



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

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March 7, 2022

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to Accept and Appropriate the FY 2022 Retail Flexible Funding Model Training Grant**

The National Environmental Health Association (NEHA), in partnership with the Food and Drug Administration (FDA), has awarded the City of Detroit Health Department with the FY 2022 Retail Flexible Funding Model Training Grant for a total of \$7,500.00. There is no required match. The total project cost is \$7,500.00. The grant period is February 1, 2022, through December 31, 2022.

The objective of the grant is to provide a Voluntary National Retail Food Regulatory Program Standards training for staff. The funding allotted to the department will be utilized to pay for conference training, travel, and related expenses. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 21111.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:  
*Terri Daniels*  
4D2BEE23C8D489...

Terri Daniels  
Director of Grants, Office of Development and Grants

CC:

Sajjiah Parker, Assistant Director, Grants

DocuSigned by:  
*Steven Watson*  
42C81AA10FE84AD...

Office of Budget

DocuSigned by:  
*Kim James*  
3925B7659A3D409

Agreement Approved as to Form  
By the Law Department



## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department is requesting authorization to accept a grant of reimbursement from the National Environmental Health Association (NEHA), in partnership with the Food and Drug Administration (FDA), in the amount of \$7,500.00, to provide a Voluntary National Retail Food Regulatory Program Standards training for staff; and

**WHEREAS**, the Law Department has approved the attached agreement as to form; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to establish Appropriation number 21111, in the amount of \$7,500.00, for the FY 2022 Retail Flexible Funding Model Training Grant.

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

**Organization:** Detroit Health Department  
**Grant ID:** G-OATR-202111-01884  
**Status:** Active Grant

**Amount Recommended:** \$7,500.00  
**Start Date:** February 1, 2022  
**End Date:** December 31, 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 5:49 PM on February 15, 2022

General Project Information

**Organization:** Detroit Health Department  
**Regulatory Jurisdiction:** Local  
**Point of Contact (POC) Information**  
**Name:** Scott Withington  
**Phone:** (313) 580-2349  
**Email:** withingtons@detroitmi.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):** Yolanda Hill-Ashford  
**AO Title:** Director of Public Health Programs  
**AO Phone:** (313) 876-4000  
**AO Email Address:** ashfrorady@detroitmi.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 Development and Program Standards Engagement Optional Add-On Grants, including funding for staff time to attend web-

based courses.

Y / N: Yes

**Congratulations - Based on your answers to the eligibility questions, you are eligible to apply for the Training / Staff Development and Program Standards Engagement, Optional Add-On Grant.**

**Eligibility Tracks**

*Which of the three Eligibility Tracks did you use to apply for your base grant?*

**Eligibility Tracks:** Track 1 Funding (Development)

Training / Staff Development and Program Standards Engagement Optional Add-On Grant

Project Information

**Project Title:** NVRPSA

**Project Summary:**

To complete a self assessment and begin the process of developing an improvement plan.

**Project Lead**

*Please provide the Name and Title of your overall Project Lead for your proposed project. DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team Qualifications field.*

**Project Lead:**

Scott F. Withington - Environmental Health General Manager

**Project Support Team**

*Please provide the Names and Titles of additional members of your proposed project team. DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team Qualifications field.*

**Project Support Team:**

- Reena Thomas, Environmental Health Specialist III
- Sebrina Thomas, Environmental Health Specialist III
- Paul Barry, Environmental Health Specialist III
- Taija Woods, Environmental Health Specialist II

**Project Team Qualifications**

*Please enter names, titles, and qualifications for your Project Lead and your Project Support Team.*

**Project Team Qualifications:**

Scott Withington - 23 years experience Food Safety and Environmental Health, 5 years General Manager, 4 years Supervisor. Registered Environmental Health Specialist, Registered Health Homes Specialist, Masters of Science Environmental Health.

Sebrina Johnson - 15 years experience Food Safety and Environmental Health, 7 years Supervisor. Registered Environmental Health Specialist, Standardized Trainer Bachelors of Science Environmental quality and policy.

Reena Thomas - 15 years experience Food Safety and Environmental Health, 5 years Supervisor. Registered Environmental Health Specialist, Standardized Trainer Bachelors of Science Environmental quality and policy.

Paul Barry - 22 years experience Food Safety and Environmental Health, 12 years Supervisor. Registered Sanitarian, Standardized Trainer Bachelors Surgery and medicine (Indian Equivalent of MD).

Taija Woods - 12 years experience Food Safety and Environmental Health, Registered Environmental Health Specialist, Standardized Trainer Bachelors of Science.

**Project Start Date:**

*Must be a date between Februarv 1. 2022 and December 31. 2022.*

**Start Date:** 2/1/2022

**Project End Date:**

Must be a date between February 1, 2022 and December 31, 2022.

