gather information and plan for development of your grant application.

2024 Track 1 Development Base
GRANT APPLICATION

Organization: New Organization
Grant ID: R-202308-03881
Status: Draft

Amount Requested: $26,500.00
Start Date: January 1, 2024
End Date: December 31, 2024

General Project Information

Organization: New Organization
Regulatory Jurisdiction: State
Point of Contact (POC) Information
Name: Sample Applications
Phone: (555) 555-5555
Email: Sample_Applications@neha.org

Authorizing Official Verification

The **Authorizing Official** is the person in your organization who provides supervisory oversight for this grant opportunity (often an organization's Financial or Grants Management Official). Below is the **Authorizing Official** contact information we have on record for your organization. Please verify below if this information is still current and correct.

Authorizing Official (AO):	Jane Doe
AO Title:	Director
AO Phone:	555-555-1234
AO Email Address:	AO_Email@neha.org

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct.
Yes / No: No

Please provide updated information for your organization's **Authorizing Official**, including Full Name, Title, Phone and Email Address.
Authorizing Official Update:

Provide updated AO information (if needed)

Respond to the question below to see if you are eligible to apply for the Track 1 Development Base Grant.

Eligibility Question
Do you have a current Self-Assessment of all Nine Standards (SA9)? A current SA9 is one submitted to FDA in August 2018 or later.
Y / N: No

Congratulations! ***Based on your answer to the eligibility question, you are eligible to apply for a Track 1 Development Base Grant.***

Required Outcome for a Track 1 Base Grant

Please select the required Project Outcomes for a Track 1 Development Base Grant.

For the CY 2024 grant cycle, Track 1 grantees must select "Completion of an SA9 AND a CSIP." If you already have a current SA9 (completed August 2018 or later), please close this application and apply instead for a Track 2 Development Base Grant.

You may request a fixed amount of $5,000 for completion of the CY 2024 Track 1 Development Base Grant required outcomes (completion of an SA9 and a CSIP).

Required Project Outcome: Completion of an SA9 AND a CSIP

If you have completed an SA9 in the past, what was the date of your most recent SA9?

Date:

Mentee Optional Add-On

As part of your 1-year project, would you like to apply to be a Mentee for CY 2024, which allows you to add an additional fixed amount of $14,000 to your annual project budget? If approved, you will be matched with a Mentor jurisdiction who can help with all aspects of your Track 1 Development Base Grant project and advise you on best practices for conforming with the Retail Program Standards.

Yes / No: Yes

Mentee Application

Jurisdiction's Mentorship Need

Describe your jurisdiction's need for mentorship in the Retail Program Standards. Please describe:

1. The kind of technical assistance you will require to complete your proposed project;
2. Challenges or barriers for your agency in making progress with the Retail Program Standards (RPS);
3. How working with a mentor will help your agency make progress in the RPS;
4. Other resources in your jurisdiction/state available to support your proposed efforts.

Enter text here, up to 3,000 characters (including spaces)

Mentee Activities / Standards

In addition to your work on your SA9 and/or CSIP, as indicated above in the Required Outcomes section, please provide information on any additional **Standards** you MAY consider working on during the project year, with support from your Mentor. *Work on additional Standards as a Mentee is ENCOURAGED but NOT required.*

1. For Standards you will not work on during your 1-year project, leave the selection blank.
2. For Standards where you will achieve some, but not all elements, select **Partially Achieve**.
3. For Standards you will meet and audit by the end of the 1-year project period, select **Meet & Audit**.

Standards You Plan to Work on as a Mentee

Standard 1 - Regulatory Foundation: Partially Achieve

Standard 2 - Trained Regulatory Staff: Partially Achieve

Standard 3 - Inspection Program Based on HACCP Principles: Meet & Audit

Standard 4 - Uniform Inspection Program:

Standard 5 - Foodborne Illness and Food Defense Preparedness and Response:

Standard 6 - Compliance and Enforcement:

Standard 7 - Industry and Community Relations:

Standard 8 - Program Support and Resources:

Standard 9 - Program Assessment:

Mentor General Preferences
Please list any information you would like considered when matching your agency with a mentor for the mentorship program (e.g., size of jurisdiction, location, expertise, type of agency [state, local, territorial, or tribal], etc.).

