



## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

**Requested Board Meeting Date:** February 20, 2024

**or Procurement Director Award:** ☐

*\* = Mandatory, information must be provided*

**\*Contractor/Vendor Name/Grantor (DBA):**

NEHA-FDA Retail Flexible Funding Model Grant Program

**\*Project Title/Description:**

Pima County Retail Program Standards Mentorship Program

**\*Purpose:**

Work with three other local food safety jurisdictions to assist in implementing, maintaining, and continuously improving aspects of their Food Safety programs as it relates to the FDA Retail Food Program Standards.

**\*Procurement Method:**

N/A - grant award

**\*Program Goals/Predicted Outcomes:**

Provide meaningful mentorship to other food safety programs in the US based on successful Pima County programs. Improve food safety at local levels in the three mentored jurisdictions while building partnerships and collaboration opportunities for staff working in Consumer Health and Food Safety (CHFS).

**\*Public Benefit:**

Partnerships with different jurisdictions within the US improve our staff's response since they are able to become more aware of specialized food safety practices and have opportunities for professional development, which in turn impacts how staff interact with our regulated facilities. Collaboration also improves employee morale, improves the uniformity of our program, retains key staff members, and grows staff knowledge.

**\*Metrics Available to Measure Performance:**

The Retail Program Standards have clear metrics set for each standard that should be met incrementally throughout the program year. CHFS will measure performance by how many metrics within each standard their mentee jurisdictions are able to achieve while working with them.

**\*Retroactive:**

Yes. This grant began 1/1/2024. However, the BOS meeting on 2/20/2024 is the earliest we could get the award to the BOS due to when the award arrived. If not accepted, the Department of Health will not be able to participate in this initiative.

GMT approved  
12/1/24

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_\* ☐ Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:** \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No  
If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No  
If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_  
Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease

Is there revenue included? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_

Amount This Amendment: \$ \_\_\_\_\_

**\*Funding Source(s) required:** \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)

☒ Award ☐ Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 24-102  
Commencement Date: 01/01/2024 Termination Date: 12/31/2024 Amendment Number: 00  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 18,000.00

**\*All Funding Source(s) required:** US Food and Drug Administration / Department of Health and Human Services

**\*Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Match funding from other sources?** ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Funding Source:** \_\_\_\_\_

**\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**  
Direct from federal government.

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: \_\_\_\_\_ Date: 1/26/24

Deputy County Administrator Signature: \_\_\_\_\_ Date: Feb 2024

County Administrator Signature: \_\_\_\_\_ Date: 2/5/24



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

January 1, 2024

**Grant Number:** G-OAME-202308-04174

**Application Type:** 2024 Mentorship Optional Add-On

**Project Title:** Pima County Retail Program Standards Mentorship Program (PC-RPS-MP)

**Project Summary:** Work with other jurisdictions to assist in implementing, maintaining, and continuously improving aspects of their programs as it relates to the Retail Program Standards (RPS) to enhance their food safety programs. Identify aspects of the jurisdictions' programs most in need of additional attention. Meet virtually to establish a starting point for where the other jurisdictions are in the RPS and where the jurisdictions want to be in future. Establish an agreed upon timeline for completing deliverables. Monitor progress with monthly check-ins: meetings, receiving documents over email, or other forms of virtual checks on deliverables using the established timeline to track progress throughout the year. Meet in person for a midpoint check-in in July ahead of the NEHA AEC where other jurisdictions may be traveling as well. Meet virtually or in person a final time to assist with outstanding items, conduct VAs, and conduct an exit survey for our PCRPSMP improvement.

**One-Year Award Amount:** \$18,000.00

**Project Period:** 1/1/2024 to 12/31/2024

**Unique Federal Award Identification Number (FAIN):** U2FFD007358

**CFDA Number:** 93.103

Amanda Anderson  
Pima County Health Department  
3950 S. Country Club Rd, 2301  
Tucson, AZ 85714

Dear Amanda :

Your application has been approved for Pima County Retail Program Standards Mentorship Program (PC-RPS-MP) 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 Part 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 \$18,000.00 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, the following are additional conditions specific to your award:



Your application is funded in full.

### **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:** \$18,000.00

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. Payment is contingent on continued Federal Funding from the United States Food and Drug Administration, 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/retail-grants>).

### **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 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](mailto:retailgrants@neha.org)

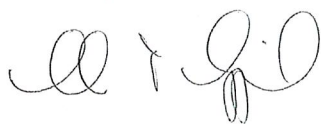
1-833-575-2404

### **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