

## GRANT SUMMARY SHEET

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

**Department:** HEALTH DEPARTMENT

**Grantor:** NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION

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

**Total Award this Action:** \$6,358.00

**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

DS  
RW

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 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:		\$6,358.00			
Status:		NEW				Metro Cash Match:		\$0.00			
Metro Category:		New Initiative				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: <input type="checkbox"/>	
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:						Actual number of positions added:					
Departmental Indirect Cost Rate				24.82%		Indirect Cost of Grant to Metro:		\$1,578.05			
*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? <input type="checkbox"/>											
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	\$6,358.00			\$0.00		\$0.00	\$6,358.00	\$1,578.05	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$6,358.00	\$0.00	\$0.00	\$0.00		\$0.00	\$6,358.00	\$1,578.05	\$0.00
	Date Awarded:			03/21/22	Tot. Awarded:	\$6,358.00	Contract#:	G-OATR-202111-01634		
	(or) Date Denied:				Reason:					
	(or) Date Withdrawn:				Reason:					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto: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-OATR-202111-01634

**Application Type:** Training

**Project Title:** Training/Staff Development

**Project Summary:** This project is to allow team members involved in the development of a self-assessment for all 9 FDA voluntary program standards to receive training and professional development in regards to the program standards. This will be accomplished by team members attending a Self-Assessment and Verification Audit Workshop and the NEHA 2022 Annual Educational Conference.

**One-Year Award Amount:** \$6,358.00

**Project Period:** 2/2/2022 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 Training/Staff Development 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 \$6,358.00 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:

Your request for funds to attend the Self-Assessment and Verification Audit Workshop is approved, but not your request for funds to attend NEHA AEC. This is in accordance with the rules for the Track 1 Training / Staff Development and Program Standards Engagement optional add-on grants. For details, please see the NEHA-FDA Retail Flexible Funding Model Grant Guidance, available at <https://www.neha.org/retailgrants/grantguidance> . Any personnel changes or additions must be approved in advance by NEHA.

### **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:** \$6,358.00

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](mailto: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

### **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](mailto: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



## Training / Staff Development and Program Standards Engagement Optional Add-On GRANT APPLICATION

**Organization:** Metro Public Health Department  
Nashville/Davidson County  
**Grant ID:** G-OATR-202111-01634  
**Status:** Active Grant

**Amount Recommended:** \$6,358.00  
**Start Date:** February 2, 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 5:46 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

**Respond to the questions below to see if you are eligible to apply for a Training / Staff Development and Program Standards Engagement Optional Add-On Grant.**

### Base Grant Completion

Has your jurisdiction completed one of the two base grant applications that qualify you to apply for the Training / Staff Development and Program Standards Engagement Optional Add-On Grant (EITHER the Development Base Grant OR the Maintenance and Advancement Base Grant)?

**Y / N:**

Yes

### Represent Jurisdiction

Do you represent a state, local, tribal, or territorial (SLTT) food protection program applying to train employees, with the goal of meeting the requirements of one or more of the nine Retail Program Standards?

**Y / N:**

Yes

### Personnel Costs Not Permissible

Please select Y to acknowledge that you understand that personnel costs are not permissible through Training / Staff

**SAVAW Locations and Dates**

*Please enter the location(s) and date(s) for each SAVAW that is included in your SAVAW funding request.*

**SAVAW Locations and Dates:**

The SAVAW locations and dates are currently listed as "TBD" on the NEHA website. Our FDA Regional contact, Dan Redditt, stated one SAVAW class will be held as a pre-conference workshop at the NEHA 2022 Annual Educational Conference in Spokane, Washington (Spokane Convention Center) from June 28, 2022 through July 1, 2022.

**SAVAW # of Personnel**

*Please enter the total number of staff members that are part of your funding request for SAVAW attendance.*

**SAVAW Number of Personnel:**

3

**SAVAW Personnel Names and Titles**

*Please enter the name and job title for each person that will be covered by your funding request for SAVAW attendance. If attendance at multiple workshops is requested, please specify which workshop (location and date) each person will attend.*

**SAVAW Personnel Names and Titles:**

Pam Wilson: Health Manager 2 in Food and Public Facilities Protection

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

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

### Training / Staff Development and Program Standards Engagement Optional Add-On Grant Funding Request for Virtual Training Equipment

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

Y / N:

