

GRANT SUMMARY SHEET

Grant Name: Retail Food Program Standards Self-Assessment Training 22-22

Department: HEALTH DEPARTMENT

Grantor: NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION

**Pass-Through Grantor
(If applicable):**

Total Award this Action: \$4,484.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407


Status: NEW

Program Description:

This grant award from the National Environmental Health Association (NEHA) will provide funds for the Food Protection Services Division to complete a self-assessment project for conformance with the Voluntary National Retail Food Regulatory Program Standards. There were similar projects in the past from a different agency.

Plan for continuation of services upon grant expiration:

N/A

B.A. Initials 

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input checked="" type="radio"/> Contract Amendment <input type="radio"/>				
Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	
Grant Name:	Retail Food Program Standards Self-Assessment Training 22-22			
Grantor:	NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION	Other:		
Grant Period From:	02/15/22	(applications only) Anticipated Application Date:		
Grant Period To:	12/29/22	(applications only) Application Deadline:		
Funding Type:	FED DIRECT	Multi-Department Grant	<input type="checkbox"/>	If yes, list below.
Pass-Thru:		Outside Consultant Project:	<input type="checkbox"/>	
Award Type:	COMPETITIVE	Total Award:	\$4,484.00	
Status:	NEW	Metro Cash Match:	\$0.00	
Metro Category:	Est. Prior.	Metro In-Kind Match:	\$0.00	
CFDA #	93.103	Is Council approval required?	<input type="checkbox"/>	
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>			

This grant award from the National Environmental Health Association (NEHA) will provide funds for the Food Protection Services Division to complete a self-assessment project for conformance with the Voluntary National Retail Food Regulatory Program Standards. There were similar projects in the past from a different agency.

Plan for continuation of service after expiration of grant/Budgetary Impact:

How is Match Determined?

Fixed Amount of \$ _____ or _____ % of Grant Other:

Explanation for "Other" means of determining match:

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?		Fund	Business Unit
Is not budgeted?		Proposed Source of Match:	

(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)

Other:

Number of FTEs the grant will fund:	0.00	Actual number of positions added:	0.00
Departmental Indirect Cost Rate	24.82%	Indirect Cost of Grant to Metro:	\$1,112.93
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No % Allow.	0.00%	Ind. Cost Requested from Grantor:	\$0.00 in budget

*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)

Draw down allowable?

Metro or Community-based Partners:

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	\$4,484.00			\$0.00		\$0.00	\$4,484.00	\$1,112.93	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$4,484.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,484.00	\$1,112.93	\$0.00

Date Awarded:	03/21/22	Tot. Awarded:	\$4,484.00	Contract#:	G-BDEV-202111-01630
(or) Date Denied:		Reason:			
(or) Date Withdrawn:		Reason:			

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP RECEIVED 3/21/22

GCP APPROVED 3/22/22

TW



**NEHA-FDA Retail Flexible Funding Model Grant Program
Official Notice of Award for One-Year Grants**

February 15, 2022

Grant Number: G-BDEV-202111-01630

Application Type: Development Base

Project Title: Completing a Self-Assessment for all Nine Program Standards

Project Summary: This project will work towards completing a self-assessment for all 9 FDA retail food program standards.

One-Year Award Amount: \$4,484.00

Project Period: 2/15/2022 to 12/29/2022

Unique Federal Award Identification Number (FAIN): U2FFD007358

CFDA Number: 93.103

Pamela Wilson
Metro Public Health Department Nashville/Davidson County
2500 Charlotte Avenue
Nashville, TN 37209

Dear Pamela:

Your application has been approved for Completing a Self-Assessment for all Nine Program Standards as part of the National Environmental Health Association (NEHA)-U.S. Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Grant Program, with funding provided by the FDA. Approval is based on review of the project plan and budget details in your submitted application.

As part of your application, your agency has made an assurance that it will comply with all applicable federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Parts 75. Acceptance of this award and/or any funds provided by the NEHA-FDA Retail Flexible Funding Model Grant Program acknowledges agreement with all the terms and conditions in this award letter.

The amount of \$4,484.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that NEHA-FDA Retail Flexible Funding Model Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Specific Conditions of Your Award

In addition to the general Terms and Conditions of your award as listed below, following are additional conditions specific to your award:

The full requested amount for your Development Base Grant is approved. Changes to your project plans and/or budget changes in excess of 10% of the Total Award Amount must be approved by NEHA in advance. Please refer to the neha.org/retailgrants website for the full RFFM Grant Guidance, which includes a description of non-allowable costs that will not be reimbursed. We look forward to supporting you as you work to complete your important Retail Flexible Funding Model project.

