

FY25 Grants Budgetary Information

Document Type: Award X Amendment Other

General Information			
Agency Name:	Louisville Metro Public Health & Wellness	Grant Period:	4/1/2025-3/31/2026
Award Name:	2025 NEHA-FDA Retail LMG Advancing Conformance to the FDA Retail Standards	ALN:	93.103
Award ID:	AW00000855	Grantor Amount:	\$8,500.00
LMG Match Cost Center:	N/A	LMG Match Amount:	N/A

Budget Detail for Awarded Grants
Fill in the "Existing or Anticipated Grant Amount" column if this grant was included on the FY25 Listing of Existing or Anticipated Awards in the FY25 operating or capital ordinance. If the new award amount is greater than the amount authorized in the ordinance, an A/R memo will need to be drafted by the Budget Division and circulated for approval. This process takes approximately two weeks.
*Note new grants that were not included on the FY25 Listing of Existing or Anticipated Awards in the FY25 operating or capital ordinance require a resolution, drafted by the Budget Division, to be approved by the Metro Council. This legislative process takes approximately four weeks.

Grant Name	Existing or Anticipated Grant Amount	Total Amount Awarded	Current Workday Budget	Workday Budget Change
FDA Retail LMG Advancing Conformance to the F	\$ -	\$ 8,500.00	\$ -	\$ 8,500.00
				-
				-
				-
				-
				-
				-
				-
				-
				-
Totals	\$ -	\$ 8,500.00	\$ -	8,500.00

Routing Information			
Grant Accountant:	Jennifer Martinez	Signature:	DocuSigned by: <i>Jennifer Martinez</i> 16187B539F474AF...
Grants Supervisor:	Patricia Jackson	Signature:	DocuSigned by: <i>Patricia Jackson</i> 7527CA9308A47D...
Fiscal Coordinator:	Michael O'Bannon	Signature:	DocuSigned by: <i>Michael O'Bannon</i> 3331297A2E143...
Budget Analyst:	Robert Walker	Signature:	DocuSigned by: <i>Robert Walker</i> AC0FF2F63B144F3...
			Date: 4/3/2025



DOCUMENT APPROVAL FORM

THIS FORM MUST BE ATTACHED TO ALL DOCUMENTS SUBMITTED FOR THE MAYOR'S SIGNATURE, ROUTE AS LISTED BELOW.

THIS DOCUMENT RECOMMENDED FOR MAYOR'S SIGNATURE

ORIGINATOR OF DOCUMENT

Jennifer Martinez

SIGNATURE APPROVALS

AGENCY/DEPARTMENT DIRECTOR

Connie Mendel

CHIEF FINANCIAL OFFICER

Angela Dunn

COUNTY ATTORNEY

Natalie Richards

DEPUTY MAYOR

David James

DOCUMENT NAME

CY25 NEHA-FDA Retail LMG Advancing Conformance to the FDA Retail Food Standards

SUMMARY OF DOCUMENT

The National Environmental Health Association (NEHA) and U.S. Food and Drug Administration (FDA) work in partnership to administer the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program. The program provides funding to State, Local, Tribal, and Territorial (SLTT) retail food regulatory agencies as they advance conformance with the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). FDA is utilizing NEHA's strengths to assist SLTT retail food programs in their efforts to reduce the occurrence of foodborne illness risk factors and implement and attain conformance with the Retail Program Standards.

CONTACT PERSON:

TELEPHONE: 574-3811

Jennifer Martinez

DATE NEEDED: **ASAP**

FOR DOCUSIGN

DATE APPROVED BY MAYOR

INSTRUCTIONS FROM THE MAYOR



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

April 1, 2025

Grant Number: G-202411-06662

Application Type: 2025 Track 2 Development Base

Project Title: Louisville Metro Public Health and Wellness Advancing Conformance to the FDA Retail Food Standards

Project Summary: Project outcomes include: 1. Conformance with Standard 2 Verification Audit completed for Standard 2 3. We will work with our Mentor to come closer to conformance with Standard 5. 4. Food Safety Program staff will participate in two trainings: 2 will attend a 2025 Self-Assessment and Verification Audit Workshop and FDA Retail Food Seminar to advance their food safety knowledge and conformance with standards.

Amount Requested: \$22,500.00

One-Year Award Amount: \$8,500.00

Project Period: 4/1/2025 to 3/31/2026

Unique Federal Award Identification Number (FAIN): 1U19FD008288

CFDA Number: 93.103

Awarded to NEHA on 09/10/2024

Kelly Monahan
Louisville Metro Department of Public Health and Wellness
400 E Gray St
Louisville, KY 40202

Dear Kelly:

Your application has been approved for Louisville Metro Public Health and Wellness Advancing Conformance to the FDA Retail Food Standards 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 \$8,500.00 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:

The following component(s) of your project have been fully funded: \$5,000 for work on Standards 1-8.

The following component(s) of your project have been partially funded: \$3,500 for the Training Optional Add-On.

The following component of your project is NOT funded: Mentee Optional Add-On.

Reduced funding amounts are not due to the quality of your Track 2 Development Base application but are a result of an overall funding reduction to the NEHA-FDA RFFM Grant Program. For CY 2025, Mentee awards are limited to Track 1 applicants only. Track 2 training requests are being reduced to a maximum of \$3,500, but unless otherwise noted, any of travel requested in your application is allowable for reimbursement up to the reduced award amount.