Enter text here, up to 500 characters (including spaces)

Request for a Specific Mentor
Is there a specific agency you would like to request as a mentor?
Yes / No: Yes

Justification for Requesting a Specific Mentor
Please provide the name, address, POC name, and POC email for the agency you would like as your mentor. Include a justification of why the proposed choice will be best for your jurisdiction. Final assignments will depend on the numbers and qualifications of both Mentor and Mentee applications, and will be made by the NEHA FDA-RFFM project leadership team (including members from FDA, NACCHO, and NEHA).

Enter text here, up to 500 characters (including spaces)

Program Description
Please provide a brief description of your retail food regulatory program.

Enter text here, up to 1,000 characters (including spaces)

Number of staff in your retail food regulatory program:
 # Staff: 3

Number retail establishments regulated:
 # Regulated: 300

Types of retail establishments regulated (select all that apply):
Types Regulated: Restaurants, Grocery Stores, Convenience Stores, School Lunch Programs, Nursing Homes, Institutional Food Service Programs, Food Trucks, Temporary Food Establishments, Cottage (Home-Prepared) Foods, Cottage (Home-Prepared) Foods

From where does your agency derive regulatory authority?
Authority: State

Travel Restrictions
Please indicate if you have or anticipate (to the best of your knowledge at this time) travel restrictions during the mentorship program period (January 1 through December 31, 2024).

Enter text here, up to 500 characters (including spaces)

Training Optional Add-On

Self-Assessment and Verification Audit Workshop
As part of your 1-year project, would you like to request funding to send up to two of your staff members to one or more of the CY 2024 in-person FDA Self-Assessment and Verification Audit Workshops, which allows you to add up to $7,500 to your annual project budget?
Y / N: Yes

Self-Assessment and Verification Audit Workshop (SA VA Workshop) Attendance

SA VA Workshop Locations and Dates
Please enter the location(s) and date(s) for each in-person FDA Self Assessment and Verification Audit (SA VA) Workshop included in your SA VA Workshop funding request.

Enter text here, up to 1,000 characters (including spaces)

SA VA Workshop # of Personnel
Please enter the total number of staff members that are part of your funding request for in-person FDA SA VA Workshop attendance. Note that only two attendees to these workshops can be supported by this grant program.

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SA VA Workshop Personnel Names and Titles
Please enter the name and job title for each person that will be covered by your funding request for in-person FDA SA VA Workshop attendance. If attendance at multiple workshops is requested, please specify which workshop (location and date) each person will attend.

Enter text here, up to 1,000 characters (including spaces)

Project Information

Track 1 Development Base Grant Project Title: Enter text here

Project Summary
Please provide a brief description of all selected outcomes of your project, which could include:

1. Required Outcome: Completion of an SA9 AND a CSIP
2. Mentee Optional Add-On
3. Training Optional Add-On

Enter text here, up to 500 characters (including spaces)

Project Lead
Please provide the Name and Title of your overall Project Lead (or leads) for your proposed project. **DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team Qualifications field.**

Enter text here, up to 500 characters (including spaces)

Project Support Team
Please provide the Names and Titles of additional members of your proposed project team. **DO NOT enter any additional information here - qualifications and roles will be**

entered below in the Project Team - Roles and Qualifications field.

Enter text here, up to 500 characters (including spaces)

Project Team - Roles and Qualifications
For each project team member, please enter their name, a brief description of their specific project role, and the qualifications they bring to their project role. Be sure to include information for the Project Lead, Project Support Team members, contractors, and any other project personnel. Please be clear regarding the employment status of all personnel paid with project funds (in full or in part) - specify whether each is an employee of your organization, an employee of a partner organization, or a contractor.

