

FORM APPROVED COUNTY COUNSEL 12/2/15  
 BY: GREGORY P. PRIAMOS DATE

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

141



**FROM:** Environmental Health

**SUBMITTAL DATE:**  
 December 1, 2015

**SUBJECT:** Acceptance of Grant Award from National Association of County and City Health Officials [All Districts; \$14,000]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the acceptance of the Grant Award from the National Association of County and City Health Officials in the amount of \$14,000;
2. Authorize the Director of Environmental Health to administer all actions necessary and sign all documents related to the administration of this Grant on behalf of the County of Riverside.

**BACKGROUND:**

**Summary**

The Department of Environmental Health is one of 27 jurisdictions selected as a national mentor to collaborate and partner with NACCHO through support from the FDA to enhance conformance with the Voluntary National Retail Food Regulatory Program Standards. Environmental Health applied for and received a grant award in the amount of \$14,000 to cover staff time to assist two mentee Environmental Health Programs (Butte County and El Dorado County) in California with meeting the FDA Standards.

*Steve Van Stockum*

Steve Van Stockum  
 Director

SVS:kj

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 14,000	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** Grant from NACCHO  
**Budget Adjustment:** No  
**For Fiscal Year:** 15/16

**C.E.O. RECOMMENDATION:**

APPROVE

*Debra Cournoyer*  
 Debra Cournoyer

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Benoit and Ashley  
 Nays: None  
 Absent: Tavaglione  
 Date: December 15, 2015  
 xc: Environmental Health

Kecia Harper-Ihem  
 Clerk of the Board  
 By: *Kecia Harper-Ihem*  
 Deputy

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: District: ALL Agenda Number:

3-20

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

November 25, 2015

Dear Sarah:

Congratulations! On behalf of the National Association of County and City Health Officials (NACCHO), I am pleased to announce that Riverside County Department of Environmental Health has been selected to participate as a mentor local health department in the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) Mentorship Program. Your jurisdiction is one of 27 sites selected to collaborate and partner directly with NACCHO through support from the Food and Drug Administration (FDA).

It is exciting to have so much interest from around the nation focused on building capacity for integrating the Retail Program Standards at local health departments. Since NACCHO received several strong applications nationwide looking for mentorship, your agency's ability and willingness to mentor two jurisdictions is appreciated. As such, this will allow more health departments to participate and benefit from the mentorship program.

Your jurisdiction will be matched with two mentees, Butte County Public Health Department, Environmental Health Division (CA) and County of El Dorado (CA) who will need guidance on Standards 2, 6, and self-assessment. NACCHO is pleased to award funding in the amount of up to \$14,000 for the period December 2015 – August 31, 2016.

## Next Steps:

- Please confirm your acceptance by **December 2, 2015** to Tiara Smith ([tsmith@naccho.org](mailto:tsmith@naccho.org)).
- The plan is to schedule an orientation call in the coming weeks. You will receive separate requests via email through Meeting Wizard asking for your availability in identifying a date and time that works for all selected local health departments participating in the mentorship program.
- Complete the attached Vendor Information Form and return the form to Tiara Smith ([tsmith@naccho.org](mailto:tsmith@naccho.org)) by **December 2, 2015**.
- Since the awarded amount is different from the originally proposed budget, please complete the attached Budget Request Form and return (see attached directions for further clarification) and return to Tiara Smith ([tsmith@naccho.org](mailto:tsmith@naccho.org)) by **December 2, 2015**.
- Upon receipt of the Vendor Information Form, a contractual agreement will be forwarded via email in the coming weeks.



NACCHO and FDA staff looks forward to working with you and your colleagues on this important endeavor. A hard copy of the notification letter will also be mailed to you. Please do not hesitate to contact me at (202) 507-4242 or [jli@naccho.org](mailto:jli@naccho.org) if you have any questions.

Regards,

A handwritten signature in black ink, appearing to read 'Jennifer Li', with a stylized flourish at the end.

Jennifer Li  
Director, Environmental Health, Health and Disability

Enclosures:

- Vendor Information Form
- Budget Request Form Instructions
- Budget Request Form

## Voluntary National Retail Food Regulatory Program Standards Mentorship Program

### Budget Instructions

#### Budget Form

The budget form has been partially filled out for you. You will need to specifically fill out the following fields:

- Program Director/Principal Investigator (Last, First, Middle) which is the lead staff on the project
- Personnel, Role on Project, Calendar Months (Cal. Mnths)

#### **In the Calendar Months (Cal. Mnths) column:**

To calculate calendar months, multiply the percentage of your effort associated with the project times the number of months of your appointment.

$$X\% \text{ of } 7.5 \text{ months (the total grant period)} = Y \text{ (Cal Mnths) person months}$$

For example, if you expect 10% of your time to be spent on this grant through August 31, your answer would be 0.75 person months.

$$10\% \times 7.5 = 0.75 \text{ person months}$$

- Institution Base Salary (Inst. Base Salary), Salary requested, Fringe Benefits, Total

#### **Institution Base Salary (Inst. Base Salary) versus Salary Requested:**

The institution base salary is the employee's salary for the year and the salary request is the amount of their annual salary that is going to be charged to the grant.

