AFDO-Managed Retail Program Standards

Grant Program

www.afdo.org/retailstandards

ADVANCED RELEASE OF APPLICATION QUESTIONS

CALENDAR YEAR 2020 AWARDS

APPLICATION PERIOD: SEPTEMBER 4 – OCTOBER 15, 2019

Advancing conformance with the FDA’s Voluntary National Retail Food Regulatory Program Standards.
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Grant Program Overview

The Association of Food and Drug Officials (AFDO), with funding provided by the Food and Drug Administration, Office of Regulatory Affairs, Office of Partnerships (FDA, ORA, OP), is pleased to announce the availability of funds for completion of projects and training to enhance conformance with the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). Knowing that resources are limited for all food protection partners, AFDO and FDA have worked diligently to design application, funding, and reporting systems that are streamlined and simple. Applicants to this program can expect a simple application process with streamlined reporting requirements.

CONTACT INFORMATION

For more information or technical support, please contact the AFDO-Managed Retail Program Standards Grants Management Team at 850-583-4593 or retailstandards@afdo.org.

FUNDING PROGRAM GOALS FOR AFDO-MANAGED RETAIL PROGRAM STANDARDS GRANTS

The following are the goals for the AFDO-Managed Retail Program Standards funding:

1. Supporting innovative strategies to reduce the occurrence of foodborne illness risk factors,
2. Promoting uniformity and a national Integrated Food Safety System (IFSS), and
3. Sharing successful strategies among jurisdictions at all levels.

ELIGIBILITY

Funding is available to retail food safety organizations or agencies currently enrolled in the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS or Retail Program Standards). For more information, or to enroll in the VNRFRPS, please visit http://afdo.org/retailstandards/enroll. Enrollment can generally be accomplished within one to three days.

Please note that enrollment in the VNRFRPS is different and separate from enrolling for an account or applying for the AFDO-Managed Retail Program Standards Grant Program. The information hereafter applies to the AFDO-Managed Retail Program Standards Grant Program.

MAXIMUM NUMBER OF GRANT APPLICATIONS PER ELIGIBLE JURISDICTION

For the Calendar Year 2020 grant cycle, jurisdictions may apply for funding for one (1) project from each Category 1, 2, 3, and 4. No more than four (4) total applications, and no more than one (1) application per Category, may be submitted by a single jurisdiction for the Calendar Year 2020 grant cycle (Application Period September 4, 2019 – October 15, 2019).
Jurisdictions that previously applied for and/or were awarded funding in previous years of the AFDO-Managed Retail Program Standards Grant Program are eligible to apply to all four grant categories.

**SUBMISSION DEADLINE**
All applications must be made through the online portal, https://retailstandards.fluxx.io, which will open at 9:00 AM Eastern Time the morning of Wednesday, September 4, 2019. All applications must be completed and successfully submitted through the portal by Tuesday, October 15, 2019 at 7:59 PM Eastern Time.

**AMOUNT OF FUNDING AVAILABLE**
More than $2 million in funding is expected to be awarded for the 2020 AFDO-Managed Retail Program Standards Grant Program.

**GRANT GUIDANCE**
Complete grant guidance for this program will be posted on the http://afdo.org/retailsstandards website on or before September 4, 2019.
Application Information

The following information contains an advanced preview of the application questions that will be asked for calendar year 2020 awards. Applicants should review the complete grant guidance prior to beginning an application.

To apply for each of the four grant categories (Category 1 - Small Projects, Category 2 - Moderate Projects, Category 3 - Training Projects, or Category 4 - Food Protection Task Force Support Projects), the following information will be required:

A. ORGANIZATION INFORMATION
   i. Organization (This is the organization, as written, when you set up the account. Verify this is correct. Otherwise, you should contact the grant support team.)
   ii. Location (Required. Make sure the entry “Your Organizational Name – headquarters” remains selected from the dropdown.)
   iii. Primary Contact (Select your name from the dropdown.)
   iv. Confirm Primary Contact (Select your name from the dropdown. Your organization may only have one Primary Contact, so both “Contact” fields should provide the same name.)
   v. Jurisdictional Level (Select your jurisdictional level from the dropdown.)

