

NEHA-FDA Retail Flexible Funding Model Grant Program

Mentorship/MENTEE Optional Add-On 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.

Mentorship Optional Add-On
GRANT APPLICATION

Organization: TEST Turner County Health Department
Grant ID: R-OAME-202207-02227
Status: Draft

Amount Requested: \$14,000.00
Start Date: January 1, 2023
End Date: December 31, 2023

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 the Full Name, Title, Phone and Email Address.

Authorizing Official Update:

Respond to the question below to see if you are eligible to apply for a Mentorship Grant.

Base Grant Completion

Are you EITHER applying for a Track 2 Development Base Grant OR do you currently have an open Track 3 Maintenance and Advancement Base Grant?

Y / N: Yes

Congratulations - Based on your answer to the eligibility question, you are eligible to apply for a Mentorship Project Optional Add-On Grant.

Are you applying to be a Mentor or a Mentee? **Note: You can only apply for one of these roles for each annual grant cycle.**

Mentor / Mentee: Mentee

Mentorship Optional Add-On Grant Application

Project Information

Project Title

Project Summary

Please provide a brief description that includes all of the activities and outcomes included in your proposed project.

Enter text here, up to 1,000 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

Mentee Program Plans

Jurisdiction's Mentorship Need

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

- 1) the kind of technical assistance will you require to complete the work plan described in your project description (to be completed later in this application);
- 2) challenges or barriers that your agency is facing, or anticipates, in making progress with your work plan;
- 3) how working with a mentor in the Mentorship Program will move forward efforts to achieve your work plan; and
- 4) other resources in your jurisdiction and/or state that may be available to support your proposed efforts.

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

Mentee Activities / Standards

Please indicate all of the activities(s) and/or Standard(s) for which your retail food regulatory program is seeking guidance through a Mentorship / Mentee Optional Add-On Grant (1-year award). Please designate the end goal for each Standard you will be working towards or plan to achieve as part of your project, as follows:

1. For any Standards that you will not work on during your 1-year project, leave the selection blank.
2. For Standards that you will work on, achieving some but not all required Elements, please select **Partially Achieve**.
3. For Standards that you will both 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 No. 1 - Regulatory Foundation: Meet & Audit

Standard No. 2 - Trained Regulatory Staff: Partially Achieve

Standard No. 3 - Inspection Program Based on HACCP Principles:

Standard No. 4 - Uniform Inspection Program:

Standard No. 5 - Foodborne Illness and Food Defense Preparedness and Response:

Standard No. 6 - Compliance and Enforcement:

Standard No. 7 - Industry and Community Relations:

Standard No. 8 - Program Support and Resources:

Standard No. 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 1,000 characters (including spaces)

Request for a Specific Mentor

Is there a specific agency you would like to request as a mentor?

Y / N: 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)

Agency Information

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: 6

Number retail establishments regulated:

Regulated: 300

Types of retail establishments regulated (select all that apply):

Types Regulated: Restaurants, Grocery Stores, Convenience Stores, Temporary Food Establishments

Has your agency adopted the FDA Food Code?

Y / N: Yes

Version of the FDA Food Code adopted:

Version: 2013

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, 2023).

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

Project Implementation Plan

Mentorship Project Completion Plan

Describe a general plan for completion of a mentorship project during the proposed project period, keeping in mind that there will be an opportunity to update and add additional details to this plan if awarded, once Mentor/Mentee assignments have been made.

Be sure to include a narrative describing how you plan to achieve (for Mentee applicants) or assist other jurisdictions in achieving (for Mentor applicants) conformance with specific requirements of the Retail Program Standards, including completion of a Self-Assessment of All Nine Standards and a Comprehensive Strategic Improvement Plan, meeting one or more Standards, and/or completing specific Elements within one or more Standards, during your 1-year project period.

Be sure to include:

- A description of goals, objectives, activities, and expected outcomes.
- Describe how you will measure progress and define measurable improvement in the Retail Program Standards (RPS).
- Directly link your project plans with progress and improvement in the RPS.

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

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

Action Steps / Tasks Required

Please use numbered Action Steps (Step 1, Step 2, Step 3, etc.) to summarize the milestones (with expected completion dates) you will meet to complete your Mentorship Project by the end of the project period. Again, keep in mind that you will have an opportunity to update these plans if awarded, once Mentor/Mentee assignments have been made.

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 Mentorship Project 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: 11/30/2023

Mentorship Optional Add-On Grant Budget Worksheet and Justification

All applicants must complete at least one detailed Budget Worksheet, although more than one Budget Worksheet can be added if there are distinct components to your project plan. The total of all Budget Worksheets added cannot exceed \$14,000 for Mentees.

If you are requesting to be a Mentee, you may request funds needed to complete your Mentee activities, not to exceed \$14,000.

- Acceptable budget line items include personnel costs (for employees or contractors), equipment, and supplies required to meet your planned project outcomes.
- Additionally, your budget should include estimated travel funds for all necessary staff from your jurisdiction to make one site visit to your Mentoring jurisdiction, and estimated travel funds for at least one and up to two staff members to attend the year-end National Mentorship Meeting hosted by NACCHO (note that this is a change from last year).
- No other travel costs should be included in your Mentee Budget Worksheet.

If you are requesting to be a Mentor, you may request up to \$12K for one mentee, \$15K for two, \$18K for three, \$21K for four, and \$24k for five.

- Acceptable budget line items include personnel costs (for employees or contractors), equipment, and supplies required to meet your planned project.
- Additionally, your budget should include estimated travel funds for at least one (and up to two) staff member(s) to attend the year-end National Mentorship Meeting hosted by NACCHO (note that this is a change from last year).
- No other travel costs should be included in your Mentor Budget Worksheet (although once Mentor/Mentee matches have been made, travel to the Mentee site may be added to the Updated Work Plan if needed).



Budget Instructions

Follow the instructions below to complete at least one detailed **Budget Worksheet** for your Mentorship Project.

1. Click the  symbol to the right of the **Budget Worksheet** header to create a Budget Worksheet.
2. Enter a name for your Budget Worksheet (Examples: Mentee Budget, Mentor Budget, etc.).

3. Enter a Start Date and an End Date for your Budget Worksheet.
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.

Create New Budget 

Edit Existing Budget 

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	Delete Budget 

Budget Worksheet

Budget Period	Budget	Actual
Mentee Budget: 1/1/2023 to 12/31/2023	14,000	0
Total	14,000	0

Budget Justification

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

Budget Justification:

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 \$14,000 for Mentees, and \$12,000 to \$24,000 for Mentors (depending on the number of mentees).**

Requested Amount: **\$14,000.00**