End Date: 12/31/2022

[Attendance at a Self-Assessment and Verification Audit Workshop \(SAVAW\)](#)

**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:**

Our Goal would be to attend the workshop at June 26- 28; Spokane, WA (NEHA 2022 AEC), though we would be open to the TBD location.

**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: 5

**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:**

Scott Withington, Environmental Health General Manager  
Reena Thomas, Environmental Health Specialist III  
Sebrina Thomas, Environmental Health Specialist III  
Paul Barry, Environmental Health Specialist III  
Tajja Woods, Environmental Health Specialist II

[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: Yes

Please provide a detailed list of the virtual training equipment you are requesting to purchase, and state the training needs that will be met by the purchase of this equipment. All equipment requested through this program, such as laptops that support modern browsers and major learning platforms (Zoom, WebEx, Blackboard, Moodle, etc.), external video cameras or microphones, additional monitors, etc., must be used specifically for virtual training. **Note: Please be sure to include information about your Virtual Training Equipment request in all of the fields in the "Detailed Project Plan" sections below (TSDEP Project Plan, Action Steps, etc.).**

**Virtual Training Equipment:**

If the training is changed from In-person to virtual, we may want to purchase monitors, headphones and possibly other equipment.

[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 would be to make use of this grant to gain training and education to assist us with completing the Self-assessment and the project improvement plan.

### 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 - Gather the team to review and comprehend the NVRPSA process, requirements and components

TSDEP Step 2 - We would begin our pre-assessment in early 2022,

TSDEP Step 3 - We would then attend the workshop and use it to further develop our Self-Assessment

TSDEP Step 4 - We would complete our self-assessment, while beginning to craft our improvement plan.

TSDEP Step 5 - We would share our self-assessment with Department Leadership and get their input

TSDEP Step 6 - submit self assessment.

### 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.

#### TSDEP Individual Lead:

TSDEP Step 1 - Taija Woods

TSDEP Step 2 - Scott Withington

TSDEP Step 3 - Taija Woods

TSDEP Step 4 - Paul Barry

TSDEP Step 5 - Scott Withington

TSDEP Step 6 - Scott Withington

### TSDEP Target Completion Date

Must be a date between February 1, 2022 and December 31, 2022.


Date: 10/15/2021

Training / Staff Development and Program Standards Engagement Optional Add-On Grant  
Budget Worksheets and Justifications



Please complete a separate detailed Budget Worksheet for each Training Course, Workshop, Conference, and Activity that is part of your application, so that each event can be tracked and reimbursed separately. The total of all Budget Worksheets added cannot exceed \$7,500 for Training / Staff Development and Program Standards Engagement Optional Add-On Grants. Please note that personnel costs are not permissible through Training / Staff Development and Program Standards Engagement Optional Add-On Grants, including funding for staff time to attend web-based courses.

### Budget Instructions

Follow the instructions below to create a separate **Budget Worksheet** for each Training Course, Workshop, Conference, and Activity that is part of your application. Additionally, if you request any Training Equipment, put the request on its own Budget Worksheet.

1. Click the  symbol to the right of the **Budget Worksheet** header to create each Budget Worksheet.
2. Enter a name for each Budget Worksheet (Examples: SAVA Workshop May 2022, AFDO AEC June 2022, FDA Regional Seminar Sept 2022, Training Equipment, etc.).
3. Enter a Start Date and an End Date for each Budget Worksheet.
4. Complete all lines needed to build your budget for each Training Course, Workshop, Conference, and Activity (and/or for your Training Equipment request).
5. Click the **Save** button at the bottom right of the Budget Worksheet.
6. Click **Save and Continue** at the bottom of the application.
7. Repeat for each Budget Worksheet needed.

Once at least one Budget Worksheet has been added and saved:

- You can open and edit any of your Budget Worksheets by hitting the  icon.
- You can delete a Budget Worksheet by using the  sign.
- DO NOT CLICK the link under Budget Period--clicking this link will navigate away from the request. **If you are editing the**

form, your changes will be lost.

**\*Do Not Click Budget Period Link\***  
 Clicking the budget link will navigate away from the request form. If you are editing, your changes will be lost.

**Budget Worksheet**

Budget Period	Budget	Actual	Variance
<a href="#">Year 1 Budget: 9/22/2021 to 9/9/2022</a>	1,200	0	1,200
<b>Total</b>	<b>1,200</b>	<b>0</b>	<b>1,200</b>

Create New Budget (+)  
 Edit Existing Budget (✕) (+)  
 Delete Budget (-)

**Budget Worksheet**

Budget Period	Budget	Actual	Variance
<a href="#">NVRPSA : 2/1/2022 to 12/31/2022</a>	7,500	0	7,500
<b>Total</b>	<b>7,500</b>	<b>0</b>	<b>7,500</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:**

I feel that the training program would provide an excellent opportunity to improve our understanding of the self-assessment and program improvement process.

**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:** \$7,500.00