Please reach out to the Grant Program Support Team with any questions regarding CY 2025 funding.

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: \$8,500.00

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

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. 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 complete their Base activities (specified either in their Development Base Grant or Maintenance and Advancement Base Grant) to remain eligible for Optional Add-Ons and Grants (Training funds, Mentee funds, Mentor grants). During the performance period of open awards, if Base activities are not substantially completed, Add-On funding may also be in jeopardy of cancellation.

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

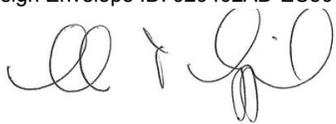
retailgrants@neha.org
1-833-575-2404

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,

A handwritten signature in black ink, appearing to read "D. Dyjack". The signature is fluid and cursive, with a large initial "D" and a smaller "Dyjack" following.

David T. Dyjack, DrPH, CIH
NEHA Executive Director



RE: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

From Connelly, Joey <Joseph.Connelly@louisvilleky.gov>
Date Mon 3/31/2025 2:35 PM
To Martinez, Jennifer <jennifer.martinez@louisvilleky.gov>

I will reach out to Kelly and see what she has.

From: Martinez, Jennifer <jennifer.martinez@louisvilleky.gov>
Sent: Monday, March 31, 2025 2:29 PM
To: Connelly, Joey <Joseph.Connelly@louisvilleky.gov>
Subject: Re: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

I did not. Thank you.

Can you get any documents relating to the grant, contract/agreement, budget, timeline, etc.?

Thanks,



Jennifer Martinez

Grants Management Account Coordinator

Louisville Metro Government

Office of Management and Budget

 502-574-3811

 jennifer.martinez@louisvilleky.gov

 www.louisvilleky.gov

 [611 W. Jefferson Street • Louisville, KY 40202](#)

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From: Connelly, Joey <Joseph.Connelly@louisvilleky.gov>
Sent: Monday, March 31, 2025 2:25 PM
To: Martinez, Jennifer <jennifer.martinez@louisvilleky.gov>
Subject: FW: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

Not sure if you received this or not.

From: Anderson, Dan (CHFS DPH DPHPS) <dan.anderson@ky.gov>
Sent: Monday, March 31, 2025 2:18 PM
To: Monahan, Kelly <Kelly.Monahan@louisvilleky.gov>; Connelly, Joey <Joseph.Connelly@louisvilleky.gov>
Cc: Hendren, Pamela M (CHFS DPH DPHPS) <pamela.hendren@ky.gov>; Reed, Mark M (CHFS DPH DPHPS) <markm.reed@ky.gov>
Subject: RE: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Oh no! Well congratulations on receiving partial funding for the amount requested at least. That's better than \$0.00. I am super bummed though regarding the mentorship program!

We have yet to receive our notice of awards. I am a tad nervous for our applications now...

Thank you for sharing.

Pam – I think we still assist Louisville in any Retail Program Standards capacity regardless of the mentee funding results. Thoughts?

Thanks,



Dan Anderson
RFRPS Administrator
Kentucky Department for Public Health
Division of Public Health Protection & Safety-Food Safety Branch
275 East Main Street, Mail Stop: HS1C-F
Frankfort, KY 40601
Cell: (502) 330-2623

[KDPH Website](#)



[FoodSafetyBranch](#)

From: Monahan, Kelly <Kelly.Monahan@louisvilleky.gov>
Sent: Monday, March 31, 2025 2:07 PM
To: Connelly, Joey <Joseph.Connelly@louisvilleky.gov>; Anderson, Dan (CHFS DPH DPHPS) <dan.anderson@ky.gov>
Subject: FW: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

Good news, we have been approved for the next NEHA grant cycle however it looks like we were not approved for the mentee portion.

Kelly Monahan, RS, Assistant Director

Louisville Metro Department of Public Health and Wellness
Division of Environmental Health and Emergency Preparedness
400 E Gray St | Louisville KY 40202
502-574-8066 office | 502-744-1222 mobile
www.louisvilleky.gov

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From: NEHA-FDA RFFM Grant Program <do-not-reply.grants07-us-east-1@fluxx.io>

Sent: Monday, March 31, 2025 2:01 PM

To: Monahan, Kelly <Kelly.Monahan@louisvilleky.gov>

Subject: NEHA-FDA RFFM Grant Program: CONGRATULATIONS

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Dear Kelly:

Congratulations! The National Environmental Health Association (NEHA) and US Food & Drug Administration (FDA) are happy to inform you that **some or all of the funding requested** in your NEHA-FDA Retail Flexible Funding Model (RFFM) grant submission for the following project **has been approved:**

ID Number: G-202411-06662

Project Title: Louisville Metro Public Health and Wellness Advancing Conformance to the FDA Retail Food Standards

Grant Type: 2025 Track 2 Development Base

Amount Requested: \$22,500.00

Amount Awarded: \$8,500.00

Project Summary: Project outcomes include: 1. Conformance with Standard 2 Verification Audit completed for Standard 2 3. We will work with our Mentor to come closer to conformance with Standard 5. 4. Food Safety Program staff will participate in two trainings: 2 will attend a 2025 Self-Assessment and Verification Audit Workshop and FDA Retail Food Seminar to advance their food

safety knowledge and conformance with standards.

