

NEHA-FDA Retail Flexible Funding Model Grant Program

Training 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.

Training Optional Add-On
GRANT APPLICATION

Organization: TEST Turner County Health Department
Grant ID: R-OATR-202207-02231
Status: Draft

Amount Requested: \$7,000.00
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 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 Training Optional Add-On Grant.

Base Grant Completion

Is your jurisdiction applying for a Track 2 Development Base Grant during the current grant cycle, or do you have an open Track 3 Maintenance and Advancement Base Grant in place?

Y / N: Yes

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

Training Add-On Grant

Project Information

Important Note: Personnel costs are not permissible through Training Optional Add-On Grants, including funding for staff time to attend web-based courses. Please see the NEHA-FDA RFFM Grant Program Guidance (<https://www.neha.org/retailgrants>) for additional information.

Project Title:

Project Summary

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

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 Lead 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, if applicable. If your application is solely a "Funding Request for Personnel to Attend Training Courses, Workshops, and Conferences" you may not have additional project team members and can simply state "Not Applicable." **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 (if applicable), 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

Retail Training Courses, Workshops, and Conferences**Requested Training Courses, Workshops, and Conferences**

Please select all of the listed Training Courses, Workshops, and Conferences that will be part of your funding request. To select one or more courses, click on each one you would like to attend (you can move either one or several courses at a time) and then use the arrow keys to move selected course(s) from the left box to the right box.

Training Courses:

Self-Assessment and Verification Audit Workshop, FDA Northeast Retail Food

Safety Seminar, Other Conferences or Seminars

SA VA Workshop Locations and Dates

Please enter the location(s) and date(s) for each SA VA Workshop, in-person or virtual, 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 SA VA Workshop attendance. Note that only two attendees to these workshops, in total including both in person and virtual, can be supported by this grant program.

2

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 SA VA Workshop attendance. If attendance at multiple workshops is requested, please specify which workshop (location and date, in-person or virtual) each person will attend.

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

NE Seminar Location and Dates

Please enter the location and dates for the FDA Northeast Retail Food Safety Seminar included in your funding request.

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

NE Seminar # of Personnel

Please enter the total number of staff members that are part of your request for funding to attend the FDA Northeast Retail Food Safety Seminar.

2

NE Seminar Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for attendance at the FDA Northeast Retail Food Safety Seminar.

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

OTHER Name, Location and Dates

Please enter the name, location and dates for all of the Other Trainings, Conferences or Seminars included in your funding request.

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

OTHER # of Personnel

Please enter the total number of staff members that are part of your funding request for Other Training, Conference or Seminar attendance.

1

OTHER Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for Other Training, Conference or Seminar attendance.

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

Staff Development and Program Standards Engagement Training

Do you want to include a funding request for any Staff Development and Program Standards Engagement Training, as part of your application?

Examples

- Staff Development request could include funding for a training course delivered in your jurisdiction for multiple inspectors.
- Program Standards Engagement Training could include funding for a seminar or development of training materials for food service operators, helping them comply with one or more of the Retail Program Standards.

Y / N:

Yes

Staff Development and Retail Program Standards Engagement Activities

Please provide a brief description, date(s), and location(s) for each Staff Development and Retail Program Standards Engagement activity that is part of your funding request. **DO NOT enter justifications or goals for these activities in this section - they will be captured as part of your overall project later in the application.**

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

of Personnel

Please enter the total number of staff members that are part of your funding request for your proposed Staff Development and Retail Program Standards Engagement activity(ies).

10

Personnel Names and Titles

Please enter the name and job title for each person that is part of your funding request for your proposed Staff Development and Retail Program Standards Engagement activities. If any of your proposed activities include a large number of staff members, feel free to describe the personnel involved by group rather than by individual.

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

Virtual Training Equipment

Do you want to include a funding request for any Virtual Training Equipment, as part of your application?

Y/N:

Yes

Please provide a detailed list of the virtual training equipment you are requesting to purchase, and state the training needs that will be met by the purchase of this equipment. All equipment requested through this program, such as laptops that support modern

browsers and major learning platforms (Zoom, WebEx, Blackboard, Moodle, etc.), external video cameras or microphones, additional monitors, etc., must be used specifically for virtual training.

Virtual Training Equipment:

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

Project Implementation Plan

Training Completion Plan

Please provide a detailed narrative of all activities, outcomes, and deliverables required to complete your proposed Training Project during your 1-year project period.

A few specifics:

- If you are requesting funds for Training Courses, Workshops, and Conferences, be sure to include a Training Plan in this section that includes a justification and goals for each of the courses, workshops, and conferences requested.
- If you are requesting funds for Staff Development and Program Standards Engagement activities, be sure to include the number of people who will be trained or otherwise impacted by the proposed activities.
- Finally, be sure to directly link all aspects of your application request with measurable improvement in meeting the Retail Program Standards.

Please **DO NOT** include a step-by-step list of Action Steps / Tasks Required in this section; specific steps for all project outcomes 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 you will meet to complete your Training Project 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 Training 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: 12/31/2023

Training Optional Add-On Grant

Budget Worksheet(s) and Justification(s)


Please complete a separate detailed Budget Worksheet for each Training Course, Workshop, Conference, and / or Activity that is part of your application, so that each event can be tracked and reimbursed separately as needed, throughout the project year.

Additionally:

- The total of all Budget Worksheets added cannot exceed \$7,500.
- Personnel costs are not permissible through Training Optional Add-On Grants, including funding for staff time to attend web-based courses.



Budget Instructions

Follow the instructions below to create a separate **Budget Worksheet** for each Training Course, Workshop, Conference, and Activity that is part of your application. Additionally, if you request any Training Equipment, put the request on its own Budget Worksheet.

1. Click the  symbol to the right of the **Budget Worksheet** header to create each Budget Worksheet.
2. Enter a name for each Budget Worksheet (Examples: SAVA Workshop May 2023, AFDO AEC June 2023, FDA Regional Seminar Sept 2023, Training Equipment, etc.).
3. Enter a Start Date and an End Date for each Budget Worksheet.
4. Complete all lines needed to build your budget for each Training Course, Workshop, Conference, and Activity (and/or for your Training Equipment request).
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 Budget Worksheet needed.

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	Delete Budget

Annotations in the image:
 - "Create New Budget" points to the plus icon (+).
 - "Edit Existing Budget" points to the pencil icon.
 - "Delete Budget" points to the minus sign icon.
 - A red arrow points from the "Do Not Click Budget Period Link" warning to the "Year 1 Budget" link.

Budget Worksheet

Budget Period	Budget	Actual
Training, Workshops, Conferences Budget: 1/1/2023 to 9/15/2023	2,500	0
Staff Development / Program Standards Engagement Training Budget: 1/1/2023 to 3/30/2023	3,000	0
Virtual Training Equipment Budget: 1/1/2023 to 6/30/2023	1,500	0
Total	7,000	0

Budget Justification

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, on each of your Budget Worksheets. **Personnel costs are not permissible for Training Optional Add-On Grants.**

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 \$7,500 for Training Optional Add-On Grants.**

Amount Requested: \$7,000.00