



Health & Human Services  
Environmental Health  
Fort Bend County, Texas  
4520 READING ROAD ♦ SUITE A-800 ♦ ROSENBERG, TX 77471  
OFFICE: 281-342-7469 FAX: 281-342-5572



Michael R Schaffer, MBA, CPO  
Division Manager – Environmental Services

10-7-2022

Commissioners' Court  
301 Jackson St  
Richmond, TX 77469

Judge K.P. George,

Environmental Health respectfully requests the approval to apply for the NEHA-FDA Retail Flexible Funding Model Grant. 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. Environmental Health will be applying for the Track 1 Development Base Grant for \$26,500. The duration of the Grant is from January 1, 2023 thru December 31, 2023.

Should you have any questions, please contact Michael R Schaffer at 713-299-9402 or email at [Michael.Schaffer@fortbendcountytexas.gov](mailto:Michael.Schaffer@fortbendcountytexas.gov).

Respectfully,

A handwritten signature in blue ink, appearing to read "Michael R Schaffer".

Michael R Schaffer, MBA, CPO  
Division Manager – Environmental Health

**2023 Track 1 Development Base  
GRANT APPLICATION**

**Organization:** Fort Bend County Environmental Health  
**Grant ID:** R-BDEV1-202210-02751  
**Status:** Draft

**Amount Requested:** \$26,500.00  
**Start Date:** January 1, 2023  
**End Date:** December 30, 2023

**Organization Information**

**Organization:** Fort Bend County Environmental Health  
**Regulatory Jurisdiction:** Local  
**Point of Contact (POC) Information**  
**Name:** Michael Schaffer  
**Phone:** 713-299-9402  
**Email:** michael.schaffer@fortbendcountytx.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:**

KP George  
County Judge  
281-341-8608  
FBC.Judge@fbctx.gov

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct.

**Yes / No:**

Yes

Respond to the question below to see if you are eligible to apply for the Track 1 Development Base Grant.

**Eligibility Question**

Have you completed both a current Self-Assessment of all Nine Standards (SA9) and a Comprehensive Strategic Improvement Plan (CSIP)? A current SA9 is one submitted to FDA in August 2017 or later.

**Y / N:**

No

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

**Required Outcome**

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

If you do not have a current Self-Assessment of All Nine Standards (completed in August 2017 or later), you **MUST** select "Completion of an SA9 AND a CSIP."

If you already have a current SA9, you **MUST** select "Completion of a CSIP."

You may request up to \$5,000 to complete either of the two required outcomes.

**Required Project Outcome:**

Completion of an SA9 AND a CSIP

If you have completed an SA9 in the past, what was the date of your most recent SA9?

**Date:**

### Optional Outcome 1

#### Mentorship / Mentee

Would you like to request funding (up to an additional \$14,000) to apply to be a Mentee for 2023? If approved, you will be matched with a Mentor jurisdiction who can help with all aspects of your Track 1 Development Base Grant project, and advise you on best practices for conforming with the Retail Program Standards.

**Y / N:**

Yes

### Mentee Application

#### 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.

This will be our first year applying for the mentee program. Our goal is to work along side our mentor to do a self assessment of all nine standards. The challenges are that we currently do not have any data to know what our needs are at this time. Being able to work with a mentor will help us identify gaps that we currently have within our program and will give resources to move forward in addressing deficiencies within our retail food establishments.

#### Mentee Activities / Standards

In addition to your work on your SA9 and/or CSIP, as indicated above in the Required Outcomes section, please provide information on any additional **Standards** you may consider working on during the project year, with support from your Mentor.

For any additional **Standards** goals that you have, designate the end goal for each **Standard** you will be working towards or plan to achieve, as follows:

- 1) For Standards you will not work on during your 1-year project, leave the selection blank.
- 2) For Standards where you will achieve some, but not all elements, select **Partially Achieve**.
- 3) For Standards you will meet and audit by the end of the 1-year project period, select **Meet & Audit**.

#### Standards You Plan to Work On as a Mentee

**Standard No. 1 - Regulatory Foundation:**

Partially Achieve

**Standard No. 2 - Trained Regulatory Staff:**

Partially Achieve

**Standard No. 3 - Inspection Program Based on HACCP Principles:**

Meet & Audit

**Standard No. 4 - Uniform Inspection Program:**

**Standard No. 5 - Foodborne Illness and Food Defense Preparedness and Response:****Standard No. 6 - Compliance and Enforcement:****Standard No. 7 - Industry and Community Relations:****Standard No. 8 - Program Support and Resources:** Partially Achieve**Standard No. 9 - Program Assessment:****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.).*

Fort Bend County, Texas would like to be matched with a similar local jurisdiction in size and demographics. Fort Bend County is one of the fastest growing counties in the country and is made of rural areas along with small cities that are growing. We would like a mentor with solid knowledge and knows what it takes to complete a standard.

