

Thanks for applying for a Track 2 Development Base Grant. Please remember to go back to the NEHA-FDA RFFM Grant Portal, and consider applying for either or both of the two Add-On Grants for which your jurisdiction is eligible (Mentorship/Mentor - if you did not select the Mentee Optional Add-On in this grant, and the Special Projects Optional Add-On).

## 2025 Track 2 Development Base GRANT APPLICATION

**Organization:** Fort Bend County Environmental Health

**Grant ID:** R-202411-06536

**Status:** Under Review

**Amount Requested:** \$32,500.00

**Start Date:** January 1, 2025

**End Date:** December 31, 2025

### 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:** Fort Bend County Environmental Health

**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:** Michael Schaffer  
**Email:** michael.schaffer@fortbendcountytexas.gov  
**Phone:** 713-299-9402

#### 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 and correct.

**Authorizing Official (AO):** KP George  
**AO Title:** County Judge  
**AO Phone:** 281-341-8608  
**AO Email Address:** FBC.Judge@fbctx.gov

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

**Yes / No:** Yes

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.

**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?

**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.)

We received a base grant for 2023, for \$12,500.00 from January 1, 2023 through December 31, 2023. Funds were used for 2 to attend the Self-Assessment and Verification Audit Workshop (SA VA Workshop) as well as a contractor to help with SA9, CSIP, and foundation activities to help prepare for Standards qualifications.

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.

The impact of the grant received in 2023 gave us the ability to understand the Standards and what is required to achieve them. It enabled use to complete the CSIP so as to guide us in the future years towards the successful accomplishment of obtaining those standards.

Taking the foundation that was built will enable us to utilize these grant dollars to successfully complete 3 of the program standards, continue to build knowledge the the conferences, and if awarded the Mentor/Mentee give us resources to help us in the other standards that we wanting to try and fulfill.

This grant will help us to continue the work towards gaining conformance with several of the standards. We intend to achieve several of the standards and expect to be audited on those in CY25.

[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.**

<b>Standard 1 - Regulatory Foundation:</b>	Meet and Audit Standard
<b>Standard 2 - Trained Regulatory Staff:</b>	Meet and Audit Standard
<b>Standard 3 - Inspection Program Based on HACCP Principles:</b>	Partially Achieve Standard
<b>Standard 4 - Uniform Inspection Program:</b>	Partially Achieve Standard
<b>Standard 5 - Foodborne Illness and Food Defense Preparedness and Response:</b>	Partially Achieve Standard
<b>Standard 6 - Compliance and Enforcement:</b>	Partially Achieve Standard
<b>Standard 7 - Industry and Community Relations:</b>	Partially Achieve Standard
<b>Standard 8 - Program Support and Resources:</b>	Meet and Audit Standard

**Self-Assessment Date**

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

**SA9 Date:** 12/31/2023

**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).**

**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)?

**Yes / No:** Yes

**Standard 9 Status**

Have you already achieved Standard 9 (with Audit passed and paperwork submitted to and approved by FDA), for your current 5-year Self-Assessment period?

**Yes / No:** No

**Risk Factor Study Approach**

Which Risk Factor Study approach are you / will you be using as you work to meet, audit, and eventually maintain of Standard 9?

**A Level 1 Risk Factor Study** uses the "File Study" approach which uses routine inspection data from inspections that have already been completed, to retroactively assess the occurrence of risk factors.

**A Level 2 FDA Risk Factor Study** uses the "Data Collection" approach to estimate the occurrence of risk factors using observational visits to randomly selected retail food establishments. A "Data Collection" visit has, as its sole focus, observation of food safety behaviors tied to risk factors and is completed separately from the regulatory inspection.

**A third approach, also considered a Level 2 FDA Risk Factor Study**, is the "Hybrid Approach" which combines elements of the first two, by combining the data collection with a routine inspection. It is suggested that the data collection occur after the routine inspection has been performed.

