NEHA-FDA Retail Flexible Funding Model Grant Program

Mentorship/MENTOR Optional Add-On 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 <u>https://www.neha.org/retail-grants</u>. The information on the following pages may be helpful as you gather information and plan for development of your grant application. Organization: New Organization Grant ID: R-202307-03711 Status: Draft Amount Requested: \$24,000.00 Start Date: January 1, 2024 End Date: December 31, 2024

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

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

Please provide updated information for your organization's **Authorizing Official**, including the 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 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 vou applving to be a Mentor or a Mentee? Note: You can only applv for one of these roles for each annual grant cvcle. Mentor / Mentee:

Mentorship Optional Add-On Grant Application Project Information

Project Title Enter Text Here

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)

Please select a start and end date within the required date range.

Project Start Date:

Must be a date between Januarv 1. 2024 and December 31. 2024.
Start Date: 1/1/2024

Project End Date:

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

Mentor Project Plans

Mentorship Expertise

Please indicate all Standards for which your retail food regulatory program would like to provide expertise by serving as a Mentor through the Mentorship Program (1-year award). Please note that jurisdictions applying to be a mentor **do not** have to meet all nine Standards; however you must (at minimum):

- Have experience and expertise with at least one Standard, or
- Have completed a Self-Assessment of All Nine Standards AND a Comprehensive Strategic Improvement Plan (SA9 / CSIP Completion).

Please indicate if you have Mentorship Experience in the following areas:

SA9 / CSIP Completion:

Mentorship Experience

Standard No. 1 - Regulatory Foundation:

Mentorship Expertise

Standard No. 2 - Trained Regulatory Staff:

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: Mentorship Expertise

Standard No. 7 - Industry and Community Relations:

Standard No. 8 - Program Support and Resources:

Standard No. 9 - Program Assessment:

Mentee General Preferences

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

Mentorship Expertise

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

Request for Specific Mentees

Are there any specific agencies you would like to request as mentees? Y / N: Yes

Justification for Requesting Specific Mentees

Please provide the name(s), address(es), POC name(s), and POC email(s) for the mentee agency (or agencies) you would like assigned to you as a mentor. Include a justification of why the proposed jurisdiction(s) will be best served as mentee(s) assigned to your agency. 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)

Number of Programs to Mentor

Please indicate the number of retail food regulatory programs your health department is willing to mentor. The maximum level of funding is aligned with the number of mentees assigned to your agency, as follows: 1 mentees \$12K; 2 mentees \$15K; 3 mentees \$18K, 4 mentees \$21K, 5 mentees \$24K. The final number of mentees assigned to a mentor will depend on the number of applications received and the type of mentoring requested. The maximum number of mentees that can be assigned to one Mentor agency is five (5).

5 mentees \$24K

Mentorship Qualifications

Mentor Experience with Specific Standards

Please provide a description of your agency's expertise and experience for each Standard you selected above for mentorship consideration. Be sure to indicate which Standard(s) you have self-assessed, which Standard(s) you have achieved conformance with, and which Standard(s) have been confirmed through a verification audit.

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

SA9 and CSIP Experience

Describe your retail food regulatory program's experience conducting a Self-Assessment of all Nine Standards (SA9) and completing a CSIP.

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

Verification Audit Experience

Describe your retail food regulatory program's experience conducting Verification Audits for another agency (please indicate which Standards and briefly describe your experience).

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

Current and Prior RPS Mentorship Experience

1. Describe any relevant experience your retail food regulatory program has in providing mentorship related to the Retail Program Standards, as well as contributions that your retail food regulatory program has made in assisting peer retail food regulatory programs. Feel free to include experience mentoring individuals within your agency, or from other jurisdictions, on the Retail Program Standards.

2. If you have participated as a mentor in a past NACCHO mentorship program cohort, include details on which Standards you have provided guidance on and progress your mentee(s) achieved.

3. If you have not provided mentorship related to the Retail Program Standards, please provide any other mentorship experience provided by your jurisdiction that reflects preparedness for this program.	
Enter text here, up to 1,000 characters (including spa	ices)
What is the highest number of mentees vou have me # Mentees:	ntored in a single vear? <mark>5</mark>
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 vour retail food reaulatorv proaram # Staff:	с. <mark>4</mark>
Number of retail establishments reaulated: # Regulated:	400
Types of retail establishments regulated (select all the Types Regulated :	at apply): 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
Has vour agency adopted the FDA Food Code? Y / N:	Yes
Version of the FDA Food Code adopted: Version:	Other
From where does vour agency derive regulatory auth Authority:	ority? <mark>State</mark>

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)

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 to 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)

Please select a target completion date within the required date range.

Target Completion Date

Must be a date between Januarv 1. 2024 and December 31. 2024.
Date: 12/31/2024

Mentorship Optional Add-On Grant

Budget Worksheet and Justification A Budget Worksheet and Justification are not required for Mentorship Optional Add-On Grants. Awards are offered as fixed funding awards, based on deliverables met.

Deliverables Required for Payment of Fixed Funding Awards

To receive payment under Mentorship fixed funding awards, the following deliverables must be met. Payment will be based on deliverables achieved during the project year. Advance payments are still an option.

Mentee Award Deliverables*

- Achievement of the Retail Program Standards application goals: \$8,000
- Completion of site visit with your Mentor: \$3,000
- Attendance at the required year-end Mentorship Conference: \$3,000
- Fixed Funding of \$14,000

Mentor Award Deliverables*

• 1 Mentee: \$6,000 base for mentee support + \$3,000 for successful completion of the program by mentee + \$3,000 for attendance at the year-end meeting = Fixed Funding of \$12,000

• 2 Mentees: \$6,000 base for mentee support + \$6,000 for successful completion of the program by mentees + \$3,000 for attendance at the year-end meeting = Fixed Funding of \$15,000

• 3 Mentees: \$6,000 base for mentee support + \$9,000 for successful completion of the program by mentees + \$3,000 for attendance at the year-end meeting = Fixed Funding of \$18,000

• *4 Mentees*: \$6,000 base for mentee support + \$12,000 for successful completion of the program by mentees + \$3,000 for attendance at the year-end meeting = **Fixed Funding of \$21,000**

• 5 Mentees: \$6,000 base for mentee support + \$15,000 for successful completion of the program by mentees + \$3,000 for attendance at the year-end meeting = Fixed Funding of \$24,000

* Note that expense documentation WILL NOT be required for payment, 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 deliverable has been met. For audit purposes, however, keep in mind that your spending must always adhere to all federal subaward grant funding rules.

Requested Amount

Please enter:

- \$14,000 for Mentee applications (fixed award).

- Up to \$24,000 for Mentor applications (depending on the number of mentees)

- \$12,000 for one Mentee
- \$15,000 for two Mentees
- \$18,000 for three Mentees
- \$21,000 for four Mentees
- \$24,000 for five Mentees

Requested Amount:

\$24,000.00