**Request for a Specific Mentor**

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

**Y / N:** 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).*

Deanna Copeland  
Harris County Public Health  
2221 West Loop South  
Houston, Texas 77027  
Deanna.copeland@phs.hctx.net

Fort Bend County, Texas would like to be matched with Harris County Texas. We are in the same region in Texas and have a great working relationship with them. The close proximity will help with site visits and keep travel expenses low. They have the staff to train and work on the standards we choose and are always there when we need to talk or go over an issue.

**Program Description**

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

Fort Bend County, Texas is 861 square miles with an estimated population of 858,527 residents and is the 10th most populous county in Texas. Fort Bend County Health & Human Services regulates 1782 retail food establishments in a culturally diverse area of Fort Bend County including eight small incorporated cities. Retail food establishments regulated by Fort Bend County include restaurants, stores, bars, daycares, schools, mobile food units, farmer's markets, and cottage food samplers. The regulatory foundation of Texas is the 2017 FDA Food Code which was updated in 2021. Currently Fort Bend County has 10 staff for these establishment.

*Number of staff in your retail food regulatory program:*

**# Staff:** 10

*Number retail establishments regulated:*

**# Regulated:** 1782

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



**Types Regulated:**

Restaurants, Grocery Stores, Convenience Stores, School Lunch Programs, Nursing Homes, Institutional Food Service Programs, Food Trucks, Temporary Food Establishments, Cottage (Home-Prepared) Foods, Cottage (Home-Prepared) Foods

*From where does your agency derive regulatory authority?*

**Authority:**

State

**Travel Restrictions**

*Please indicate if you have or anticipate (to the best of your knowledge at this time) travel restrictions during the mentorship program period (January 1 through December 31, 2023).*

At this time Fort Bend County Health & Human Services does not have nor anticipate any travel restrictions that would adversely impact the mentorship program.

**Optional Outcome 2****SA VA Workshop**

*Would you like to request funding (up to an additional \$7,500) to send up to two of your staff members to one or more of the in-person or virtual FDA Self-Assessment and Verification Audit Workshops?*

**Y / N:**

Yes

**Self-Assessment and Verification Audit Workshop (SA VA Workshop) Attendance****SA VA Workshop Locations and Dates**

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

June 9-11, 2023 Norfolk, VA

**SA VA Workshop # of Personnel**

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

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 SA VA Workshop attendance. If attendance at multiple workshops is requested, please specify which workshop (location and date, in-person or virtual) each person will attend.*

Michael Schaffer - Division Manager - Environmental Health

Chris Bryson - Assistant Chief Sanitarian

**Project Information****Development Base Grant Project Title**

SA9 and CSIP

**Project Summary**

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

1. Required Outcome: EITHER Completion of an SA9 AND a CSIP OR Completion of a CSIP
2. Request to be a Mentee for 2023; and
3. Request for funds to attend Self-Assessment and Verification Audit Workshops

Fort Bend County Health and Human Services plans to complete a SA9 and a CSIP for this grant. We are requesting to be a mentee for 2023 and are requesting funds to attend the Self Assessment and Verification Audit workshops.

### 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.**

Michael Schaffer - Division Manager - Environmental Health

### 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.**

Chris Bryson - Assistant Chief Sanitarian

Chris Davis - Registered Sanitarian

### 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.

Michael Schaffer - Division Manager - Environmental Health - has over 12 years of experience working in the Retail Food Establishment Program and managing the environmental health division. Chris Bryson - Assistant Chief Sanitarian - has over 6 years of experience working in the Retail Food Establishment Program 3 of which as a Supervisor of the Registered Sanitarians. Chris Davis has 18 years of experience as a Registered Sanitarian.

### Project Start Date:

Must be a date between January 1, 2023 and December 31, 2023.

Start Date:

1/1/2023

### Project End Date

Must be a date between January 1, 2023 and December 31, 2023.

End Date:

12/30/2023

In the last 5 years (August 2017 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

## Project Implementation Plan

Considering both the required and optional outcomes of your project, which could include:

1. Required Outcome: EITHER "Completion of an SA9 AND a CSIP" OR "Completion of a CSIP"
2. Optional Outcome: Request to be a Mentee for 2023
3. Optional Outcome: Request for funds to attend Self-Assessment and Verification Audit Workshops

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

**Project Completion Plan for your Track 1 Development Base Grant**

*Please provide a detailed narrative of all activities required to meet all of your planned project outcomes during your 1-year project period.*

*Specific to this outcome:*

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

Our objective is to complete an SA9 and CSIP. Once that is completed then we would like to determine goals that are realistic, and develop a schedule of deliverable milestones. An Objective is to create a baseline we can measure future changes in our program. Progress will be measured through milestone achievements and documentation of routine inspections. By utilizing reports, we can see the data and be able to track risk factors to see how an establishment is trending and give them tools and information needed for success.

