Development Base GRANT APPLICATION

Organization: City of Somerville ISD Health Division

Grant ID: G-BDEV-202111-01799

Status: Active Grant

Amount Recommended: \$5,000.00

Start Date: February 1, 2022 **End Date:** October 30, 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 3:04 PM on February 15, 2022



General Project Information

Organization: City of Somerville ISD Health Division

Regulatory Jurisdiction: Local Point of Contact (POC) Information

Name: Nicholas Antanavica Phone: 617-625-6600

Email: nantanavica@somervillema.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:

Joseph Curtatone

Mayor

617-625-6600 ext 2100 mayor@somervillema.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.

Project Information

Development Base Grant Project Title

Self Assessment of all 9 standards

Project Summary:

Complete a Self Assessment of all 9 FDA Standards for the City of Somerville

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.

Nicholas Antanavica - ISD Director

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.

Michele Bowler - ISD- Health Chief Sanitary Inspector Maureen Lee - Consultant - Food Inspection Program

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:

Nicholas Antanavica - BS, CBO, LEED AP

Michele Bowler - ISD- Health Chief Sanitary Inspector, CFPM

Maureen Lee - Consultant - Food Inspection Program, BS, CFPM, CP-FS

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 Februarv 1. 2022 and December 31. 2022.

End Date: 10/30/2022

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: 0

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:

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:

The City of Somerville is a diverse ethnic community with 520 Food establishment licenses.

The team consists of team members with varying level of knowledge of the FDA Voluntary National Retail Food Standards. During the self-assessment process all team members will enhance their understanding and working knowledge of the Standards. The self-assessment approach includes:

- Complete a gap analysis of the current policies, procedures and resources and the requirements for each FDA Standard.
- · Identify Stakeholder's. Engage Stakeholders.

Additional outcomes of completing the Self- Assessment is to generate discussion regarding:

- Communication with stakeholders regarding the benefits of the Standards program, encouraging a long-term commitment to the FDA Standards program
- Identify strategies, to encourage management/stakeholder continued commitment to established policies and procedures and continuous improvement of the food program.
- · Sustainability development of policy and procedures related to the standards must be practical and efficient.

PROGRESS on SA9 will be measured by utilizing the Self-Assessment forms as a checklist for each Standard to stay on task and on time.

MEASURABLE IMPROVEMENT - the outcome of the gap analysis identified during the self assessment of all 9 standards will inform the next step, developing Comprehensive Strategic Improvement Plan which provided a practical efficient road map to facilitate improvements with City of Somerville's ISD Health Division food program for retail establishments.

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:

Monitoring the Status and Progress

SA9 Step 1 Identify stakeholders. Complete gap analysis for Standards 1-5 (May 31st)

SA9 Step 2 Complete gap analysis for Standards 6-9 (July 30th)

SA9 Step 3 Team review of gap analysis / make revisions (Aug 15th)

SA9 Step 4 Deliver gap analysis to stakeholders. (Aug 30th)

allow 15 days for comments/questions

SA9 Step 5 Complete final revisions to plan. Submit Self-Assessment and

documentation for Verification audit. (Sept 20)

SA9 Step 6 If needed, make revisions to Self-Assessment base on Verification

outcome. (Oct 1st)

SA9 Step 7 Submit revisions for Verification. (October 10th)

SA9 Step 8 Submit required paperwork to FDA (October 20th)

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:

Step 1 Nick Antanavica Maureen Lee, Michele Bowler

Step 2 Maureen Lee,

Step 3 Nick Antanavica Maureen Lee, Michele Bowler

Step 4 Nick Antanavica, Maureen Lee

Step 5 Maureen Lee - Verification auditor is TBD

Step 6 Maureen Lee

Step 7 Maureen Lee- Verification Auditor - TBD

Step 8 Maureen Lee

SA9 Target Completion Date

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

Date: 10/30/2022

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).

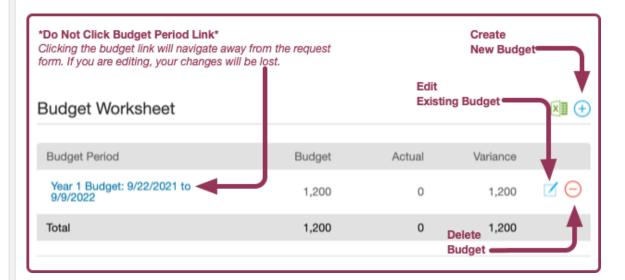
Budget Instructions

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

- 1. Click the (+) 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.
- 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	
Self Assessment of all 9 FDA Standards: 2/1/2022 to 10/30/2022	4,980	0	
Total	4,980	0	

Budget Justification

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

Budget Justification:

ISD Personnel 10 hours @70.00 per hour 700.00

42 hours @ 90.00 per hour 3,780.00

Supplies & Printing Costs 100.00

Verification Auditor 4 hours @100.00 per hour 400.0

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