NEHA-FDA Retail Flexible Funding Model Grant Program

Special Projects Optional Add-On Grant - CY 2024 Application Template

Below is a multi-page screenshot from the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program Portal, showing the application template for the grant type specified above. The screenshots include images of all required input fields, including maximum character counts for each text box.

When preparing applications for this grant program, please consider the following best practices:

1) For reasons of security and functionality, jurisdictions are required to complete all grant applications online using a modern, up-to-date browser. Users may access links to download these browsers at https://www.neha.org/retail-grants-tech-support.

2) For browser access to the grant portal, we recommend using an up-to-date version of Chrome, Edge, or Brave. *Note: Internet Explorer is out of date and no longer supported by Microsoft and will not work with the NEHA-FDA RFFM Grant Program Portal*.

3) Some applicants find it useful to draft answers for each grant portal question into MS Word or a comparable program, checking character counts for each entry (found under the Review tab in Microsoft Word), and reviewing their entries using Spell Check or Editor (also found under the Review tab in Microsoft Word). When complete, entries can then be copied and pasted into the grant program portal. This can be especially important to avoid loss of unsaved information when using a web-based program like the NEHA-FDA RFFM Grant Program Portal

All applications for this grant program must be completed and submitted online through the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program Portal, accessed through the NEHA Retail Grants website at https://www.neha.org/retail-grants. The information on the following pages may be helpful as you gather information and plan for development of your grant application.

2024 Special Projects Application
GRANT APPLICATION

Organization: New Organization
Grant ID: R-202308-03892
Status: Draft

Amount Requested: $20,000.00
Start Date: January 1, 2024
End Date: December 31, 2024

Project Information

Organization: New Organization
Regulatory Jurisdiction: State
Point of Contact (POC) Information
Name: Sample Applications
Phone: (555) 555-5555
Email: Sample_Applications@neha.org

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):	Jane Doe
AO Title:	Director
AO Phone:	555-555-1234
AO Email Address:	AO_Email@neha.org

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

*Please provide updated information for your organization's **Authorizing Official**, including the Full Name, Title, Phone and Email Address.*
Authorizing Official Update:
Provide updated AO information (if needed)

Respond to the question below to see if you are eligible to apply for a Special Projects Optional Add-On Grant.

1. *Are you EITHER applying for a Track 2 Development Base Grant OR do you currently have an open Track 3 Maintenance and Advancement Base Grant?*
2. *If this project is funded, are you willing to make available any project deliverables or resources developed?*
3. *Will your project advance the Integrated Food Safety System?*

If your proposed project will meet all three of these requirements, please select "Yes."
Y / N: Yes

Congratulations! *Based on your answer to the eligibility question, you are eligible to apply for a Special Projects Optional Add-On Grant.*

Special Projects Optional Add-On Grant

Project Information

Project Title: Enter Text Here

Project Summary
Please provide a brief description that includes all of the activities and outcomes included in your proposed project.

Enter text here, up to 1,000 characters (including spaces)

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****.*

Enter text here, up to 500 characters (including spaces)

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 - Roles and Qualifications field****.*

Enter text here, up to 500 characters (including spaces)

Project Team - Roles and Qualifications
For each project team member, please enter their name, a brief description of their specific project role, and the qualifications they bring to their project role. Be sure to include information for the Project Lead, Project Support Team members, contractors, and any other project personnel. Please be clear regarding the employment status of all personnel paid with project funds (in full or in part) - specify whether each is an employee of your organization, an employee of a partner organization, or a contractor.