Please use your previously assigned username and password to return to the NEHA-FDA RFFM [Grant Program Portal](#) for details of this award, including the official grant award letter.

Additionally, review the comments below relating to your specific request:

=====

The following component(s) of your project have been fully funded: \$5,000 for work on Standards 1-8.

The following component(s) of your project have been partially funded: \$3,500 for the Training Optional Add-On.

The following component of your project is NOT funded: Mentee Optional Add-On.

Reduced funding amounts are not due to the quality of your Track 2 Development Base application but are a result of an overall funding reduction to the NEHA-FDA RFFM Grant Program. For CY 2025, Mentee awards are limited to Track 1 applicants only. Track 2 training requests are being reduced to a maximum of \$3,500, but unless otherwise noted, any of travel requested in your application is allowable for reimbursement up to the reduced award amount.

Please reach out to the Grant Program Support Team with any questions regarding CY 2025 funding.

=====

Note: The Catalog of Federal Domestic Assistance (CFDA) number for this United States Food & Drug Administration grant, awarded to the National Environmental Health Association on 09/10/2024, is 93.103. Your grant is considered a subaward under this NEHA grant. Please refer to our homepage at <https://neha.org/retail-grants> for additional program information or to access the NEHA-FDA RFFM Grant Program Portal.

If you have any questions or need additional information, please contact us at: 1-833-575-2404 or retailgrants@neha.org.

Sincerely,

Your NEHA-FDA RFFM Grant Program Support Team

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

2025 Track 2 Development Base
GRANT APPLICATION

Organization: Louisville Metro Department of Public Health and Wellness **Amount Recommended:** \$8,500.00
Grant ID: G-202411-06662 **Start Date:** April 1, 2025
Status: Granted **End Date:** March 31, 2026

April 1, 2025 Award Letter

 [add comment to field](#)

Click link below to download one-year award letter.

- [Grant Award Letter \(1-Year\)](#)  [Page white magnify](#)
GR - 1-Year Grant Award Letter
 Added at 2:00 PM on March 31, 2025

Updated Work Plan

Mentor / Mentee Assignment:

 [add comment to field](#)

Click link below to download the Updated Work Plan

-

APPLICATION FORM INSTRUCTIONS

When the form is not already open for edits, select **Edit** at the top of the form to open for editing.

Forms do not autosave. Once you have completed each section of the application, be sure to select **Save** at the bottom of the form to ensure your work is saved, before moving to the next section. When you are ready to continue working, select **Edit** at the top of the form to open for editing.

When you are finished completing the form, select **Save** and then **Submit** at the bottom of the form.

ORGANIZATIONAL INFORMATION

Organization: Louisville Metro Department of Public Health and Wellness

Regulatory Jurisdiction: Local

Select and Confirm Primary Contact

Using the two fields above, select and confirm the **Project Point of Contact** name, which is pulled from your Organization record. Once you have selected and confirmed the name, hit **"SAVE"** to populate the Project Point of Contact fields below with all of the information from your Organization Record.

Project Point of Contact (PPOC)

The **PPOC** is the person in your organization who should be contacted regarding questions about your application. Please confirm your PPOC twice in the fields above.

Name: Kelly Monahan
Email: kelly.monahan@louisvilleky.gov
Phone: 5025748066

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 whether this information is current

Authorizing Official (AO): Joey Connelly
AO Title: Grants Management Supervisor
AO Phone: 5025747210
AO Email Address: Joseph.Connelly@louisvilleky.gov

The information displayed above is current and correct for both **Project Point of Contact** and **Authorizing Official**.

 [add comment to field](#)

Yes / No:
No

Please provide updated information for your organization's **Project Point of Contact** and/or **Authorizing Official**, including the Full Name(s), Title(s), Phone Number(s) and Email Address(es).

 [add comment to field](#)

Authorizing Official

Joey Connelly
Grants Management Supervisor
502-574-7210
Joseph.Connelly@louisvilleky.gov

Respond to the question below to see if you are eligible to apply for the Track 2 Development Base Grant.

Does your jurisdiction have a current Self-Assessment of All Nine Standards (SA9) and a completed Comprehensive Strategic Improvement Plan (CSIP)? A current SA9 is one submitted to FDA in August 2019 or later.

 [add comment to field](#)

Yes / No:
Yes

Congratulations! Based on your answer to the eligibility question, you are eligible to apply for a Track 2 Development Base Grant.

TRACK 2 DEVELOPMENT BASE GRANT APPLICATION

[History of NEHA-FDA RFFM Grants](#)

Have you been awarded any previous grants through the NEHA-FDA Retail Flexible Funding Model (RFFM) grant program, which began with CY22 awards?

 [add comment to field](#)

Yes / No:

Yes

Please briefly describe your past history with the RFFM grant program (number of grants, type of grants, impact on your retail food program, use of funding for larger awards, etc.)

