

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Claire Evers, 6014**

Category of Request

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

Previous Council File No. 120688

Previous Council File No.

Project/Program Title: Implementing Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)

Grantor Agency: Department of Health and Human Services, Food and Drug Administration (FDA)

Grant Application Date: 05/1/16

Anticipated Award Date: 07/1/16

Please provide the following information:

1. Description of Grant Project/Program (Include Target Locations and Populations):

This is year three of a five year grant from the FDA will facilitate the implementation of nine Voluntary National Retail Food Regulatory Program Standards by the Division of Consumer Environmental Health. The standards represent best practices for food inspector training and standardization, program quality assurance and monitoring, inspection content and frequency as well as industry and community relations. Implementation of the standards will result in a significant improvement in the program and position it as a model for other health departments nationally.

2. Relationship to City-wide Strategic Goals and Departmental Objectives:

This grant is consistent with departmental strategic goal of promoting food safety and sanitation to prevent the spread of food-borne disease.

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

The funds will allow MHD to take a critical look at current policies and procedures and provide an opportunity to adopt best practices.

4. Results Measurement/Progress Report (Applies only to Programs):

Progress will be measured towards meeting the benchmarks outlined as part of the VNRFRPS. Annual progress reports and financial reports are to be submitted to the FDA.

5. Grant Period, Timetable and Program Phase-out Plan:

The grant period is 9/12/12 to 6/30/17.

6. Provide a List of Subgrantees:

Subcontract with Healthspace. Utilization of manpower to hire an intern.

7. If Possible, Complete Grant Budget Form and Attach.

Attached