

NEHA-FDA Retail Flexible Funding Model Grant Program

Track 2 Development Base Grant - CY 2023 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/retailgrants/systemrequirement>.
- 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/retailgrants>. The information on the following pages may be helpful as you gather information and plan for development of your grant application.

Track 2 Development Base
GRANT APPLICATION

Organization: TEST Turner County Health Department
Grant ID: R-BDEV2-202207-02229
Status: Draft

Amount Requested: \$9,950.00
Start Date: January 1, 2023
End Date: December 31, 2023

General Project Information

Organization: TEST Turner County Health Department

Regulatory Jurisdiction:

Point of Contact (POC) Information

Name: TEST Michael TEST Turner

Phone: (555) 555-5555

Email: TESTTURNER09092021@TURNERNETWORK.COM

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):	TEST TURNER 09092021
AO Title:	TEST TURNER 09092021
AO Phone:	TEST TURNER 09092021
AO Email Address:	TESTTURNER09092021@TURNERNETWORK.COM

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 2 Development Base Grant.

Self-Assessment

Does your jurisdiction have a current Self-Assessment of All Nine Standards (SA9) and a completed Comprehensive Strategic Improvement Plan (CSIP)? A current SA9 is one submitted to FDA in August 2017 or later.

Y / N: Yes

Congratulations! Based on your answer to the eligibility question, you are eligible to apply for a Track 2 Development Base Grant.

Required Outcome

Work on Standards 1-8

(Continuous Improvement in the Standards and Elements)

Plans for Each Standard (Standards 1-8)

As part of your 1-year project, you are required to make progress toward one or more of Standards 1 – 8 and can request up to \$5,000 for this work. Please designate the end goal for each Standard you will be working toward or plan to achieve, as follows:

- 1) For any Standards that 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, please select Partially Achieve.
- 3) For Standards you will both meet and audit by the end of the 1-year project period, select Meet & Audit.

NOTE: Your plans for Standard 9 (optional) will be entered in the "Optional Outcome: Work on Standard 9" section, further down in this application.

Standard 1 - Regulatory Foundation: Meet & Audit

Standard 2 - Trained Regulatory Staff: Meet & Audit

Standard 3 - Inspection Program Based on HACCP Principles:

Standard 4 - Uniform Inspection Program:

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

Standard 6 - Compliance and Enforcement:

Standard 7 - Industry and Community Relations:

Partially Achieve

Standard 8 - Program Support and Resources:

Self-Assessment Date

What was the date of your most recent Self-Assessment of All Nine Standards?

SA9 Date:

10/1/2017

Repeat Self-Assessment of All Nine Standards

Will you be completing an updated Self-Assessment of All Nine Standards (required once every five years) as part of your annual project? Note that no additional funding can be requested for this task, but this work can be included in your \$5,000 request for continuous improvement with Standards 1-8.

Y / N:

Yes

Optional Outcome

Work on Standard 9

(Pursuit of a Public Health Metric)

Work on Standard 9

As part of your 1-year project, do you intend to complete work toward meeting Standard 9, which allows you to add up to an additional \$5,000 to your annual project budget?

Y / N:

Yes

Work on Standard 9 - Public Health Metric Objectives

Please select all of the Public Health Metric objectives you plan to achieve during your proposed project period, keeping in mind that all of these steps are normally completed as part of a multi-year cycle (often a 5-year cycle). In the Budget Worksheet section, applicants may request up to an additional \$5,000 in funding for completion of any/all of the Public Health Metric objectives selected. Be sure to read the NEHA-FDA RFFM Grant Guidance for additional information.

Public Health Metric Rate:

Implement a Risk Factor Study or equivalent protocol to develop a Baseline Survey, Develop / begin implementing one or more Intervention Strategies aimed at mitigating the occurrence of out-of-control risk factors

Project Information

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. Work on Standards 1-8 (required), and an updated SA9 (if you hit the 5-year mark during the project period).
2. Work on Standard 9 toward a Public Health Metric (optional).

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

Project Lead

Please provide the Name and Title of your overall Project Lead 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, 2023 and December 31, 2023.

Start Date:

1/1/2023

Project End Date

Must be a date between January 1, 2023 and December 31, 2023.

End Date:

12/31/2023

In the last 5 years (August 2017 or later) 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:

2

Project Implementation Plan

Taking into account both the required and optional outcomes of 1-year your project, which may include:

1. Required work on Standards 1-8 (Continuous Improvement in the Standards and Elements), which may include completion of an updated Self-Assessment of All Nine Standards, if needed, during your 1-year project period

2. Optional work on Standard 9 (Pursuit of a Public Health Metric)

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

Project Completion Plan for Your Track 2 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.

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

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 2 Development Base Grant by the end of the project period.

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

Target Completion Date

Must be a date between January 1, 2023 and December 31, 2023.

Date: 11/15/2023

Documents

Comprehensive Strategic Improvement Plan (CSIP)

Please click the + sign to attach a copy of your CSIP, REQUIRED for submission of Track 2 Development Base Grant applications..

CSIP

 THD CSIP Template_Updated 07-15-2022.docx   


Comprehensive Strategic Improvement Plan (CSIP)
Added by TEST Michael TEST Turner at 5:06 PM on July 29, 2022

Budget Worksheet(s) and Justification(s)



Track 2 Development Base Grant applicants should complete up to two Budget Worksheets, one that covers their Required Outcome for work on Standards 1 - 8 (not to exceed \$5,000), and if selected one that covers your Optional Outcome for work on Standard 9 (also not to exceed \$5,000).

Budget Instructions

Follow the instructions below to complete your annual **Budget Worksheet(s)**.

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: Development Base Grant Budget, 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.**

Do Not Click Budget Period Link
 Clicking the budget link will navigate away from the request form. If you are editing, your changes will be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 1 Budget: 9/22/2021 to 9/9/2022	1,200	0	1,200
Total	1,200	0	1,200

Annotations in the image:
 - "Create New Budget" points to a plus icon (+).
 - "Edit Existing Budget" points to a pencil icon and a plus icon (+).
 - "Delete Budget" points to a minus icon (-).
 - A warning arrow points to the "Year 1 Budget" link.

Budget Worksheet

Budget Period	Budget	Actual
Track 2 Base Grant Budget - Required Outcome: 1/1/2023 to 12/31/2023	4,950	0
Track 2 Base Grant - Optional PHM Outcome: 1/1/2023 to 12/23/2023	5,000	0
Total	9,950	0

Budget Justification - Work on Standards 1-8

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Budget Worksheet.

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

Budget Justification - Work on Standard 9

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Budget Worksheet.

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

Requested Amount

Please enter the total requested amount for your application, which should match the total for all Budget Worksheets added. Maximum Requested Amount is \$5,000 for work on Standards 1-8 including work on an updated SA if needed, and \$10,000 if you also plan to work toward meeting Standard 9.

Requested Amount: \$9,950.00