

## GRANT SUMMARY SHEET

**Grant** FDA Southeast Region Seminar 21-21

**Department:** HEALTH DEPARTMENT

**Grantor:** ASSOCIATION OF FOOD AND DRUG OFFICIALS

**Pass-Through Grantor**

**Total Award this** \$2,000.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** NEW

**Program Description:**

This grant provides funding to support the Food & Public Facilities Protection Program to receive training to enhance conformance with the Voluntary National Retail Food Regulatory Program Standards. The money will be used for registration and travel expenses to learn to conduct verification audit of Standards #5.

**Plan for continuation of services upon**

One-time training grant.

**Grants Tracking Form**

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input checked="" type="radio"/>		<b>Contract Amendment</b> <input type="radio"/>		
Department		Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT		038	Brad Thompson			340-0407		
<b>Grant Name:</b>		FDA Southeast Region Seminar 21-21						
<b>Grantor:</b>		ASSOCIATION OF FOOD AND DRUG OFFICIALS			<b>Other:</b>			
<b>Grant Period From:</b>		01/01/21	(applications only) <b>Anticipated Application Date:</b>					
<b>Grant Period To:</b>		12/31/21	(applications only) <b>Application Deadline:</b>					
<b>Funding Type:</b>		FED DIRECT	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>			<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>		COMPETITIVE	<b>Total Award:</b>		\$2,000.00			
<b>Status:</b>		NEW	<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>		New Initiative	<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>		93.103	<b>Is Council approval required?</b>		<input type="checkbox"/>			
<b>Project Description:</b>		Applic. Submitted Electronically? <input type="checkbox"/>						
<p>This grant provides funding to support the Food &amp; Public Facilities Protection Program to receive training to enhance conformance with the Voluntary National Retail Food Regulatory Program Standards. The money will be used for registration and travel expenses to learn to conduct verification audit of Standards #5.</p>								
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>								
One time training grant								
How is Match Determined?								
<b>Fixed Amount of \$</b>			or	<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>		
<b>Explanation for "Other" means of determining match:</b>								
For this Metro FY, how much of the required local Metro cash match:								
<b>Is already in department budget?</b>			<b>Fund</b>		<b>Business Unit</b>			
<b>Is not budgeted?</b>			<b>Proposed Source of Match:</b>					
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>								
<b>Other:</b>								
<b>Number of FTEs the grant will fund:</b>		0.00	<b>Actual number of positions added:</b>		0.00			
<b>Departmental Indirect Cost Rate</b>		23.73%	<b>Indirect Cost of Grant to Metro:</b>		\$474.60			
<b>*Indirect Costs allowed?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>% Allow.</b>		0.00%	<b>Ind. Cost Requested from Grantor:</b>		
					\$0.00	<b>in budget</b>		
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>								
<b>Draw down allowable?</b>		<input type="checkbox"/>						
<b>Metro or Community-based Partners:</b>								

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	FY21	\$1,000.00						\$1,000.00	\$237.30	\$0.00
Yr 2	FY22	\$1,000.00						\$1,000.00	\$237.30	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$2,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,000.00	\$474.60	\$0.00
<b>Date Awarded:</b>				01/19/21	<b>Tot. Awarded:</b>		\$2,000.00	<b>Contract#:</b> G-SP-2010-09002		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
5170

GCP Rec'd  
01/22/21

GCP Approved  
01/22/21

VW

## **Wilson, Vaughn (Finance - Grants Coordination)**

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**From:** Thompson, Bradley (Health)  
**Sent:** Friday, January 22, 2021 7:58 AM  
**To:** Wilson, Vaughn (Finance - Grants Coordination)  
**Subject:** FW: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Here is the email that describes the award. The other thing is the application

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**From:** Wilson, Pamela (Health) <Pamela.Wilson@nashville.gov>  
**Sent:** Friday, January 22, 2021 7:28 AM  
**To:** Thompson, Bradley (Health) <bradley.thompson@nashville.gov>  
**Subject:** FW: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Brad is this what you are talking about?