B. AUTHORIZING OFFICIAL INFORMATION (List the name and information for the person in your jurisdiction who is authorized to approve this grant contract if awarded. 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).
   i. Authorizing Official Title (Required)
   ii. Authorizing Official First Name (Required)
   iii. Authorizing Official Last Name (Required)
   iv. Authorizing Official Email (Required)
   v. Authorizing Official Phone (Required. Be sure to include the area code.)

C. PROJECT INFORMATION (Complete the “Project Information” section according to the funding Category below that applies to your project.)
Category 1 – Small Project Fixed-Reimbursement Grants (Completion of a Self-Assessment of All Nine Standards, Completion of an Updated Self-Assessment of all Nine Standards, Completion of Verification Audit for One Standard, and Completion of Verification Audit for Two or More Standards)

i. Select “Yes” or “No” to the following: Have you conducted a Self-Assessment of all nine Retail Program Standards?
   a) If selecting “Yes,” enter the Date of Most Recent Self-Assessment. Select your subcategory from the four (4) choices provided. Three (3) of these selections are fixed-reimbursement grants: Completion of an Updated Self-Assessment of All Nine Standards, Completion of Verification Audit for One Standard, and Completion of Verification Audits for Two or More Standards. Note: If you intend to complete a Custom Project Related to Meeting One or More Standards, please skip to the “Small Project Custom Grants” direction set below.
   b) Selecting “No” will limit the subcategory choices to “Completion of a Self-Assessment of all Nine Standards.”

ii. Identify which Retail Program Standards your jurisdiction intends to accomplish with this project by double clicking values in the selection box or click the “>” button to move your selection from the left side to the right side. Note: If performing a Self-Assessment, select all 9 Retail Program Standards.

iii. Project Title (Create a simple, descriptive project title using 255 characters or less. Examples: “DeKalb County GA Self-Assessment” or “Guam Verification Audit of Standard 1”.)

iv. Project Start Date (Enter a date between January 1, 2020 and December 31, 2020.)

v. Project End Date (Enter a date between January 1, 2020 and December 31, 2020.)

vi. Amount Requested:
   a) For Completion of a Self-Assessment of all Nine Standards, enter $2,500.
   b) For Completion of an Updated Self-Assessment of All Nine Standards, enter $2,500.
   c) For Completion of Verification Audit for One Standard, enter $2,000.
   d) For Completion of Verification Audits for Two or More Standards, enter $3,000.

vii. Project Summary (Describe your project and provide an outline of your project plan. Include one to three project objectives, a timeline for the specific activities you will need to complete as part of the overall project, expected completion dates for each activity, and any non-personnel resources needed for completion of the project. Maximum of 1,500 characters)
viii. Project Members (Please list the name, title, and agency for all individuals who will be responsible for the completion of this project, briefly explain the project role for each person listed, and briefly explain the experience and expertise that makes each an appropriate choice to carry out their required project task[s]. Maximum of 1,500 characters)

ix. Project Outcomes (Please list one to three expected project outcomes that illustrate how this project will allow your jurisdiction to achieve greater conformance with the goals of the Retail Program Standards. Briefly describe the relevance of these expected project outcomes to the funding program goals and explain how you plan to measure achievement of your expected outcome[s]. Maximum of 1,500 characters)

Category 1 – Small Project Custom Grants

a) Select “Yes” or “No” to the following: Have you conducted a Self-Assessment of all nine Standards? Note: You are not eligible to apply if you have not conducted a Self-Assessment within the last 5 years; the Self-Assessment must be completed on or after January 1, 2015.

b) If selecting “Yes,” enter the Date of Most Recent Self-Assessment. Select your subcategory from the four (4) choices provided. Select the option: Custom Project Related to Meeting One or More Standards.

c) Selecting “No” will make you ineligible to apply for Custom Project funding.

d) Select applicable Standards and Elements from the list provided. (See “Appendix A” of the CY2020 Grant Guidance, or use the blue hyperlink provided within the application for a complete list of Standards - Elements.)