Budget

To review specific details of the approved budget in your grant award, please log into the NEHA-FDA

RFFM Grant Portal where you can view and print your grant (including your budget justifications) and your budget worksheets.

Total Award Amount: \$4,484.00

Budget changes are allowable but must be justified and approved in advance and in writing by the NEHA-FDA RFFM Grant Program Support Team. None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current Executive Level II of the Federal Executive Pay Scale for any specific funding year.

Terms and Conditions

Your award is based on the project application referenced in this Notice of Award, submitted to and approved by NEHA, and is subject to the following terms and conditions:

The grantee must complete the full scope of work and all tasks outlined in the approved grant application by the Project End Date, unless NEHA grants a written exception. The recipient agrees to comply with the current FDA general terms and conditions (HHS Grant Policy Statement).

Restrictions on the expenditure of funds in federal appropriations acts apply to this award, to the extent those restrictions are applicable to subawards made under federal grants. Please refer to 2 CFR 200.400 for guidance on relevant cost principles.

For the complete Terms and Conditions of this award, including links to all relevant federal guidance, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage (<https://www.neha.org/retailgrants>).

Reporting

Reports with due dates will be accessible by logging into the Grant Portal, found on the NEHA-FDA RFFM webpage. Reminders will be sent to the email address of your organization's Point of Contact regarding upcoming and past due reports.

Interim Progress Reports will be required each year for awards made through this program to assure that each funded project remains on track for timely completion. For one-year awards, an Interim Progress Report will be due halfway through the project period.

When all project objectives have been completed, a Final Project Report must be submitted through the online grant portal no later than 45 days after your Project End Date. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award accompanied by the required documentation.

For complete information on required reporting, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Reimbursement Requests

For one-year awards made through this grant program, payment is normally made on a reimbursement basis at the end of the project, following submission of all required reporting.

Advance payment is available for one-year awards when required by a jurisdiction. To request advance payment, please email an explanation to the **NEHA-FDA RFFM Grant Program Support Team** at retailgrants@neha.org. For additional details, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Unless otherwise requested, your first report will be the Interim Progress Report due halfway through the project period.

Recipient FDA Notice

As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). For additional information regarding the Retail Program Standards, please visit the FDA's official webpage at: <https://www.fda.gov/food/retail-food-protection/voluntary-national-retail-food-regulatory-program-standards>.

Allowable and Non-allowable Costs

For information on allowable and non-allowable costs, please refer to the **NEHA-FDA RFFM Grant Guidance** link on the NEHA-FDA RFFM webpage.

Base Grant Requirement

Once awards under the NEHA-FDA RFFM Grant Program have been made, all grantees must have an active Base Grant in place (either a Development Base Grant or a Maintenance and Advancement Base Grant) to remain eligible for open Optional Add-On Grants. During the performance period of open awards, if a Base Grant is cancelled for any reason (at the request of the Grantee or due to non-performance), all open Additional Add-On Grants may also be in jeopardy of cancellation.

For grantees that have been awarded both a Track 2 Development Base Grant (a one-year award) and a Capacity Building Grant (a three-year award), it is the awarded jurisdiction's responsibility to apply for Development Base Grants in years two and three of this grant program, to assure that their Capacity Building Grant remains eligible for continuation.

Travel Costs

Travel costs should adhere to the general guidelines found in the **NEHA-FDA RFFM Grant Guidance**. Contact the NEHA-FDA RFFM Grant Program Support Team with specific travel-related questions not covered in the guidance.

Financial Conflict of Interest

This award is subject to the Financial Conflict of Interest (FCOI) regulation at 42 CFR Part 50 Subpart F.

Contact us for Support

If you have questions about this award, please contact the NEHA-FDA RFFM Grant Program Support Team. Additionally, the FDA Retail Food Safety Specialist assigned to your geographic area is an integral part of your jurisdiction's successful completion of Retail Program Standards activities and is available to assist with your funded project.

NEHA-FDA RFFM Grant Program Support Team

retailgrants@neha.org

1-833-575-2404

FDA Retail Food Safety Specialist Contact Information

<https://www.fda.gov/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists>

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,



David T. Dyjack, DrPH, CIH
NEHA Executive Director

Development Base
GRANT APPLICATION

Organization: Metro Public Health Department Nashville/Davidson County
Grant ID: G-BDEV-202111-01630
Status: Active Grant

Amount Recommended: \$4,484.00
Start Date: February 15, 2022
End Date: December 29, 2022

February 15, 2022 Award Letter

CLICK LINK BELOW TO DOWNLOAD 1-YEAR AWARD LETTER.

