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**Voluntary National Retail Food Regulatory Program Standards**

**Mentorship Program (Cohort 8)**

**Application to Receive Mentorship**

Please complete the application below by inserting text into the designated areas below. For more detailed information on the mentorship program, refer to the Request for Application to Receive Mentorship (found on the [NACCHO Mentorship Program webpage](http://www.naccho.org/programs/environmental-health/hazards/food-safety/mentorship)). Save the document as a Word document and email it to [foodsafetyinfo@naccho.org](mailto:foodsafetyinfo@naccho.org) along with any appendices. The application form should not exceed 20 pages (single-spaced, Times New Roman, and 12-point font). Applications not in the required format and exceeding page limitations will be considered incomplete and not scored. Letters of support will not count toward the 20-page limit.

**Agency Information**

Name of agency:

Street address:

City/state/Zip:

Telephone:

Fax:

Designated Project Coordinator[[1]](#footnote-1)

Name and title:

Phone:

Email:

Health Agency Director:

Phone:

E-mail:

Approximate population served by the retail food regulatory program:

**Contract Information**

**Participating retail food regulatory program will enter into a contract with NACCHO to complete the deliverable(s) described in the Request for Applications (RFA). Agreement with** [**NACCHO standard contract**](https://www.naccho.org/uploads/downloadable-resources/01_Subaward-Template-for-Members.docx#asset:24676) **terms and conditions is a requirement for application. No modifications will be made. The information below will help to begin the contracting process immediately upon selection.**

Our agency has read NACCHO’s standard contract language and provided a copy to the individual with signing authority at the retail food regulatory program for advanced consideration. \_\_\_Yes \_\_\_No

If you selected ‘No’ (the retail food regulatory program has not provided a copy to the individual with signing authority for advanced consideration or the retail food regulatory program does not agree to the contract language or is not able to sign and return a contract to NACCHO within 30 days), please explain.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

Name and title of authorized signer of contract:

Address:

E-mail:

Telephone number:

Tax number:

Official name of organization on contract:

Agency EIN/tax ID number:

**Support to Apply for this Funding Opportunity**

The Health Official is aware of this application and provided an optional letter of support. (\*Note: The letter may be included as a pdf attachment.) \_\_\_Yes \_\_\_No

If you selected ‘No’ (the Health Official is not aware), please provide an explanation.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

**Mentorship Program Areas**

Please indicate standard(s) or phase(s) for which your retail food regulatory program is seeking guidance through the Mentorship Program (check all that apply).

\_\_\_ Standard No. 1 - Regulatory Foundation

\_\_\_ 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

\_\_\_ Standard No. 7 - Industry and Community Relations

\_\_\_ Standard No. 8 - Program Support and Resources

\_\_\_ Standard No. 9 - Program Assessment

\_\_\_ Self-Assessment

**Mentorship Program Considerations**

Please list any considerations that you would like NACCHO to consider when matching your agency with a mentor for the mentorship program (e.g., size of jurisdiction, location, expertise, governance structure[[2]](#footnote-2), type of agency [state, local, territorial, or tribal], etc.).

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

In the event the number of qualified applicants exceeds the available award funding, I am interested in participating in the Mentorship Program without award funding. (\*Note: This information will not impact the determination of which qualified applicants receive award funding. All participants in the Mentorship Program, including those who participate without award funding, will receive funding for staff travel to the site visit and tentative face-to-face meeting (up to $1,400 per retail food program per event).

\_\_\_\_Yes \_\_\_\_ No

**Background (15 Points)**

Part I. Please provide information on your agency and retail food regulatory program, addressing each of the following bulleted items:

* + Organization’s mission statement;
  + Brief description of your retail food regulatory program;
  + Number of staff in the retail food regulatory program;
  + Types of retail establishments regulated;
  + Number of retail establishments regulated;
  + Version of FDA Food Code adopted; and
  + Where your agency derives regulatory authority from (i.e. local ordinance, state).

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

Part II. Briefly list and describe your familiarity with the Retail Program Standards. When applicable, please include the following information

* + When your agency enrolled in the Retail Program Standards;
  + If you are newly enrolled or do not have any experience in the Retail Program Standards, indicate which Standards or phases you plan to work on initially;
  + Standard(s) you have met (for each standard met, please indicate if your self-assessment was verified by a verification audit);
  + Standards you have not met, but are currently working toward meeting;
  + Any work that you have done or any work under way, related to implementation of the Retail Program Standards.
  + If you have participated in the NACCHO mentorship program in previous cohorts, describe any work that was completed (including any work not completed and why) during the mentorship program period.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

**Project Description (40 Points)**

Submit a work plan describing how you plan to achieve conformance with specific Standards or how you plan to achieve conformance with specific elements within a Standard. The work plan should include goals, objectives, activities, expected outcomes, and a timeline with a month-by-month description of key tasks and milestones for project completion and specific deliverables.[[3]](#footnote-3)

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

**Statement of Need (20 Points)**

Part I. Describe the need for mentorship on the Retail Program Standards in your jurisdiction. Please include the following information:

* + What kind of technical assistance will you require to complete the work plan described in the project description?
  + Describe challenges or barriers that your agency is facing in making progress with the work plan described in the project description.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

Part II.Describe how working with a mentor in the Mentorship Program will move forward efforts to achieve your work plan described in the project description. Please also describe other resources in your jurisdiction and/or state that may be available to support these efforts.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

**Staffing Plan (25 Points)**

Describe the proposed staffing plan, and list the following for all retail food regulatory program personnel that may participate in the mentorship program:

* + Names of lead staff and staff members;
  + Background information on each staff member, including experience in food safety and experience in the Retail Program Standards; and
  + Each staff member’s role and responsibilities for the mentorship program. Please provide detailed information about the expected role for each staff member assigned to work on this project.