Pamela C. Wilson  
Health Manager I  
2500 Charlotte Ave.  
Nashville, Tn. 37209  
Phone: 615-340-5630  
[pamela.wilson@nashville.gov](mailto:pamela.wilson@nashville.gov)



**Metro Public Health Dept**  
Nashville / Davidson County  
Protecting, Improving, and Sustaining Health

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**From:** FDA & AFDO Retail Program Standards <[do-not-reply.grants07-us-east-1@fluxx.io](mailto:do-not-reply.grants07-us-east-1@fluxx.io)>  
**Sent:** Wednesday, December 16, 2020 2:23 PM  
**To:** Wilson, Pamela (Health) <[Pamela.Wilson@nashville.gov](mailto:Pamela.Wilson@nashville.gov)>  
**Cc:** [daniel.lukash@fda.hhs.gov](mailto:daniel.lukash@fda.hhs.gov); [jenice.butler@fda.hhs.gov](mailto:jenice.butler@fda.hhs.gov)  
**Subject:** AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

**Attention:** This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Dear pamela wilson:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: FDA Southeast Regional Seminar, in the amount of \$2,000.00. This amount may differ from the amount you applied for in your application. Your project has been assigned the following tracking number: G-SP-2010-09002.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally,

ensure you are familiar with the Non-Allowable Costs section of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

Please note, this project is supported by the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award U18FD005850 totaling \$2,420,000 with 100 percent funded by FDA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA/HHS, or the U.S. Government.

The Catalog of Federal Domestic Assistance (CFDA) number for this FDA grant, awarded to the AFDO on 8/11/2016 is 93.103. Your grant is considered a sub award under this AFDO grant.

If you have any questions, or need additional information, please contact us at: 717-814-9873 or [retailstandards@afdo.org](mailto:retailstandards@afdo.org).

Sincerely,

Your AFDO Grants Management Team

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*Tina Lester*  
5EE94599A8D6403...  
\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

1/19/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Alex Jalangir*  
7F973F48A86A4DF...  
\_\_\_\_\_  
Chair, Board of Health

1/19/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

**INSTRUCTIONS**

Click on the **Edit** button to edit the form. Click the **Save** button to ensure your data will not be lost before navigating away from the form. When you have completed the form, click **Submit**.

**Category 1 - Small Projects**

Metro Nashville Public Health Department  
 Org ID: 405 | FDA Unique ID: 719  
 G-SP-2010-09002 | \$2,000.00 | Grant Year: Year 8 - 2021  
 FDA Southeast Regional Seminar

**FDA AWARD LETTER COMMENTS**

To the grantee--below are comments from the FDA about the award.

**▼ ADDITIONAL INFORMATION REQUESTED**

To the grantee--please respond to additional requests for clarification as noted below.

Responses from Applicant:

**ORGANIZATION INFORMATION**

**Organization :** Metro Nashville Public Health Department  
**Primary Contact:** pamela wilson  
**Secondary Contact:** pamela wilson  
**Jurisdictional Level:** Local

**AUTHORIZING OFFICIAL INFORMATION**

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).

**Authorizing Official Title:** Director of Health  
**Authorizing Official First Name:** Dr. Michael Caldwell  
**Authorizing Official Last Name:** Michael.caldwell@nashville.gov  
**Authorizing Official Email:** Michael.caldwell@nashville.gov  
**Authorizing Official Phone:** 615-340-5662

**PROJECT INFORMATION**

Have you conducted a Self-Assessment of all nine Retail Program Standards?

**Self-Assessment Conducted:** Yes  
**Date of Most Recent Self-Assessment:** 8/31/2016  
**Please select a Small Project sub-category.** Completion of Verification Audit for One Standard (Fixed Grant of \$2,000)

You must have a self-assessment within the last 5 years to be eligible to apply.

Please note the Project Title has a limit of 255 characters. The system will automatically truncate text longer than this amount.

**Project Title:** FDA Southeast Regional Seminar

**REQUIRED**

The beginning and end dates for your project must fall between Jan 1, 2021 - Dec 31, 2021.

**Project Start Date:** 1/1/2021  
**Project End Date:** 12/31/2021  
**Amount Requested:** \$2,000.00

Project Summary:

Tennessee's food safety program is under state jurisdiction. The program is administered through the contracts with 5 metropolitan areas; Nashville-Davidson County, Chattanooga-Hamilton County, Knoxville-Knox County, Memphis-Shelby County and Jackson- Madison County. Tennessee adopted the 2009 FDA Food Code.

Nashville-Davidson County conducted its last self-assessment on 8/31/2016 and the verification audit on 6/15/2017 showed we met 3 standards. At this time we have met standard 2 and had it verified.

Project Members:

Pamela Wilson  
 Manager of Food and Facilities Protection  
 Currently oversees 20 environmentalists.

Project Outcomes:

To meet standard 5

DOCUMENTS

REQUEST DOCUMENTS

**INSTRUCTIONS**

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