Grant Award Letter (1-Year)
GR - 1-Year Grant Award Letter
Added at 2:59 PM on February 15, 2022

General Project Information

Organization: Metro Public Health Department Nashville/Davidson County
Regulatory Jurisdiction: Local
Point of Contact (POC) Information
Name: Pamela Wilson
Phone: 615-340-0438
Email: pamela.wilson@nashville.gov

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):	Hugh Atkins
AO Title:	Bureau Director: Office of Environmental Health Services
AO Phone:	615-340-0478
AO Email Address:	hugh.atkins@nashville.gov

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct.

Yes / No: Yes

Self-Assessment

Does your jurisdiction have a current Self-Assessment of All Nine Standards (completed in September 2016 or later) with the required paperwork turned in to FDA?

Y / N: No

Comprehensive Strategic Improvement Plan

Have you completed a Comprehensive Strategic Improvement Plan?

Y / N:

No

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

Track 1 Development Base Grant

Project Information

Development Base Grant Project Title

Completing a Self-Assessment for all Nine Program Standards

Project Summary:

This project will work towards completing a self-assessment for all 9 FDA retail food program standards.

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.

Pamela Wilson-Health Manager 2: Food and Public Facilities Protection

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 Qualifications field.

Ivone Rodriguez-Health Manager 1: Food and Public Facilities Protection

Dale Krisle-Health Manager 1: Food and Public Facilities Protection

Project Team Qualifications

Please enter names, titles, and qualifications for all staff members, partners, and/or contractors who will be paid with project funds. Be sure to include information on all personnel who will be paid with FDA funds, including the Project Lead, Project Support Team members, and additional project members. Please be clear regarding the employment status of all personnel paid with project funds - employees of your organization, employees of partner organizations, and/or contractors.

Project Team Qualifications:

Pam Wilson: Health Manager 2 in the Food and Public Facilities Protection Division within the Metro Nashville Public Health Department (MPHD). Bachelor of Science from Tennessee State University.

Ivone Rodriguez: Health Manager 1 in the Food and Public Facilities Protection division within MPHD. Bachelor of Art from Maryville College. Currently hold REHS/RS credential from NEHA.

Dale Krisle: Health Manager 1 in the Food and Public Facilities Protection division within MPHD. Bachelor of Science from Middle Tennessee State University. Currently holds a Certified Professional-Food Safety (CP-FS) credential from NEHA.

Project Start Date:

Must be a date between February 1, 2022 and December 31, 2022.

Start Date:

2/15/2022

Project End Date

Must be a date between February 1, 2022 and December 31, 2022.

End Date:

12/29/2022

In the last 5 years (September 2016 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:

5

Track 1 Development Base Grant

Required Outcomes

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

*If you **do not** have a current Self-Assessment of All Nine Standards (completed in September 2016 or later), you **MUST** select "Completion of a Self-Assessment of All Nine Standards (SA9)". If you **already have a current SA9**, you **MUST** select "Completion of a Comprehensive Strategic Improvement Plan (CSIP)".*

Project Outcome:

Completion of a Self-Assessment of All Nine Standards (SA9)

Completion of a Self-Assessment of All Nine Standards (SA9)

*If you do not have a current Self-Assessment of All Nine Standards (September 2016 or later), you **MUST** complete this outcome.*

Self-Assessment of All Nine Standards

Please confirm the Self-Assessment type. Select "First-Time Self-Assessment" if this will be the first one completed for your jurisdiction. All others should select the "Updated Self-Assessment" (and please note that your most recent Self-Assessment must have been completed prior to September 2017 to be eligible for an update using FDA funds).