 [add comment to field](#)

Louisville Metro Public Health and Wellness enrolled in the RFFM 9/25/2012. Since that time, we have received numerous grants, including:

- Completion of Program Self-Assessment 2013, 2019, and 2024
- Training 2015, 2017/18, 2019, 2020
- Small Projects including conformance of or progress on various standards and audits 2015, 2016, 2019, 2024
- Large Projects 2015/16, 2016/17
- Mentorship 2015/16 and 2024

These grants have had a tremendous impact on not only our Food Safety Program but also our partners including the State Health Department and local health jurisdictions along with our community and professional partners. These grants have ensured Louisville Metro Public Health and Wellness' (LMPHW), Food Safety Program has trained, and competent inspectors and enabled the Program to meet and advance a number of standards which has advanced food safety in our community. The large grants have enabled LMPHW to advance food safety in not only Louisville but throughout the State. The funding gave us the opportunity to develop and implement costly electronic upgrades that we would not have had the funding to tackle otherwise. These included an electronic complaint module including foodborne illness complaint interviews and investigations along with a revised inspection form that incorporated risk factors that was utilized throughout the state. The Mentorship grants have been invaluable to advancing conformance to the standards. The mentors have given us the confidence to tackle some of the more difficult standards knowing that we have someone to help us along the way when we have questions or challenges. Having their knowledge and expertise to lean on has been incredible and has enable to us to meet standards we didn't think possible.

Explain how your past history with the RFFM grant program will impact your proposed work to conform with the Retail Program Standards (RPS). If you have had any canceled or incomplete grants in the past, be sure to explain why you will be able to complete the work proposed in your current application.

 [add comment to field](#)

LMPHW has had a highly positive experience with the RFFM grant program. Environmental Health can be challenging with ebbs and flows in funding and retention of staff can make working on the standards difficult at times however the work that LMPHW has done over the years as part of the RFFM grant program has positioned us for continued progress towards conforming with the various standards particularly with Standard 2 Trained Regulatory Staff and Standard 5 Foodborne Illness and Food Defense Preparedness and Response. We have met all of our deliverables in the many grants we have received through the program and are confident of our ability to complete the work proposed in this application. Our Food Safety Program has the staff and supervision needed to complete this proposed work. In additional we are excited about the possibility to again be mentored by the Kentucky Cabinet for Health and Family Services, Food Safety Branch. This partnership will enable us to work toward conformance with Standard 5, promoting significant collaboration to improve food safety and advance compliance across the State and various local health jurisdictions.

[Required Outcome for a Track 2 Base Grant](#)

Work on Standards 1-8

Continuous Improvement in the Standards and Elements (CISE)

Plans for Each Standard (Standards 1-8)

As part of your one-year project, you are required to make progress toward one or more of Standards 1 – 8 and can request a fixed amount of \$5,000 for this work.

Please designate the end goal for each Standard you will be working toward or plan to achieve, as follows:

1. For Standards you will not work on during the one-year project period, leave the selection blank.
2. For Standards which you plan to achieve some but not all elements during the one-year project period, select **Partially Achieve Standard**.

3. For Standards you plan to meet, audit, or both by the end of the one-year project period, select **Meet Standard**, **Complete Audit (Standard Met in Prior Year)**, or **Meet and Audit Standard**.
4. For Standards you have already met and audited, with Form 3958 approved by your FDA Specialist, and that you plan to maintain during the one-year project period, select **Maintain (Standard Met in Prior Year)**.

NOTE: Your plans for Standard 9 (optional) will be entered below in the "Optional Outcome for a Track 2 Base Grant: Work on Standard 9" section, further down in this application.

 [add comment to field](#)

Standard 1 - Regulatory Foundation:

 [add comment to field](#)

Standard 2 - Trained Regulatory Staff:

Meet and Audit Standard

 [add comment to field](#)

Standard 3 - Inspection Program Based on HACCP Principles:

 [add comment to field](#)

Standard 4 - Uniform Inspection Program:

 [add comment to field](#)

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

Partially Achieve Standard

 [add comment to field](#)

Standard 6 - Compliance and Enforcement:

 [add comment to field](#)

Standard 7 - Industry and Community Relations:

 [add comment to field](#)

Standard 8 - Program Support and Resources:

Self-Assessment Date

What was the date of your most recent Self-Assessment of All Nine Standards?

 [add comment to field](#)

SA9 Date:

5/29/2024

Repeat Self-Assessment of All 9 Standards

Will you be completing an updated Self-Assessment of All 9 Standards (SA9), required once every five years, as part of your one-year project?

If your current SA9 will reach the 4-year mark during late CY2024 or CY2025, you may request an additional Fixed Award of \$3,000 to update your SA9 within 12 months of its expiration.

EXAMPLE:

- Your most recent SA9 was completed on September 15, 2021.
- It reaches the 4-year mark on September 15, 2025 (update required within 12 months).
- Select "Yes" to confirm an updated SA9 will be completed during your one-year project.
- (After selecting "Yes") Select CY2025 as the year in which the SA9 update will be completed.
- Remember to add an additional \$3,000 in the Requested Amount section at the end of this application.
- **If awarded, be sure to complete the updated SA9 during the grant year, but after your current SA9 has hit the 4-year mark (for this example, between September 15 and December 31, 2025).**

 [add comment to field](#)

Yes / No:

No

**Optional Outcome for a Track 2 Base Grant
Work Toward Meeting or Maintaining Standard 9**

As part of your one-year project, do you intend to work toward meeting or maintaining Standard 9, which allows you to add an additional fixed amount of either \$5,000 or \$10,000 to your annual project budget (depending on the Risk Factor Study approach you use)?

