# NEHA-FDA Retail Flexible Funding Model Grant Program

- CY 2023 Application Template

Below is a multi-page screenshot from the NEHA-FDA Retail Flexible Funding Model (RFFM) Grant Program Portal, showing the application template for the grant type specified above. The screen-shot includes images of all required input fields, including maximum character counts for each textbox.

When preparing applications for this grant program, please consider the following best practices:

1) For reasons of security and functionality, jurisdictions are required to complete all grant applications online using a modern, up-to-date browser. Users may access links to download these browsers at https://www.neha.org/retailgrants/systemrequirement

2) For browser access to the grant portal, we recommend using an up-to-date version of Chrome, Edge, or Brave. Note: Internet Explorer is out of date and no longer supported by Microsoft and will not work with the NEHA-FDA RFFM Grant Program Portal

3) Some applicants find it useful to
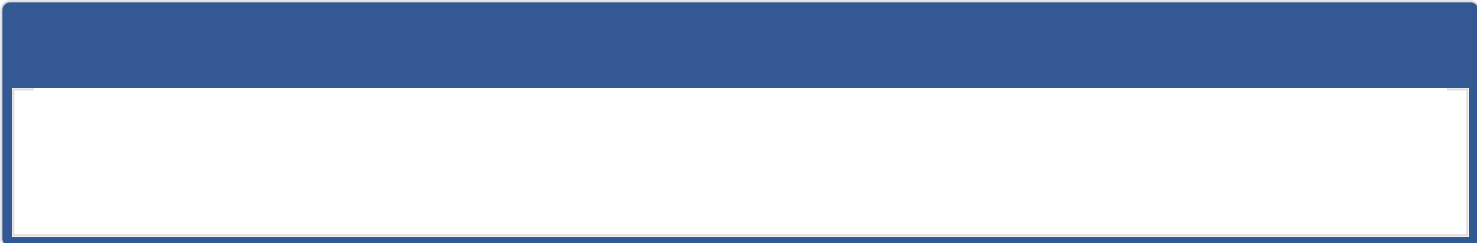
The _____ *is the person in your organization who provides supervisory oversight for this grant opportunity (often an organization's Financial or Grants Management Official). Below is the* _____ *contact information we have on record for your organization. Please verify below if this information is still current and correct.*

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

Please provide updated information for your organization's _____ *, including the Full Name, Title, Phone and Email Address.*

Are you EITHER applying for a TMMMMMMMMMMMÂ and Advancement Base Grant?
If this project is funded, are you willing to make available any project deliverables or resources developed?
Will your advance the Integrated Food Safety System?

If your proposed project will meet all three of these requirements, please select "Yes."
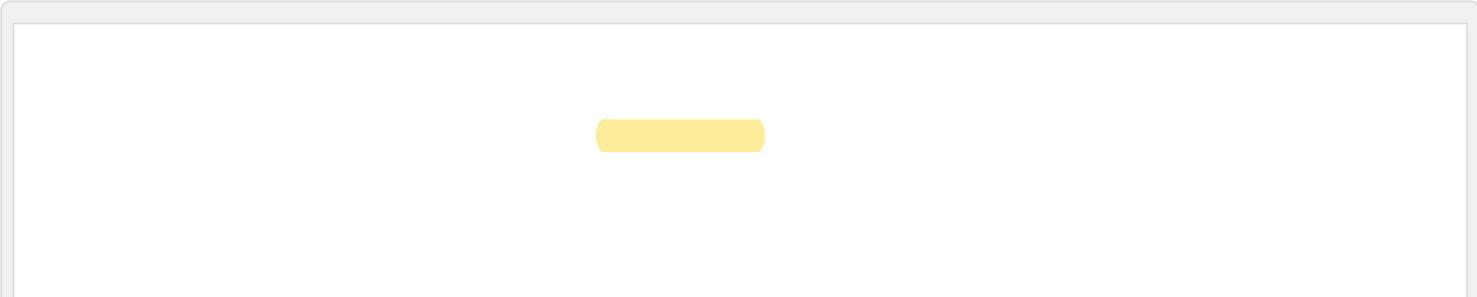
Please provide the Name and Title of your overall Project Lead for your proposed project.

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Please provide the Names and Titles of additional members of your proposed project team.

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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.

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

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All applicants must-I ÃmuCÄ I