For detailed descriptions of each approach and much additional information, be sure to refer to FDA's Retail Food Risk Factor Guidance (<https://www.fda.gov/media/177280/download?attachment>).

**Applicants who plan to use a Level 1 Risk Factor Study approach may request a Fixed Award of \$5,000 as part of this application.**

**Applicants who plan to use a Level 2 (FDA) Risk Factor Study approach may request a Fixed Award of \$10,000 as part of this application.**

**Risk Factor Study Approach:** Level 2 - FDA Risk Factor Study / Data Collection OR Hybrid Approach

**Work on Standard 9**

*Please select all of the Standard 9 objectives you plan to achieve during your proposed project period, keeping in mind that all of these steps are normally completed as part of a multi-year cycle (often a 5-year cycle). In the Budget Worksheet section, applicants may request up to an additional \$5,000 or \$10,000 in funding for completion of any/all of the Standard 9 objectives selected*

(depending on the Risk Factor Study approach you use). Be sure to read the NEHA-FDA RFFM CY 2025 Grant Guidance for additional information.

#### Standard 9 - Planned Objectives YR1:

Design (or update) Risk Factor Study, prepare materials, and train staff,  
Collect risk factor data for new (baseline) or ongoing study, Analyze risk factor data

#### Standard 9 – Planned Level of Achievement

As you complete the Standard 9 objectives listed above, please select the level of Standard 9 achievement you plan to attain by the end of your 1-year project (Partially Achieve, Meet & Audit, or Maintain Standard Already Met).

**Standard 9 - Annual Goal / Project Outcome:** Partially Achieve Standard

#### 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.

**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.

Fort Bend County would like a mentor with extensive knowledge of the Texas Food Establishment Rules (TFER) and 2017 Food Code. Guidance on how to achieve each standard and how to make the best use of our time and resources to meet these standards would help us make excellent progress in the RPS. It's been proven that Mentors can provide boiler plates, documentation, and data modeling that are unable to do with the current resources and excel the process of meeting a standard and quickly put in place best practices.

#### 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 is one of the fastest growing counties in the country and made up of rural areas and small cities that are growing rapidly. We would like to be matched with a similar local jurisdiction in size and demographics. We would like a mentor with solid knowledge who has met several standards, particularly the ones we are trying to meet, and can share with us the knowledge of how best to gain conformance with the standards.

#### Request for a Specific Mentor

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

**Yes / No:** No

#### 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 860,000 residents and is the 10th most populous county in Texas. Fort Bend County Health and Human Services regulates 1640 retail food establishments in a culturally diverse area, including nine 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 Fort Bend County is the 2017 FDA Food Code. Currently, Fort Bend County has 9 staff for these establishments.

Number of staff in your retail food regulatory program:

**# of Staff:** 9

Number of retail establishments regulated:

**# Regulated:** 1640

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

From where does your agency derive regulatory authority?

**Authority:** County

### 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).

Fort Bend County currently has no travel restrictions that would adversely impact the mentorship program.

### 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?

**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.

**Training Courses:** AFDO Annual Educational Conference, NEHA Annual Educational Conference, NACCHO Annual Conference

### AFDO AEC Location and Dates

*Please enter the location and dates for the AFDO Annual Educational Conference that is included in your funding request.*

Dallas, Texas; June 21- June 25, 2025

### AFDO AEC # of Personnel

*Please enter the total number of staff members that are part of your funding request for AFDO Annual Educational Conference attendance.*

2

### AFDO AEC Personnel Names and Titles

*Please enter the name and job title for each person that will be covered by your funding request for AFDO Annual Educational Conference attendance.*

Michael Schaffer, Environmental Health Director

Leah Griffin- Chief Sanitarian

**NEHA AEC Location and Dates**

*Please enter the location and dates for the NEHA Annual Educational Conference that is included in your funding request.*