Enter text here, up to 1,500 characters (including spaces)

Project Start Date:
Must be a date between January 1, 2024 and December 31, 2024.
Start Date: 1/1/2024

Project End Date
Must be a date between January 1, 2024 and December 31, 2024.
End Date: 12/31/2024

In the last 5 years how many of the Retail Program Standards have you met, audited, and achieved, with paperwork submitted to and approved by FDA? Enter a number between 0 and 9.
Standards Met: 0

Project Implementation Plan

Considering the Required Outcome and Optional Add-Ons of your project, which could include:

1. *Required Outcome for a Track 1 Base Grant: Completion of an SA9 AND a CSIP*
2. *Mentee Optional Add-On*
3. *Training Optional Add-On*

Please complete the following Project Implementation Plan (PIP) fields.

Project Completion Plan for Your Track 1 Development Base Grant
Please provide a detailed narrative of all activities required to meet your planned project outcome(s) during your 1-year project period.

Specific to this outcome:

1. Describe how you will measure progress and define measurable improvement in the Retail Program Standards (RPS).
2. Directly link your project plans with progress and improvement in meeting the RPS.

Please DO NOT include a step-by-step list of Action Steps / Tasks Required in this section; specific steps for this outcome will be entered in the next section.

Action Steps / Tasks Required
Please use numbered Action Steps (Step 1, Step 2, Step 3, etc.) to summarize the milestones you will meet to complete all of the planned outcomes for your Track 1 Development Base Grant by the end of the project period.

Enter text here, up to 2,500 characters (including spaces)

Individual Lead(s)
Please list the name (or names) of the individual lead(s) who will be responsible for completing each Action Step that will ensure completion of your project plan by the end of the

project period.

Enter text here, up to 2,000 characters (including spaces)

Target Completion Date
Must be a date between January 1, 2024 and December 31, 2024.
Date: 12/31/2024

Budget Worksheet(s) and Justification(s)

Track 1 Development Base Grant applicants only need to submit a Budget Worksheet if requesting funds for the **Training Optional Add-On** for in-person FDA Self-Assessment and Verification Workshop attendance. One or more Budget Worksheets should be added to itemize estimated training expenses for each person planning to attend an in-person workshop.

If you have NOT selected the Training Optional Add-On for SA VA Workshop attendance as an option, Budget Worksheets and a Budget Justification are NOT required, and you can skip to the "Requested Amount" section below.

Budget Worksheets and Justification language are NOT required for the Required Outcome for a Track 1 Base Grant (completion of a Self-Assessment of All Nine Standards AND a Comprehensive Strategic Improvement Plan), nor the Mentee Optional Add-On. Both of these outcomes are offered as fixed funding awards, based on deliverables met.

Deliverables Required for Payment of Fixed Funding Options
To receive payment for the fixed funding options included in your Track 1 Development Base Grant application, the following deliverables must be met. Payment will be based on deliverables achieved during the project year. Advance payments are still an option.

Deliverables for the Required Outcome of a Track 1 Base Grant*
- Completion of a Self-Assessment of all Nine Standards (SA9) with required paperwork submitted to your FDA Retail Food Specialist; AND completion of a Comprehensive Strategic Improvement Plan covering all nine Standards, submitted to NEHA: $5,000

Mentee Optional Add-On Deliverables*
- Achievement of the Retail Program Standards goals from your application: $8,000
- Completion of at least one site visit with your Mentor (either in your jurisdiction or theirs): $3,000
- Attendance at the required year-end Mentorship Conference led by NACCHO: $3,000

Note that expense documentation WILL NOT be required for payment of fixed award outcomes and options, and your actual spending DOES NOT need to conform to the deliverable-based payments. You are free to expend funds as determined by your unique needs, with the only requirement for payment being confirmation that each selected deliverable has been met.* ***For audit purposes, however, keep in mind that your spending must always adhere to all federal subaward grant funding rules.*

