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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

Request to Accept and Appropriate the FY 2022 Retail Flexible Funding **Model Development 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 Development Grant for a total of \$5,000.00. There is no required match. The total project cost is \$5,000.00. The grant period is February 1, 2022, through December 31, 2022.

The objective of the grant is to promote compliance with the Voluntary National Retail Food Regulatory Program Standards and complete a self-assessment. The funding allotted to the department will be utilized to hire an intern to assist with the completion of the self-assessment.

If approval is granted to accept and appropriate this funding, the appropriation number is 21110.

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

Sincerely,

DocuSigned by: Terri Daniels 4D2BEEE23C8D489...

Terri Daniels

Director of Grants, Office of Development and Grants

CC:

Sajjiah Parker, Assistant Director, Grants

DocuSigned by: Steven Watson

Office of Budget

DocuSigned by: kim James 3925B7659A3D409

Agreement Approved as to Form By the Law Department Council Member

CITY OF DETROIT

Office of Development and Grants

RESOLUTION

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WHEREAS, the Health department is requesting authorization to accept a grant from the National Environmental Health Association (NEHA), in partnership with the Food and Drug Administration (FDA), in the amount of \$5,000.00, to promote compliance with the Voluntary National Retail Food Regulatory Program Standards and complete a self-assessment; 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 21110, in the amount of \$5,000.00, for the FY 2022 Retail Flexible Funding Model Development Grant.

Development Base GRANT APPLICATION

Organization: Detroit Health Department **Grant ID:** G-BDEV-202111-01746

Status: Active Grant

Amount Recommended: \$5,000.00 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 3:03 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):

AO Title:

AO Phone:

AO Email Address:

Yolanda Hill-Ashford

Director of Public HEalth Programs

(313) 876-4000

ashfrordy@detroitmi.gov

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct. **Yes / No:**Yes

Self-Assessment

Does your jurisdiction have a current Self-Assessment of All Nine Standards (completed in September 2016 or later) with the required paperwork turned in to FDA?

Y / N:

No

Comprehensive Strategic Improvement Plan

Have vou completed a Comprehensive Strategic Improvement Plan?

Y / N:

No

Congratulations! Based on your answers to the eligibility questions, you are eligible to apply for a Track 1 Development Base Grant.

Track 1 Development Base Grant Project Information

Development Base Grant Project Title

Detroit Health Department NVRP Development Grant

Project Summary:

The goal of the project is to complete the Self-Assessment for the FDA National Voluntary Retail Program Standards Accreditation and begin the development plan. Our goal witht he Grant funds is to hire a Public Health Intern to assist in the self assessment.

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.

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.

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 all staff members, partners, and/or contractors who will be paid with project funds. Be sure to include information on all personnel who will be paid with FDA funds, including the Project Lead, Project Support Team members, and additional project members. Please be clear regarding the employment status of all personnel paid with project funds - employees of your organization, employees of partner organizations, and/or contractors.

Project Team Qualifications:

Scott F. Withington, Environmental Health General Manager (6 years), Food Safety Supervisor (5 years) 24 years of Food Safety, Environmental Health, Public Health, and Occupational Health and Safety Experience, Registered Environmental Health Specialist (NEHA) Health, Bachelor's Degree in Biology

Reena Thomas, Environmental Health Specialist III - Supervisor in Food Safety (6 yrs) Standardized Trainer (6 yrs) Bachelors in medicine and surgery (Indian equivalent of an MD), 20 total years in Food Safety and Environmental Health, Registered Environmental Health Specialist (NEHA)

Sebrina Thomas, Environmental Health Specialist III - Supervisor in Food Safety (9 yrs) Standardized Trainer (13 yrs) BS - Environmental Policy and behavior, 20 total years in Food Safety and Environmental Health, Registered Environmental Health Specialist (NEHA) Certified Lead Risk Assessor/EBLL certification

Paul Barry, Environmental Health Specialist III - Environmental Health Supervisor (10 yrs) 20+ years Experience in Environmental Health, Registered Sanitarian (MI), Certified Lead Risk Assessor

Taija Woods, Environmental Health Specialist II - Standardized Trainer (5 yrs) BS - Food Science and human nutrition, 11 total years in Food Safety and Environmental Health, Registered Environmental Health Specialist (NEHA)

Intern to be determined - target would be food safety, environmental health, public health, or public policy

Project Start Date:

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

Start Date:

2/1/2022

Project End Date

Must be a date between Februarv 1. 2022 and December 31. 2022. End Date: 12/31/2022

In the last 5 years (September 2016 or later) how many of the Retail Program Standards have you met, audited, and achieved.

with paperwork submitted to and approved by FDA? Enter a number between 0 and 9.

Standards Met:

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Track 1 Development Base Grant Required Outcomes

Please select one of the two required Project Outcomes for a Track 1 Development Base Grant.