e) Project Title (Create a simple, descriptive project title using 255 characters or less. For example, “DeKalb County GA Self-Assessment” or “Guam Risk Factor Study”)

f) Project Start Date (Enter a date between January 1, 2020 and December 31, 2020.)

g) Project End Date (Enter a date between January 1, 2020 and December 31, 2020.)

h) Amount Requested (Enter an amount between $500 and $3,000 for your Custom Project.)

i) Project Summary (Describe your project and provide an outline of your project plan. Include one to three project objectives, a timeline for the specific activities you will need to complete as part of the overall project, expected completion dates for each activity, and any non-personnel resources needed for completion of the project. Maximum of 1,500 characters)

j) Project Members (Please list the name, title, and agency for all individuals who will be responsible for the completion of this project, briefly explain the project role for each person listed, and briefly explain the experience and expertise that
makes each person an appropriate choice to carry out their required project task[s]. Maximum of 1,500 characters)

viii. Project Outcomes (Please list one to three expected project outcomes that illustrate how this project will allow your jurisdiction to achieve greater conformance with the goals of the Retail Program Standards. Briefly describe the relevance of these expected project outcomes to the funding program goals and explain how you plan to measure achievement of your expected outcome[s]. Maximum of 1,500 characters)

ix. Continue to the BUDGET INFORMATION section below.

**Category 2 – Moderate Projects**

i. Select “Yes” or “No” to the following: Have you conducted a Self-Assessment of all nine Standards? *Note: You are not eligible to apply if you have not conducted a Self-Assessment within the last 5 years; the Self-Assessment must be completed on or after January 1, 2015.*
   a) If selecting “Yes,” enter the Date of Most Recent Self-Assessment.
   b) Selecting “No” will make you ineligible to apply for Moderate Project funding.

ii. Select applicable Standards and Elements from the list provided. (See “Appendix A” of the CY 2020 Grant Guidance, or use the blue hyperlink provided within the application for a complete list of Standards - Elements.)

iii. Project Title (Create a simple, descriptive project title using 255 characters or less. Examples: “Retail Program System Data Infrastructure Update” or “Completion of Foodborne Illness Risk Factor Study”)

iv. Project Start Date (Enter a date between January 1, 2020 and December 31, 2020.)

v. Project End Date (Enter a date between January 1, 2020 and December 31, 2020.)

vi. Amount Requested (Enter an amount between $10,000 and $20,000 for your Moderate Project.)

vii. Project Summary (Describe your project and provide an outline of your project plan. Include one to three project objectives, a timeline for the specific activities you will need to complete as part of the overall project, expected completion dates for each activity, and any non-personnel resources needed for completion of the project. Maximum of 3,000 characters)

viii. Project Members (Please list the name, title, and agency for all individuals who will be responsible for the completion of this project, briefly explain the project role for each person listed, and briefly explain the experience and expertise that makes each an appropriate choice to carry out their required project task[s]. Maximum of 1,500 characters)
ix. **Project Outcomes** (Please list one to three expected project outcomes that illustrate how this project will allow your jurisdiction to achieve greater conformance with the goals of the Retail Program Standards. Briefly describe the relevance of these expected project outcomes to the funding program goals and explain how you plan to measure achievement of your expected outcome[s]. Maximum of 1,500 characters)

x. Continue to the *BUDGET INFORMATION* section below (pages 8-9).

### Category 3 – Training Projects

i. **Project Title** (Create a simple, descriptive project title using 255 characters or less. For example, “National Environmental Health Association Conference” or “FDA Regional Seminar”)

ii. **Project Start Date** (Enter a date between January 1, 2020 and December 31, 2020.)

iii. **Project End Date** (Enter a date between January 1, 2020 and December 31, 2020.)

iv. **Amount Requested** (Enter an amount between $500 and $3,000 for your Training Project.) *Note: $3,000 does not apply to AK, HI, and Territories when adequate justification for additional costs is provided.*

v. **For what type of training are you requesting funds?** (Select all that apply: Field Training Plan Workshop, Course Related to the Development and Implementation of a Foodborne Illness Risk Factor Study, Attendance to an FDA Regional Retail Food Safety Seminar, Attendance to Retail Food Safety Training Courses, Conferences, Workshops or Seminars, or Program Standards Self-Assessment and Verification Audit Workshop.)