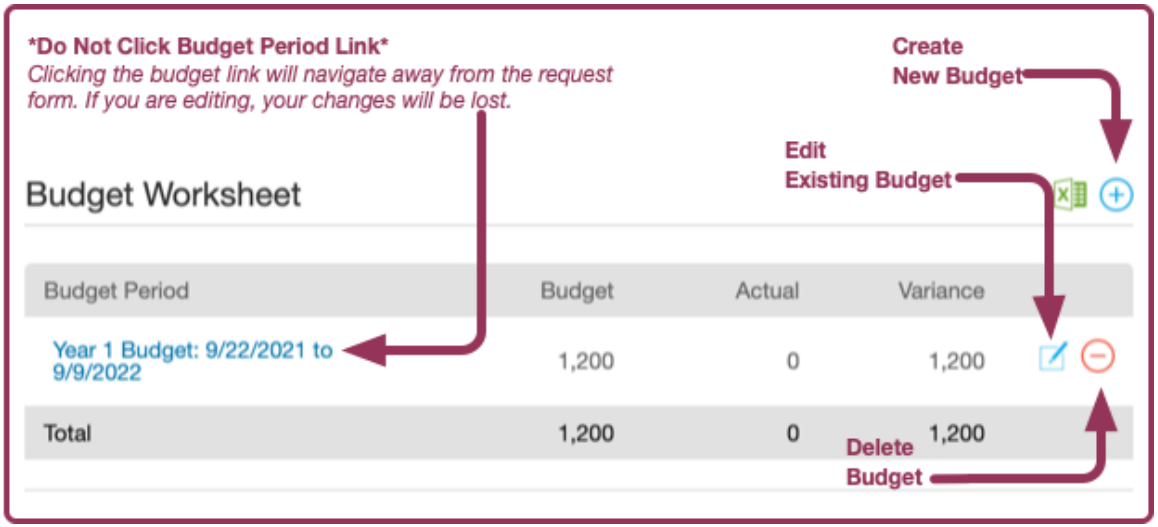
Budget Instructions

Follow the instructions below to complete your annual **SA VA Budget Worksheet(s)** if this option has been selected above.

1. Click the ⊕ symbol to the right of the **Budget Worksheet** header to create a Budget Worksheet.
2. Enter a name for each Budget Worksheet (Examples: SA VA Workshop / New Orleans / 1 Attendee, etc.).
3. Enter a Start Date and an End Date.
4. Complete all lines needed to build your budget.
5. Click the **Save** button at the bottom right of the Budget Worksheet.
6. Click **Save and Continue** at the bottom of the application.
7. Repeat for each additional Budget Worksheet needed (if applicable).

Once at least one Budget Worksheet has been added and saved:

- You can open and edit any of your Budget Worksheets by hitting the icon.
- You can delete a Budget Worksheet by using the sign.
- DO NOT CLICK the link under Budget Period--clicking this link will navigate away from the request. **If you are editing the form, your changes will be lost.**



Training Optional Add-On Budget Worksheet(s)

Budget Period	Budget	Actual
SAVAW - New Orleans: 8/4/2024 to 8/8/2024	3,750	0
SAVAW - Norfolk : 10/6/2024 to 10/10/2024	3,750	0
Total	7,500	0

Only required if the Training Optional Add-On, for attendance at a face-to-face delivery of a Self-Assessment and Verification Audit Workshop, was selected above.

Budget Justification – Training Optional Add-On Request for Funds to attend SA VA Workshop(s)
Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Training Optional Add-On / SA VA Workshop Budget Worksheet(s).

Enter text here, up to 5,000 characters (including spaces)

Requested Amount

Please enter:

- **$5,000 (fixed award) for work toward the Required Outcome for a Track 1 Base Grant.**
- **If selected in the application, $14,000 (fixed award) for requesting to be a Mentee for CY 2024.**
- **If selected in the application, up to $7,500 for funds to attend SA VA Workshop(s) for CY 2024.**

Maximum Requested amount is $26,500, if all options are selected in the application.

Requested Amount: $26,500.00