If you <u>do not</u> have a current Self-Assessment of All Nine Standards (completed in September 2016 or later), you MUST select "Completion of a Self-Assessment of All Nine Standards (SA9)". If you <u>already have a current SA9</u>, you MUST select "Completion of a Comprehensive Strategic Improvement Plan (CSIP)".

Project Outcome:

Completion of a Self-Assessment of All Nine Standards (SA9)

Completion of a Self-Assessment of All Nine Standards (SA9)

If you do not have a current Self-Assessment of All Nine Standards (September 2016 or later), you MUST complete this outcome.

Self-Assessment of All Nine Standards

Please confirm the Self-Assessment type. Select "First-Time Self-Assessment" if this will be the first one completed for your jurisdiction. All others should select the "Updated Self-Assessment" (and please note that your most recent Self-Assessment must have been completed prior to September 2017 to be eligible for an update using FDA funds).

Assessment Type:

Completion of a First-Time Self-Assessment of All Nine Standards

Describe your plan for completion of a Self-Assessment (or Updated Self-Assessment) of All Nine Standards (SA9) during the proposed project period. Please provide a detailed narrative of all activities required to meet this project outcome during your 1-year project period. Specific to this outcome, be sure to describe BOTH how you will measure progress AND how you will define measurable improvement with the Retail Program Standards. Please be sure to directly link your plans to achieve this outcome with measurable improvement by your jurisdiction 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 this outcome will be entered in the next section.

SA9 Completion Plan:

We will review the standards and compare them to the Michigan Accreditation program requirements, to identify the correlation. Then we would go one by one through the standards, starting with the ones that correlate most closely with Michigan MPR's. Our plan is to hire an Intern, so when that individual is on-board we would work to bring them up to speed with a goal of the intern taking an active role in the self assessment.

SA9 Action Steps / Tasks Required

Please use numbered Action Steps (SA9 Step 1, SA9 Step 2, SA9 Step 3, etc.) to summarize the milestones you will meet to complete your Self-Assessment of All Nine Standards by the end of the project period.

SA9 Action Steps and Tasks:

SA9 Step 1 - Standard 1: Regulatory Foundation

SA9 Step 2 - Standard 2: Trained Regulatory Staff

SA9 Step 3 - Standard 3: Inspection Program Based on HACCP Principles

SA9 Step 4 - Standard 4: Uniform Inspection Program

SA9 Step 5 - Standard 5: Foodborne Illness and Food Defense Preparedness and Response

SA9 Step 6 - Standard 6: Compliance and Enforcement

SA9 Step 7 - Standard 7: Industry and Community Relations

SA9 Step 8 - Standard 8: Program Support and Resources

SA9 Step 9 - Standard 9: Program Assessment

SA9 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 Self-Assessment of All Nine Standards by the end of the project period.

SA9 Individual Leads:

3 of 5

SA9 Step 1 - Scott Withington

SA9 Step 2 - Paul Barry

SA9 Step 3 - Taija Woods

SA9 Step 4 - Sebrina Johnson

SA9 Step 5 - Reena Thomas

SA9 Step 6 - Taija Woods

SA9 Step 7 - Sebrina Johnson

SA9 Step 8 - Scott Withington

SA9 Step 9 - Reena Thomas

SA9 Target Completion Date

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

Date:

11/1/2022

Budget Worksheets and Justification

Track 1 Development Base Grant applicants should complete one Budget Worksheet that covers all projected costs (not to exceed \$5,000).

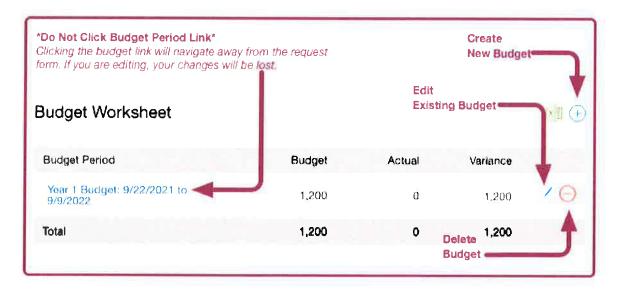
Budget Instructions

Follow the instructions below to complete your annual Budget Worksheet(s).

- 1. Click the (the symbol to the right of the Budget Worksheet header to create a Budget Worksheet.
- 2. Enter a name for your Budget Worksheet (Example: Development Base Grant Budget, etc.).
- 3. Enter a Start Date and an End Date.
- 4. Complete all lines needed to build your budget.
- 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 additional Budget Worksheet needed (if applicable).

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.



Budget Worksheet

Budget Period	Budget	Actual
Scott Withington: 2/1/2022 to 12/31/2022	5,000	0
Total	5,000	0

Budget Justification

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Budget Worksheet. **Budget Justification:**

We would primarily use this grant to pay for an intern to assist with the self assessment and improvement plan, as well as expenses related to that effort.

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 \$5.000 for Track 1 Development Base Grant applicants.

Requested Amount:

\$5,000.00