 [add comment to field](#)

Yes / No:

No

Mentee Optional Add-On

As part of your one-year project, would you like to apply to be a Mentee for CY 2025, which allows you to add an additional fixed amount of \$10,000 to your annual project budget? If approved, you will be matched with a Mentor jurisdiction who can help with all aspects of your Track 2 Development Base Grant project and advise you on best practices for conforming with the Retail Program Standards.

Mentees will be expected to meet three specific deliverables to receive the full \$10,000 Fixed Award. Please see the CY 2025 Grant Guidance for details.

Please note: If you would like to apply to be a Mentor for CY 2025 instead of applying to be a Mentee, select “No” in this section and submit a separate Mentorship / Mentor Optional Add-On application.

 [add comment to field](#)

Yes / No:

Yes

Jurisdiction's Mentorship Need

Describe your jurisdiction's need for mentorship in the Retail Program Standards. Please describe:

1. The kind of technical assistance you will require to complete your proposed project;
2. Challenges or barriers for your agency in making progress with the Retail Program Standards (RPS);
3. How working with a mentor will help your agency make progress in the RPS;
4. Other resources in your jurisdiction / state available to support your proposed efforts.

 [add comment to field](#)

Louisville Metro Public Health and Wellness would benefit tremendously having a Mentor to assist with work toward conformance with the RPS.

1. Our jurisdiction would require technical assistance in the form of expertise related to the retail program standards. The ability to ask questions, gain insight or solutions to challenges that arise and obtain helpful documents without having to utilize valuable time researching would be invaluable.
2. The main barrier facing LMPHW's Food Safety Program in making progress with the Retail Program Standards is staff retention including management and field staff. It is challenging to work on conformance with RPS while trying to train new supervisors and field staff to a level of competency with their roles. In addition the State is adopting a new food code and implementing a new electronic data management system which will impact our ability to make progress.
3. A mentor will be instrumental in helping our agency make progress in the RPS. A mentor will not only provide technical support but will also provide encouragement, offer networking opportunities, assist with goal setting, provide constructive feedback, assist with the revision of our work plan and hold us accountable to meet deliverables.
4. In our jurisdiction there are additional resources available to support our efforts in the RPS:
 - a. Kentucky Food Safety Branch – The state provides guidance, training, and access to statewide data resources related to food safety.
 - b. Local Health Jurisdictions – Provide guidance and feedback on projects and initiatives to advance food safety in Kentucky.
 - c. Industry Associations – Local chapters of food industry associations offer resources to improve food safety practices.
 - d. Grant Opportunities – We can explore grant opportunities from state and federal agencies to secure funding for technology updates and training programs.

By working with a mentor and leveraging these available resources, our agency strives to enhance its retail program standards, improve food safety compliance and better protect public health within the Community.

Mentor General Preferences

Please list any information you would like considered when matching your agency with a Mentor for the mentorship program (e.g., size of jurisdiction, location, expertise, type of agency [state, local, territorial, or tribal], etc.)

 [add comment to field](#)

When considering a matching agency it would be ideal to work with someone who has met the standard or is working toward conformance with the standards that we will be working on. Preference would be given to a jurisdiction that is comparable in size or State agency familiar with challenges associated with our jurisdiction and in close proximity to afford us more time to spend directly on the RPS.

Request for a Specific Mentor

Is there a specific agency you would like to request as a Mentor?

 [add comment to field](#)

Yes / No:

Yes

Justification for Requesting a Specific Mentor

Please provide the name, address, POC name, and POC email for the agency you would like as your mentor. Include a justification of why the proposed choice will be best for your jurisdiction. Final assignments will depend on the numbers and qualifications of both Mentor and Mentee applications, and will be made by the NEHA FDA-RFFM project leadership team (including members from FDA, NACCHO, and NEHA).

 [add comment to field](#)

Dan Anderson
Kentucky Department for Public Health
Food Safety Branch
275 East Main Street, Mail Stop: HS1C-F
Frankfort, KY 40601
Dan.Anderson@ky.gov

Working with our state can ensure a coordinated and consistent approach to conformance. Kentucky has met Standard 2 and will be working to meet Standard 5. Working together will result in outcomes that are effective for both local and state jurisdictions as it relates to compliance with these two standards.

Program Description

Please provide a brief description of your retail food regulatory program.

 [add comment to field](#)

The Food Safety Program within Louisville Metro Department of Public Health and Wellness is the largest Food Safety Program in Kentucky. The program permits and regulates over 4500 retail food establishments. It also oversees food safety for high-profile events including PGA tournaments and the Kentucky Derby which draw significant numbers of visitors to the city. Additionally, LMPHW certifies over 8,000 Food Managers annually. This program is staffed by 23 staff members including 17 inspectors, 2 support staff, 2 supervisors, 1 manager and 1 administrator.