Phoenix, Arizona; July 14- July 17, 2025

**NEHA AEC # of Personnel**

*Please enter the total number of staff members that are part of your funding request for NEHA Annual Educational Conference attendance.*

2

**NEHA AEC Personnel Names and Titles**

*Please enter the name and job title for each person that will be covered by your funding request for NEHA Annual Educational Conference attendance.*

Leah Griffin- Chief Sanitarian  
Misty Gee -Food Safety Planning Coordinator

**NACCHO AC Location and Dates**

*Please enter the location and dates for the NACCHO Annual Conference that is included in your funding request.*

Anaheim, California; July 14- July 18, 2025

**NACCHO AC # of Personnel**

*Please enter the total number of staff members that are part of your funding request for NACCHO Annual Conference attendance.*

1

**NACCHO AC Personnel Names and Titles**

*Please enter the name and job title for each person that will be covered by your funding request for NACCHO Annual Conference attendance.*

Michael Schaffer, Environmental Health Director

**Overall Project Information****Track 2 Development Base Grant Project Title: Summary****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)

Fort Bend Conty Health and Human Services plans to 1) Maintain any standard met; 2) Achieve conformance with standards 1, 2 and ) Work towards conformance with standard 9; 4)Become a Mentee for others enrolled in the Voluntary Retail Standards; 5) Attend training.

**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.**

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.**

Leah Griffin- Chief Sanitarian  
Misty Gee -Food Safety Planning Coordinator

### 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.

Michael Schaffer -Division Manager for Environmental Health has over 15 years of experience working in Retail Food Establishment Program and managing the Environmental health Division. Leah Griffin -Chief Sanitarian has over 23 years of experience working in Retail and Manufactured Foods Programs and supervises the Registered Sanitarians. Misty Gee- Planning Coordinator has over 23 years of experience working in Retail Food Establishment Programs.

### Project Start Date:

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

**Start Date:** 1/1/2025

### Project End Date

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

**End Date:** 12/31/2025

### 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.**

Fort Bend County Health and Human Services plans to 1) Maintain any standards met; 2) Achieve compliance with standards 1, 2 & 8; 3) Work towards meeting standard 9.

### 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.

- Step 1. Form team to begin Risk Factor surveys  
Step 2. Form Team to address inspection program based on HACCP Principles  
Step 3. Form Team to develop a uniform inspection program

### 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.

Leah Griffin R.S. Chief Sanitarian will oversee project to ensure timelines and deliverables are met. Misty Gee -Food Safety Planning Coordinator will lead the tasks for the standards Fort Bend County is striving to achieve.

### 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 3 Maintenance and Advancement 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>.

## CSIP



Fort Bend County FDA Retail Program Standards CSIP - 12-26-23 AS SUBMITTED.xlsx

**GR - Comprehensive Strategic Improvement Plan (CSIP)**

Added by Michael Schaffer at 10:49 AM on November 15, 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.**



**\*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
<b>Total</b>	<b>1,200</b>	<b>0</b>	<b>1,200</b>

[Create New Budget](#)  
[Edit Existing Budget](#)  
[Delete Budget](#)

### CY25 Training Optional Add-On Budget Worksheet

Budget Period	Budget	Actual
Fort Bend County Environmental Health: 1/1/2025 to 12/31/2025	7,500	0
<b>Total</b>	<b>7,500</b>	<b>0</b>

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.**

### Budget Justification (CY25 Training):

Estimated travel expenses for at least one and up to two staff to attend FDA Food Safety Seminar. These trainings will help Fort Bend County staff to learn and understand how to meet all of the FDA standards.

### 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).

**Requested Amount:** \$32,500.00

Your Requested Amount should reflect the sum total of all outcomes selected for this application (Base Standards 1-8, PHM Standard 9, Repeat Sa9 if Applicable, Optional Mentee, Optional Training), totalling between \$5,000 and \$35,500 for your one-year project.

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.