Enter text here, up to 1,500 characters (including spaces)

Project Start Date:
Must be a date between Januarv 1. 2024 and December 31. 2024.
Start Date: 1/1/2024

Project End Date:
Must be a date between Januarv 1. 2024 and December 31. 2024.
End Date: 12/31/2024

Special Projects Optional Add-On Grant
Project Implementation Plan

Special Projects Completion Plan
Describe your plan for completion of a Special Project (SP) during the proposed project period. Special Projects eligible for funding must work towards an Integrated Food Safety System. Please provide a detailed narrative of all activities, outcomes, and deliverables required to complete your proposed project during your 1-year project period. Additionally, please describe your plan to ensure that all project deliverables and resources developed can be made available to other retail food protection programs. ***Please DO NOT include a step-by-step list of Actions Steps / Tasks Required in this section; specific steps for this outcome will be entered in the next section****.*

Enter text here, up to 5,000 characters (including spaces)

Action Steps / Tasks Required
Please use numbered Action Steps (SP Step 1, SP Step 2, SP Step 3, etc.) to summarize the milestones you will meet to complete your Special Project by the end of the project period.

Enter text here, up to 1,000 characters (including spaces)

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 Special Project by the end of the project period.

Enter text here, up to 1,000 characters (including spaces)

Target Completion Date
SP Target Completion Date Must be a date between January 1. 2024 and December 31. 2024.
Date: 12/31/2024

Special Projects Optional Add-On Grant
Budget Worksheet and Justification

All applicants must complete at least one detailed Budget Worksheet, although more than one Budget Worksheet can be added if there are distinct components to your project plan. The total of all Budget Worksheets added cannot exceed $20,000 for Special Projects Add-On Grants.

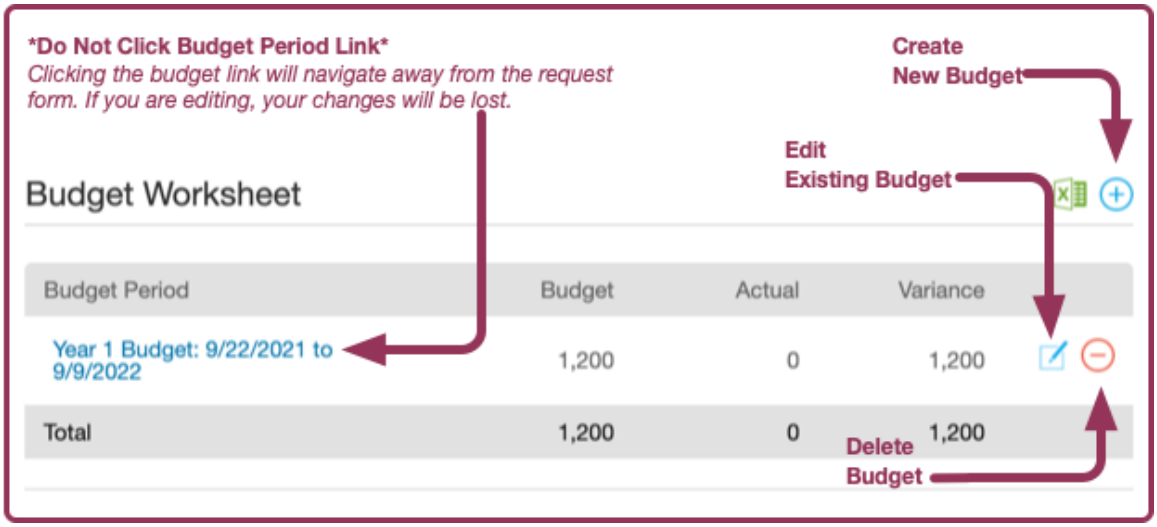
Budget Instructions

Follow the instructions below to complete at least one detailed ***Budget Worksheet****.*

1. *Click the ⊕ symbol to the right of the* **Budget Worksheet** *header to create a Budget Worksheet.*
2. *Enter a name for your Budget Worksheet (Example: Special Projects Budget, etc.).*
3. *Enter a Start Date and an End Date for your Budget Worksheet.*
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
Special Projects : 1/1/2024 to 12/31/2024	20,000	0
Total	20,000	0

Budget Justification

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Budget Worksheet(s).

Enter text here, up to 5,000 characters (including spaces)

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 $20,000 for Special Project Add-On Grants.

Amount Requested: $20,000.00