Number of staff in your retail food regulatory program:

 [add comment to field](#)

of Staff:

23

Number of retail establishments regulated:

 [add comment to field](#)

Regulated:

4594

Types of retail establishments regulated (select all that apply):

 [add comment to field](#)

Types Regulated:

Restaurants, Grocery Stores, Convenience Stores, School Lunch Programs, Nursing Homes, Institutional Food Service Programs, Food Trucks, Temporary Food Establishments

From where does your agency derive regulatory authority?

 [add comment to field](#)

Authority:

State

Travel Restrictions

Please indicate if you have or anticipate any travel restrictions (to the best of your knowledge at this time) during the mentorship program performance period (January 1 through December 31, 2025).

 [add comment to field](#)

Due to several large events in Louisville Metro including the Kentucky Derby and the Kentucky State Fair we would not be able to travel April 12, April 28th through May 5th or August 14-28, 2025.

Training Optional Add-On

As part of your one-year project, would you like to request funding to attend in-person Retail Food Training Courses, Workshops, or Conferences for CY 2025, which allows you to add an additional amount of up to \$7,500 to your annual project budget?

 [add comment to field](#)

Yes / No:

Yes

Requested Training Courses, Workshops, and Conferences

Please select all of the listed in-person Retail Food Training Courses, Workshops, or Conferences that will be part of your funding request. To select one or more courses, click on each one you would like to attend (you can move either one or several courses at a time) and then use the arrow keys to move selected course(s) from the left box to the right box.

For each allowable training option selected, use the fields that are exposed to provide information on all of the in-person Retail Food Training that will be part of your funding request of up to \$7,500. (Be sure to add details in the Budget Worksheet and Justification section of this application.)

We understand that your CY25 training plans are likely not yet confirmed, but please provide the best estimates for your projected training plans at this time. Updates will be allowable if your grant is approved to include Training funds.

 [add comment to field](#)

Training Courses:

Self-Assessment and Verification Audit Workshop, FDA Retail Food Protection Seminars

SA VA Workshop Locations and Dates

Please enter the location(s) and date(s) for each in-person SA VA Workshop included in your SA VA Workshop funding request.

 [add comment to field](#)

The dates and locations for this training is still to be determined.

SA VA Workshop # of Personnel

Please enter the total number of staff members that are part of your funding request for in-person SA VA Workshop attendance. Note that only two attendees to these workshops can be supported by this grant program.

 [add comment to field](#)

2

SA VA Workshop Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for in-person SA VA Workshop attendance. If attendance at multiple workshops is requested, please specify which in-person workshop (location and date) each person will attend.

 [add comment to field](#)

Alison Schleck
Environmental Health Supervisor

TBD
Environmental Health Manager

FDA Retail Food Protection Seminar Attendance

FDA Retail Food Protections Seminars

Please enter the likely number of personnel attending each of the FDA Retail Food Protection Seminars, for inclusion in your Training Optional Add-On request.

Examples:

- If you plan to send two staff members to the NE Seminar, enter "2" for NE Seminar.
- If you plan to send one staff member to the NE Seminar and one to the SE Seminar, select "1" for both the NE and SE Seminars.

Important note: Locations for the CY 2025 Seminars have not yet been determined, and you will not be held to your selection(s). Information being collected is for planning purposes.

 [add comment to field](#)

NE Seminar / # of Attendees:

 [add comment to field](#)

SE Seminar / # of Attendees:

2

 [add comment to field](#)

Central Seminar / # of Attendees:

 [add comment to field](#)

Western Seminar / # of Attendees:

FDA Retail Food Protection Seminars / Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for FDA Retail Food Protection Seminar attendance. If attendance at multiple seminars is requested, please specify which seminar each person is likely to attend.

If any attendee names are to be determined (TBD), simply add TBD for the name(s) and include the job title(s).

 [add comment to field](#)

Alison Schleck
Environmental Health Supervisor

TBD
Environmental Health Manager

Overall Project Information

Track 2 Development Base Grant Project Title: Louisville Metro Public Health and Wellness Advancing Conformance to the FDA Retail Food Standards

Project Summary

Please provide a brief description of all selected outcomes of your project, which could include:

1. Required Outcome for a Track 2 Base Grant - Work on Standards 1-8
2. Optional Outcome for a Track 2 Base Grant - Work to Meet or Maintain Standard 9
3. Mentee Optional Add-On
4. Training Optional Add-On
5. Repeat Self-Assessment of All 9 Standards (SA9, if needed)

 [add comment to field](#)

Project outcomes include:

1. Conformance with Standard 2
Verification Audit completed for Standard 2
3. We will work with our Mentor to come closer to conformance with Standard 5.
4. Food Safety Program staff will participate in two trainings:
2 will attend a 2025 Self-Assessment and Verification Audit Workshop and FDA Retail Food Seminar to advance their food safety knowledge and conformance with standards.

Project Lead

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

 [add comment to field](#)

Kelly Monahan
Executive Administrator

Ciara Warren
Environmental Health 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 - Roles and Qualifications field.**

 [add comment to field](#)

Alison Schleck
Environmental Health Supervisor

Lisa Howard
Training Coordinator

Dana Heavrin, Tim Montgomery, Grace Ellis, Roni Grigsby, Jordan Cappel, Libin Korah, Sam Gootee, Mya Aung, David Reed, Jordan Adams, Melanie Manning, Sara Baunach, Matt Przystal, Marty Blackburn, Ashley Wright, Travis Byerley, Caroline Schoenig
Environmental Health Specialist

Andrea Russell
Health Education Specialist II

Project Team - Roles, Qualifications and Experience, and Contributions

For each project team member, please enter their name, a brief description of their specific project role, their qualifications and experience, the how they will contribute to the success of the project.