[Use this space to answer the above question. Box can be expanded to fit the length of response.]

**Budget Request**

Funding per mentee retail food regulatory program is up to **$8,000**. Applicants must complete the attached budget narrative.

**Instructions for Budget Narrative Form**

Please see the attached sample budget narrative for guidance in submitting a detailed budget narrative. Fill out the attached budget narrative form provided. The budget narrative should be consistent with the goals, objectives, and activities proposed within the application. Items that may be included in the request for funds are staff salary and fringe benefits, phone/facsimile, postage, field supplies, travel to relevant trainings or workshops, and contractual fees. Project funds can support the purchase of field supplies if the purchase meets the needs outlined in the application and will help to achieve replicable knowledge. If additional funds and/or resources will be leveraged, please describe them. *Funds cannot be used for the purchase or upkeep of office equipment. Additionally, project funds cannot be used to purchase food or beverages.*   
   
Please note that the awards are categorized as subawards, disbursed in up to three installments upon receipt of invoices and supporting documentation. Since this is a cost-reimbursement award, participants will be required to submit receipts for their expenses throughout the project. The purpose of the line item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work.

Additionally, please note that travel expenses for staff members from participants to attend a site visit with the mentor and the tentative face-to-face meeting do NOT need to be included in the budget. Costs incurred for the meetings (up to $1,400 per jurisdiction per event) will be reimbursed by NACCHO, separate from the awarded amount to selected retail food regulatory programs to participate in the mentorship program. Participants that choose to send multiple staff members and/or anticipate spending above the $1,400 amount to the site visit meeting and/or tentative face-to-face meeting should budget additional staff travel in their proposed awarded budgets.

**ADDITIONAL INFORMATION**

Questions about the mentorship program, request for application, and application can be directed to:

Amy Chang

Program Analyst, Environmental Health

(202) 507-4221

[achang@naccho.org](mailto:achang@naccho.org)

Jennifer Li

Senior Advisor

(202) 507-4242

[jli@naccho.org](mailto:jli@naccho.org)

**Sample Budget Narrative**

[Insert name of your agency]

NACCHO Mentorship Program

November 2018 – August 31, 2019

(Based on 10-Month Budget)

# A. Direct Salaries and Wages

**Personnel Total $2,024.55**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title and Name** | **Annual Salary** | **Time** | **Months** | **Amount Requested** |
| INSERT TITLE HERE INSERT NAME HERE | $26,994 | 10% | 10 | $2,024.55 |

**Example Justification**

Jane Roberts has been with Smith County Health Department since July 2002. She is responsible for the Food Safety Education Program for both food industry personnel and the general public. She is also an approved ServSafe® Manager Certification Instructor since November 2002.

# B. Direct Staffing Fringe Benefits

**Fringe Benefits Total $465.65**

23% of Total Direct Staff Salaries = Fringe Benefits

# C. Supplies Total $2,000

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Requested | # of Units | Unit cost | Amount | Purchase |
| Projector  Laptop computer  Printer | 1  1  1 | 250.00  1250.00  500.00 | 250.00  1250.00  500.00 | Jan 6, 2018 |

# Example Justification

1. PowerPoint projector with laptop computer: to be used to present food safety courses on and off site as well as for community health education opportunities.
2. Laptop computer, printer and CD Rom Software will be used to increase the number of workers who can be trained. This form of training will allow students to complete a food safety course during our health department regular business hours.

# D. Travel Total $1,720

# Out-of-State Travel

**Original Request**

Conference Fees $525.00

Transportation $350.00

Accommodations $500.00 (4 nights @ $125)

Per diem $245.00 (5 days @ $49 per day)

Ground Transport $100.00

|  |
| --- |
| NEHA Conference, July 9 – July 12, 2019  Registration fee $525.00.  Flight $350.00 Round Trip  Hotel 4 nights @ $125.00  Meals $49.00 a day for 5 days. |

# Example Justification

1. This training is designed for food service managers, food safety consultants and regulatory staff.
2. Food safety staff to learn more about the elements of HACCP and how to apply them when inspecting food manufacturing or preparation operations to reduce risk and improve efficiency.

**E. Other Total $606**

**Project-Specific Postage $300**

**Example Justification**

1. Bulk mailing of course announcements to licensed food facilities biannually (approximately 650 facilities)

|  |
| --- |
| February 2019 mailing of coalition formation information  June 2019 mailing same as above |

**Project-Specific Printing & Duplication $306**

**Example Justification**

1. Duplication of custom made color certification certificates (200 @$.17 per copy)

|  |
| --- |
| Purchase in March 2019 |

1. Duplication of two sided brochures for training purposes (800 @$.17 per side)

|  |
| --- |
| Purchase in April 2019 |

**F. Indirect Costs Total $100**

The rate is 6.8% and is computed on the following direct cost base of $6,816.20

Total Indirect Costs = $100

**Grand Total Requested $6,916.20**

1. \*Per RFA: Applicants are required to designate one main point of contact with whom NACCHO will directly communicate on all matters related to this project, including selection notification. This person will be responsible for submitting all deliverables, participating in calls or webinars, and completing evaluation activities. This person is also responsible for providing NACCHO with additional names and contact information of staff to be included on communications from NACCHO. [↑](#footnote-ref-1)
2. Local = All local health departments (LHDs) in state are units of local government; State = All LHDs in state are units of state government; Shared = All LHDs in state governed by both state and local authorizes; Mixed = LHDs in state have more than one governance type [↑](#footnote-ref-2)
3. Applications are not eligible if the work plan submitted is similar to work that is funded through another grant (i.e. AFDO-administered Retail Program Standards Grant Program). [↑](#footnote-ref-3)