**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 1 Development Base Grant by the end of the project period.*

Step 1 - Consult with mentor and team on how to create the baseline study that will be used to measure the data that is to be analyzed.

Step 2 - Create forms used for data collection, identify resources needed to do the study, seek guidance from mentor and others.

Step 3 - Have a plan ready to begin self assessment.

Step 4 - Complete self assessment and CSIP.

**Individual Lead(s)**

*Please list the name (or names) of the individual lead(s) who will be responsible for completing each Action Step listed above, to ensure completion of your Track 1 Development Base Grant by the end of the project period.*

Michael Schaffer - Fort Bend County

Chris Bryson - Fort Bend County

Chris Davis - Fort Bend County

Deanna Copeland - Mentor Harris County

**Target Completion Date**

*Must be a date between January 1, 2023 and December 31, 2023.*

**Date:**

12/31/2023

**Budget Worksheet(s) and Justification(s)**


**Track 1 Development Base Grant** applicants should complete up to three Budget Worksheets, one for each of the specific outcomes of your project. Please add:

- At least one budget worksheet must be added that covers the needs of your project's Required Outcome, not to exceed \$5,000. Acceptable budget line items include personnel costs (for employees or contractors), equipment, supplies, and other needs that can be directly tied to achieving your Required Outcomes. Travel for training, conferences, workshops, etc. cannot be added to your Required Outcomes Budget Worksheet.
- If you are requesting to be a Mentee, you may request funds needed to complete your Mentee activities in a separate budget worksheet, not to exceed \$14,000. Acceptable budget line items include personnel costs (for employees or contractors), equipment, and supplies required to meet your selected outcomes. Additionally, your budget should include estimated travel funds for all necessary staff from your jurisdiction to make one site visit to your Mentoring jurisdiction, and estimated travel funds for at least one and up to two staff members to attend the year-end National Mentorship Meeting hosted by NACCHO (note that this is a change from last year). No other travel costs should be included in your Mentee Budget Worksheet.


- If you are requesting funds to attend one or more of the FDA Self-Assessment and Verification Audit Workshops, either virtually or in-person, you may request funds in a separate SA VA Budget Worksheet, not to exceed \$7,500. Travel and training funds for any other purpose are not permitted in your SA VA Budget Worksheet.

### Budget Instructions

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



- Click the  symbol to the right of the **Budget Worksheet** header to create a Budget Worksheet.
- Enter a name for each Budget Worksheet (Examples: Development Base Grant Budget, etc.).
- Enter a Start Date and an End Date.
- Complete all lines needed to build your budget.
- Click the **Save** button at the bottom right of the Budget Worksheet.
- Click **Save and Continue** at the bottom of the application.
- 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.**

**\*Do Not Click Budget Period Link\***  
Clicking the budget link will navigate away from the request form. If you are editing, your changes will be lost.

**Budget Worksheet**

Budget Period	Budget	Actual	Variance	
Year 1 Budget: 9/22/2021 to 9/9/2022	1,200	0	1,200	 
Total	1,200	0	1,200	

Annotations in the image:

- Create New Budget**: Points to the  button.
- Edit Existing Budget**: Points to the  button.
- Delete Budget**: Points to the  button.

### Budget Worksheet

Budget Period	Budget	Actual
Development Base Grant Budget: 1/1/2023 to 12/31/2023	5,000	0
SA VA Budget Worksheet: 1/1/2023 to 12/31/2023	7,500	0



Budget Period	Budget	Actual
Mentee Program: 1/1/2023 to 12/31/2023	14,000	0
Total	26,500	0

**Budget Justification - Required Outcome**

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

The budget includes funding to hire a contractor to assist with the Development Base Grant in order to do the complete Self Assessment of all nine standards and begin the CSIP.

**Budget Justification - Request to be a Mentee**

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

The budget includes:

- \* Salary funding for the Project Lead. Chris Bryson will be devoting 10% of his time to the Mentee Program as Project Lead.
- \* Travel expenses to visit mentor and estimated travel funds for at least one and up to two staff members to attend the year-end National Mentorship Meeting hosted by NACCHO
- \* Estimated general supplies needed based on outcomes of mentor recommendations.

**Budget Justification - Request for Funds to attend SA VA Workshop(s)**

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

The estimated cost to attend the send two staff to the SA VA Workshop travel includes \$2200 for airfare, \$3020 for Hotel, \$600 for transportation, \$330 per diem (2 staff/3 days/\$55 per day), \$350 for fees such as parking and luggage, and \$1000 conference registration.

**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 \$26,500 for Track 1 Development Base Grant applicants.

**Requested Amount:** \$26,500.00