Be sure to include information for the Project Lead, Project Support Team members, key contractors, and any other project personnel necessary for project success.

 [add comment to field](#)

Team Leads: Kelly Monahan is a Kentucky Registered Environmental Health Specialist with 27 years of experience leading various Environmental Health Programs including Food Safety. She will be responsible for the planning, execution, and tracking of a project, and for leading the team to achieve its goals.

Ciara Warren has a Master’s in Public Health from the University of Louisville and is a Kentucky Registered Environmental Health Specialist. She has 9 years of experience in Environmental Health. Ciara is an Environmental Health Manager overseeing the Food Safety. She will work with the Project Mentor to coordinate meetings and with Project support to assign tasks and ensure the project is completed on time and within budget.

Project Support

Alison Schleck has 15 years of experience in Louisville Metro Public Health and Wellness’ Food Safety Program starting as a field inspector advancing to program supervisor. Alison is a subject matter expert in food safety including laboratory analysis having supervised at a local laboratory. She will provide guidance on food safety and the FDA/KY Food Code and will complete assigned tasks associated with the project.

Lisa Howard has 30 years of experience in training and education in the military and private school setting. She has been with Louisville Metro for 2 years and will provide support on tasks associated with training protocols, documentation and tracking.

(compliance alert start date range)

Please select a start and end date within the required date range.

Project Start Date:

Must be a date between January 1, 2025 and December 31, 2025.

 [add comment to field](#)

Start Date:

4/1/2025

Project End Date

Must be a date between January 1, 2025 and December 31, 2025.

 [add comment to field](#)

End Date:

3/31/2026

Project Implementation Plan

Your Project Implementation Plan should take into account both the required and optional outcomes of your one-year project, and any optional add-ons, which may include:

1. *Required Outcome for a Track 2 Base Grant — Work on Standards 1-8*

2. *Optional Outcome for a Track 2 Base Grant - Work to Meet or Maintain Standard 9*
3. *Mentee Optional Add-On*
4. *Training Optional Add-On*
5. *Repeat Self-Assessment of All 9 Standards (SA9, if needed)*

Please complete the following Project Implementation Plan (PIP) fields.

Project Implementation Plan for Your Track 2 Development Base Grant

Please provide a detailed narrative of all activities required to meet your planned project outcome(s) during your one-year project period.

Specific to this outcome:

1. Describe how you will measure progress and define measurable improvement in the Retail Program Standards (RPS).
2. Directly link your project plans with progress and improvement in meeting the RPS.

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.

 [add comment to field](#)

1. To measure progress and define measurable improvement, we will set clear, specific goals based on the results of our self-assessment with quantifiable metrics found in our CSIP that allow us to track our advancement over time, and regularly monitor our progress against these goals. We will start by coordinating with our mentor to develop a realistic timeline to meet each of our goals.
2. Our project plan highlights conformance gaps to Standard 2 and Standard 5; sets timelines for addressing these gaps and documentation of conformance through a successful audit of Standard 2. Also, documenting advancement in conformance to Standard 5 with a revised self-assessment and updated CSIP.

Action Steps / Tasks Required

Please use numbered Action Steps (Step 1, Step 2, Step 3, etc.) to summarize the milestones you will meet to complete all of the planned outcomes for your Track 2 Development Base Grant by the end of the project period.

 [add comment to field](#)

1. Establishing a Collaborative Relationship: Our mentor is not just an advisor but a partner in our journey toward advancement to and conformance of Standards 5 and 2. We will begin by fostering a strong working relationship built on trust and open communication.
2. Define Objectives: Clearly articulate our self -assessment standings for Standard 5 and 2 with our mentor. Ensure both parties have a shared understanding of our retail standards and goals.
3. Developing a Realistic Timeline: To ensure that our improvement efforts are practical and achievable, work with our mentor to create a detailed timeline. This timeline will serve as a roadmap for the entire project.
4. Auditing Retail Standard: Identify specific date for auditing of Standard 2. Assigning a date will help to allocate resources and tract progress efficiently.
5. Regular Mentor Meetings: Schedule periodic meetings with our Mentor throughout the timeline. These meetings serve as checkpoints to assess progress, discuss challenges, and receive guidance. Our mentors experience and insights are invaluable in steering our efforts in the right direction.
6. Update of CSIP: Revise CSIP to document accomplishments and conformance to the RPS.
7. Year-End Event: This event represents the culmination of conformance to Standard 2, partial achievement of Standard 5 where we can showcase our achievements.

Individual Lead(s)

Please list the name(s) of the individual lead(s) who will be responsible for completing each Action Step that will ensure completion of your project plan by the end of the project period.