Assessment Type:

Completion of an Updated Self-Assessment of All Nine Standards

Describe your plan for completion of a Self-Assessment (or Updated Self-Assessment) of All Nine Standards (SA9) during the proposed project period. *Please provide a detailed narrative of all activities required to meet this project outcome during your 1-year project period. Specific to this outcome, be sure to describe BOTH how you will measure progress AND how you will define measurable improvement with the Retail Program Standards. Please be sure to directly link your plans to achieve this outcome with measurable improvement by your jurisdiction 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 this outcome will be entered in the next section.*

SA9 Completion Plan:

Our project will work towards completing an updated self-assessment of Standards 1-8. We completed a self-assessment of Standard 9 on 2/11/2020 so no grant funds will be used towards Standard 9. A worksheet will be created to assign a lead project team member to each of Standards 1-8. Team members will take time to familiarize themselves with each standard as found on the U.S. Food & Drug Administration website. An electronic folder accessible to all team members will be created to store resources related to the project. The worksheets found within the "Self-Assessment Instructions and Worksheet for Part I, II, III, etc" for each standard will be used to monitor progress towards completion of each self-assessment. The project lead, Pam Wilson, will regularly check the worksheets uploaded to the shared folder to ensure the project stays on schedule. Our jurisdiction will measure improvement within the Retail Program Standards by completing the self-assessment worksheets for Standards 1-8. Any self-assessment that shows compliance with the standard will be submitted for a verification audit to meet the standard with the FDA. If a self-assessment indicates our jurisdiction does not currently comply with the standard, the completed self-assessment worksheets will be used to identify the missing aspects in our program so we can work towards meeting the standard in the future. Standard 9 is currently the only standard our jurisdiction has completed a self-assessment for since September 2017. Standard 9 was confirmed by a verification audit on 2/13/20. Improvement will be measured by completing a self-assessment on Standards 1-8 this year with the goal of passing a verification audit on all standards within the next few years.

SA9 Action Steps / Tasks Required

Please use numbered Action Steps (SA9 Step 1, SA9 Step 2, SA9 Step 3, etc.) to summarize the milestones you will meet to complete your Self-Assessment of All Nine Standards by the end of the project period.

SA9 Action Steps and Tasks:

SA9 Step 1: February 2022: Team members will familiarize themselves with the program standards and assign a lead team member to each of Standards 1-8. SA9 Step 2: March 2022: The team will complete a self-assessment on Standard 1. SA9 Step 3: April 2022: The team will complete a self-assessment on Standard 2. SA9 Step 4: May 2022: The team will complete a self-assessment on Standard 3. SA9 Step 5: June 2022: The team will complete a self-assessment on Standard 4. SA9 Step 6: July 2022: The team will complete a self-assessment on Standard 5. SA9 Step 7: August 2022: The team will complete a self-assessment on Standard 6. SA9 Step 8: September 2022: The team will complete a self-assessment on Standard 7. SA9 Step 9: October 2022: The team will complete a self-assessment on Standard 8. SA9 Step 10: November-December 2022: Verification audits performed on any self-assessments that are in compliance with Standards 1-8. Evaluate program progression in regards to the Retail Standards

SA9 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 Self-Assessment of All Nine Standards by the end of the project period.

SA9 Individual Leads:

Pam Wilson will be the lead for : SA9 Step 1, SA9 Step 4, SA9 Step 7, and SA9 Step 10.

Ivone Rodriguez will be the lead for : SA9 Step 2, SA9 Step 5, and SA9 Step 8.

Dale Krisle will be the lead for : SA9 Step 3, SA9 Step 6, and SA9 Step 9

SA9 Target Completion Date

Must be a date between February 1, 2022 and December 31, 2022.


Date: 12/29/2022

Budget Worksheets and Justification



Track 1 Development Base Grant applicants should complete one Budget Worksheet that covers all projected costs (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 your Budget Worksheet (Example: 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	

Create New Budget 
Edit Existing Budget 
Delete Budget 

Budget Worksheet

Budget Period	Budget	Actual
Self-Assessment Development Worksheet 2022: 2/15/2022 to 12/29/2022	4,484	0
Total	4,484	0

Budget Justification

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

Budget Justification:

To support completion of our project to conduct a self-assessment on Standards 1-8 we plan to expend the following funds: The median hourly wage of our three person project team is \$36.54 per hour.

36.54 X 120 hours (12 hours/ month for 10 months is estimated time needed to complete project) = \$4,384

An estimated \$100 will be used to purchase office supplies (folders, dividers, files, printer paper/ink, etc.)

\$100 + \$4,384 = \$4,484

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 Track 1 Development Base Grant applicants.

Requested Amount: \$4,484.00

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C. Wright III, MD 3/17/2022
0460AC21E1CG408...

Director, Metro Public Health Department Date

DocuSigned by:
Tené Hamilton Franklin 3/21/2022
BEBF0BBF14D14B0

Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/MPW 4/4/2022
Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb 4/5/2022
Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke 4/5/2022
Metropolitan Attorney

Date

FILED:

Metropolitan Clerk Date