vi. **Which Standard(s) will this project help you meet?** Select all that apply.

vii. **Course Name** (Enter the name[s] of the course[s], conference[s], workshop[s], and/or seminar[s] you wish to attend with this Training grant funding.)

viii. **Course Number** (Enter the Course Number[s] or other identifying information for your trainings.)

ix. **Conformance with the Retail Program Standards** (Use the text box to describe how attendance at this training will improve your jurisdiction’s conformance with the Retail Program Standards. Maximum of 1,500 characters)

x. **Location(s) of Trainings(s)** (Enter the Location[s] of Training[s] as described above.)

xi. **Number Receiving Direct Training** (Use the drop-down to select the number of individuals receiving direct training.)

xii. **Training Description** (Provide the name and a brief description of the proposed training[s] you plan to attend. Include one to three training objectives. Maximum of 1,500 characters)
xiii. Training Participants (Please list the title and responsibilities for each person who will receive direct training using funds from this grant and explain why each is an appropriate choice to attend this training. Maximum of 1,500 characters)

xiv. Continue to the BUDGET INFORMATION section below (pages 8-9).

**Category 4 – Food Protection Task Force (or Advisory Council) Support Projects**

**TASK FORCE INFORMATION:** These funds are intended for travel and training to existing food protection Task Force meetings or other Task Force sponsored events. Task Forces also include food advisory councils or committees that have the same or similar missions of a Food Protection Task Force and include states, locals, industry, and consumers in their membership.

i. Which Standard(s) will this project help you meet? (Select all that apply by double clicking values in the selection box below or click the > arrow button to move your selection from the left side to the right side. You can select multiple values [Standards] by holding your Ctrl key on a PC or Cmd key on a Mac. Double click values or click the > arrow button to move your selections from the left to the right side.)

ii. Meeting Name or Event (Name the Task Force meeting or other sponsored event you want to attend using 255 characters or less.)

iii. Project Start Date (Enter a date between January 1, 2020 and December 31, 2020.)

iv. Project End Date (Enter a date between January 1, 2020 and December 31, 2020.)

v. Amount Requested (Enter an amount between $500 and $3,000 for your Task Force Project.)

vi. Topic Summary (Provide a description / list of topics that will be discussed at the Task Force meeting. Maximum of 1,500 characters)

vii. Meeting Participants (Name the title[s] and responsibilities of Participants who will attend each event. Maximum 1,500 characters)

viii. Outcomes (Please enter the projected outcomes your agency expects to achieve and indicate how attending this meeting will enhance your jurisdiction’s conformance with the Retail Program Standards. Maximum 1,500 characters.)

ix. Continue to the BUDGET INFORMATION section directly below.

**D. BUDGET INFORMATION**

**Important Note:** This section is not required for Category 1 fixed-reimbursement grants (Completion of a Self-Assessment of All Nine Standards, Completion of an Updated Self-Assessment of all Nine Standards, Completion of Verification Audit for One Standard, and
Completion of Verification Audit for Two or More Standards). These grants have predetermined award amounts.

If you are applying for Category 1 (Custom Project Relating to One or More Standards), Category 2, Category 3, or Category 4 Projects, then the Budget Information section is required:

i. Budget Worksheet Instructions:
   a) For Category 1 Custom Projects and Category 2 Moderate Projects, create “Budget Line Items” (costs) required for your project. For example: Personnel Costs, Contracts, Equipment (single items over $500), Supplies, Travel, etc.
   b) For Category 3 Training Projects and Category 4 Task Force Support Projects, create “Budget Line Items” (costs) using the predetermined categories provided: Airfare, Rental Car, Gas, Mileage, Hotel / Lodging, Federal Per Diem / Meals, Taxi / Shuttle, Other Transportation, Registration / Training Fees. Three additional line items are provided for unique costs. Note: You are not required to enter costs for the predetermined categories if they are not applicable to your budget.
   c) Fill in cost item amounts in the Budgeted column.

ii. Budget Narrative (Provide a Budget Narrative that details the funds required to achieve your project and explains the Budget Worksheet above. Maximum of 1,500 characters)