No

### Training / Staff Development and Program Standards Engagement Optional Add-On Grant Detailed Project Plan

**Training / Staff Development and Program Standards Engagement Completion Plan**

*Describe your plan for completion of a Training / Staff Development and Program Standards Engagement Project (TSDEP) during the proposed project period. Please provide a detailed narrative of all activities, outcomes, and deliverables required to complete your proposed project during your 1-year project period. 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, be sure to provide a justification and goals for each proposed activity. If you are requesting funds for Virtual Training Equipment, please include a summary of your justification and goals for the proposed purchases. 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.***

**TSDEP Project Plan:**

Our plan is to provide training and staff development for our three person project team who are actively working towards completing a self-assessment for the Voluntary Retail Program Standards. Our team plans to attend a Self-Assessment and Verification Audit Workshop offered before the NEHA Annual Educational Conference to help educate our team on the self-assessment/verification process. The workshop will make our process more efficient and will improve the quality of our self-assessment work. The ultimate goal is to submit accepted verification audits for all 9 Voluntary Retail Program Standards. Our team would also like to stay and attend the NEHA Annual Educational Conference to attend training sessions and educational lectures about the current issues affecting environmental health. This conference will provide us with knowledge about the latest in food safety and allow us to network with other jurisdictions who have completed the self-assessment and verification process for the Voluntary Retail Program Standards.

**TSDEP Action Steps / Tasks Required**

*Please use numbered Action Steps (TSDEP Step 1, TSDEP Step 2, TSDEP Step 3, etc.) to summarize the milestones you will meet to complete your Training / Staff Development and Program Standards Engagement Project by the end of the project period.*

**TSDEP Action Steps:**

TSDEP Step 1: Register team members for the SAVAW and NEHA Annual Educational Conference once registration opens. TSDEP Step 2: Book travel and lodging for the workshop and conference. TSDEP Step 3: Have a team meeting before leaving to ensure we have all the resources needed for the conference. TSDEP Step 4: Team members attend the SAVAW. TSDEP Step 5: Team members attend the NEHA Annual Educational Conference. TSDEP Step 6: Have a division wide meeting upon returning to share and discuss information learned at the workshop and conference.

**TSDEP 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 / Staff Development and Program Standards Engagement Project by the end of the project period.*

Budget Period	Budget	Actual	Variance
Training and Staff Development Grant Application 2022: 2/2/2022 to 12/29/2022	6,358	0	6,358
<b>Total</b>	<b>6,358</b>	<b>0</b>	<b>6,358</b>

**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/Staff Development and Program Standards Engagement Add-On Grants.**

**Budget Justification:**

To complete our planned project for staff development and training, we plan to expend the following funds:

The SAVAW and NEHA Annual Educational Conference registration fees have not been announced. \$1,800 dollars is estimated for three people to attend these conferences.

American Airlines currently lists \$2,016 for three roundtrip tickets from Nashville, TN to Spokane, WA during the conference dates.

Baggage fees on American Airlines are \$30 per checked bag.  $\$30 \times 3$  team members = \$90

The Courtyard Marriott near the Spokane Conference Center would be \$695 per room for the dates of the conference.  $\$695$  per person  $\times 3$  team members = \$2,085.  $\$2,085 + \$100$  in taxes/fees = \$2,185

The Spokane International Airport is ~8 miles from the Courtyard Marriott. \$50 is estimated in local travel costs for rides to and from the airport for 3 team members

Indirect Cost of \$165 is anticipated to pay for parking three team member cars at the Nashville airport during the trip.

Mileage to and from the airport was calculated using the federal mileage rate (0.56) times the miles from each team member's home to and from the airport (92 miles).  $0.56$  rate  $\times 92$  miles = \$52 (rounded down)

**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 / Staff Development and Program Standards Engagement Project Optional Add-On Grants.**

**Amount Requested:** \$6,358.00



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  
0460AC24E1GG408...  
Director, Metro Public Health Department  
3/17/2022  
Date

DocuSigned by:  
Tené Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health  
3/21/2022  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
Kelly Flannery/mjw  
6B37749A48742169...  
Director, Department of Finance  
4/4/2022  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
Balogun Cobb  
104102074...  
Director of Risk Management Services  
4/5/2022  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
Niki Eke  
104102074...  
Metropolitan Attorney  
4/5/2022  
Date

FILED:

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