 [add comment to field](#)

- Step 1: Kelly Monahan, Ciara Warren, Alison Schleck
- Step 2: Kelly Monahan
- Step 3: Kelly Monahan, Ciara Warren
- Step 4: Ciara Warren
- Step 5: Ciara Warren, Alison Schleck
- Step 6: Alison Schleck
- Step 7: Kelly Monahan, Alison Schleck

Required Document - Comprehensive Strategic Improvement Plan (CSIP)

Comprehensive Strategic Improvement Plan (CSIP)

Click the "+" sign below to attach a copy of your up-to-date Comprehensive Strategic Improvement Plan (CSIP), covering your agency's long-term plans for work on all nine Standards. Attachment of a CSIP is REQUIRED for submission of a Track 2 Development Base Grant application.

The CSIP is considered a multi-year planning document intended to serve as a resource tool for your jurisdiction, guiding your progress as you work to progressively conform to the Retail Program Standards. It must cover your plans for all nine Standards, even if much of that work is outside the scope of your grant application.

For CSIP instructions and reporting forms, see the following webpage on the NEHA-FDA RFFM Grant Program site: <https://www.neha.org/retail-grants-csip> .

 [add comment to field](#)

CSIP

- [LMPHW CSIP - 2024.docx](#)  [Page white magnify](#)

GR - Comprehensive Strategic Improvement Plan (CSIP)

Added by Kelly Monahan at 5:33 PM on November 19, 2024

Budget Worksheet and Justification

*A Budget Worksheet and a Budget Justification are only required for applicants who have selected the Training Optional Add-On. **If you have not selected the Training Optional Add-On, please skip down to the Requested Amount section.***

Budget Worksheet

For applicants who have selected the Training Optional Add-On, use the Training Optional Add-On Budget Worksheet section below to add a single Budget Worksheet with estimated costs covering all of your CY25 training requests.

Budget Worksheet Instructions

Follow the instructions below to complete a **Budget Worksheet** only if you have selected the Training Optional Add-On in this application.

1. Click the  symbol to the right of the **Budget Worksheet** header to create a Budget Worksheet.
2. Enter a name for the Budget Worksheet (Example: CY25 Training Request).
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** at the bottom of the application.

Once at your Budget Worksheet has been added and saved:

- You can open and edit your Budget Worksheets by hitting the  icon.
- You can delete the 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.**



CY25 Training Optional Add-On Budget Worksheet  [Page white excel](#)  [Add](#)

Budget Period	Budget	Actual	
CY25 Training Request: 1/1/2025 to 12/31/2025	7,500	0	 Page edit  Delete
Total	7,500	0	

Only required if the Training Optional Add-On is selected for this application.

One Budget Worksheet is required for applicants requesting Training funds.

Maximum requested amount is \$7,500 for CY 2025 Retail Food Training Courses, Workshops, or Conferences.

Budget Justification

*Please add sufficient detail to fully explain all of the costs, and all cost assumptions, if you have added a Training Budget Worksheet to your application. **Budget Justification information is only required for those requesting CY25 Training Optional Add-On funding.***

 [add comment to field](#)

Budget Justification (CY25 Training):

- SAVA training for 2 individuals:
- Airfare: \$500 roundtrip X 2 individuals = \$1000
- Hotel: \$200 per night for 4 nights \$800 X 2 individuals = \$1600
- Ground Transportation: \$202
- Per diem: \$86 per day X 5 = \$430 X 2 individuals = \$860
- Total Cost Estimation: \$3,662

FDA Retail Food Seminar (SE) for 2 individuals:
 Airfare: \$500 roundtrip X 2 individuals = \$1000
 Hotel: \$250 per night for 3 nights \$750 X 2 individuals = \$1500
 Ground Transportation: \$150
 Per diem: \$86 per day X 4 - \$344 X 2 individuals - \$688
 Registration: \$250 X 2 individuals = \$500
 Total Cost Estimation: \$3,838
 Final Combined Cost Estimation: \$7,500

Requested Amount

Requested Amount (One-Year Project)

Please enter the total Requested Amount for your one-year project period. Your Requested Amount should include:

- **\$5,000** for work on Standards 1-8 (*Required, Fixed Award*).
- **\$5,000** (File Study approach) or **\$10,000** (Data Collection OR Hybrid approach) for work on Standard 9 (*Optional, Fixed Award*).
- If applicable, **\$3,000** to update your SA9 within 12 months of its expiration (*Fixed Award*).
- If selected, **\$10,000** to be a Mentee for CY 2025 (*Optional, Fixed Award*).
- If selected, **up to \$7,500** for CY25 Training (*Optional, CY25 Budget Worksheet Required*).

Your Requested Amount must be between **\$5,000** (required base outcome) and **\$35,500** (if all options are selected at the maximum funding levels).

 [add comment to field](#)

Requested Amount:

\$22,500.00

Once you have entered your Requested Amount, select **Save** at the bottom of the form.

When you have checked all of your entries and are ready to submit your application, select **Submit** and follow the instructions on the screen. If there are any errors in your application, often required fields that have not been completed, make the corrections identified, and again hit **Save** and then **Submit**.

After you receive the message saying that your submission has been successful, refresh your browser and verify that your application has moved to the "Submitted Applications" section on the left menu. Note that it may take a minute or two for the site to reindex.

1. (4) People
2. (1) Orgs
3. Payments
4. Reports
5. (1) Grantee Budgets
6. Project Team Qualifications

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