For example, if an employee makes \$50,000 a year and they will be charging 10% of their annual income to the grant, then the salary requested should be \$5,000 and the institution base salary should be \$50,000.

#### Budget Form (cont'd)

- Any consultant costs
- Equipment (itemized)
- Supplies (itemized by category)
- Travel
- Other expenses
- Consortium/Contractual Costs, Direct Costs which will be same number as the "Subtotal Direct Costs for the Next Budget Period"

# NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

## Voluntary National Retail Food Regulatory Program Standards Mentorship Program

### Budget Instructions

- Subtotal Direct Costs for Next Budget Period which will be same number as the “Consortium/Contractual Costs, Direct Costs”
- Consortium/Contractual Costs, Facilities and Administrative Costs which is your local health department’s indirect rate
- Total Direct Costs for Next Budget Period which should be the total of your direct and indirect costs for the project

### **Budget Items**

Items that may be included in the request for funds are staff salary and fringe benefits, phone/facsimile, postage, field equipment, travel to relevant trainings or workshops, and contractual fees. Project funds can support the purchase of field equipment if the purchase meets the needs outlined in the application and will help to achieve replicable knowledge.

### **Funds cannot be used for the following purposes:**

- The purchase or upkeep of office equipment.
- The purchase of food or beverages
- Inpatient or outpatient care costs
- Alterations and renovations

### **Travel to the site visits and mentorship program meeting**

Please note travel expenses of up to \$14,000 from each selected LHD to attend the mentorship program face-to-face meeting in August 2016 and site visits between mentor and mentee LHDs do NOT need to be included in the budget. Costs incurred for such meetings (up to \$1,400 per meeting) will be reimbursed by NACCHO, separate from the awarded amount to selected LHDs to participate in the mentorship program. LHDs that choose to send multiple staff members to the face-to-face meeting and/or the site visits should budget accordingly in their proposed budgets.

### **Funding Amount**

Please refer to the notification letter indicating the amount your LHD has been awarded for funding for the program duration from December 2015, through August 31, 2016. As a reminder, ongoing technical assistance, beyond the one-time funding, will be available.

### **Deadline**

The budget forms and justification are due by **C.O.B. Wednesday, December 2, 2015.**

### **Timeline Reminder**

Applicants are advised to consider the following dates.

- Submit Vendor Contract and Budget: December 2, 2015.
- Submit Pre-Assessment Evaluation: December 2015 (date to be determined)
- Mentor Kick-off call/webinar: December 2015 (date to be determined)

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

## **Voluntary National Retail Food Regulatory Program Standards Mentorship Program**

### **Budget Instructions**

- Kick-off call/webinar for all participants: December 2015 (date to be determined)
- Sharing sessions: (dates to be determined)
- 1<sup>st</sup> Invoice Date Deadline: April 20, 2016
- 2<sup>nd</sup> Invoice Date Deadline: July 20, 2016
- Submit evaluation survey: August 31, 2016
- Face-to-face mentorship program meeting in Washington, D.C.: August 2016 (date to be determined)
- Submit Post-Assessment Evaluation: August 31, 2016
- 3<sup>rd</sup> Invoice Date Deadline: September 20, 2016

# NACCHO

National Associations of County & City Health Officials

## Vendor Information Form

### Organization

Official Name of Organization: Riverside County Department of Environmental Health  
EIN Number: 1956000930B5  
DUNS Number: 82-760-7933  
Street Address: 4065 County Circle Dr. Room #104  
City: Riverside State: CA Zip: 92584

### Primary Contact

Name: Sarah Crossman  
Title: Environmental Health Specialist IV  
Organization: Riverside County Department of Environmental Health  
Address (if different from above): \_\_\_\_\_  
Telephone: 951-358-5172 Fax: 951-358-5017  
Email Address: SCrossman@rivcocha.org

### Person to Receive Contract from NACCHO for Signature

Name: Steve VanStockum  
Email Address: SVanstoc@rivcocha.org

### Authorized Signer for Contract

Name: Steve VanStockum  
Title: Director  
Organization: Riverside County Department of Environmental Health  
Address (if different from above): \_\_\_\_\_  
Telephone: 951-358-5172 Fax: 951-358-5017

### Accounts Payable Information

Name (Attn): Sarah Crossman  
Address (if different from above): P.O. Box 7909  
Riverside, CA 92513-7909  
Telephone: 951-358-5172 Fax: 951-358-5017

**DETAILED BUDGET FOR INITIAL BUDGET PERIOD  
DIRECT COSTS ONLY**

FROM  
12/2015

THROUGH  
08/2016

List PERSONNEL (*Applicant organization only*)  
Use Cal, Acad, or Summer to Enter Months Devoted to Project  
Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Ryan Olney	PD/PI	.585			84,808	4,134	1,698	5,832
Sandi Salas	Project Team Member	.585			84,808	4,134	1,698	5,832
Sarah Crossman	Project Team Member	.09			89,918	1,198	492	1,690
<b>SUBTOTALS</b> →								<b>13,354</b>

CONSULTANT COSTS	
EQUIPMENT ( <i>Itemize</i> )	
SUPPLIES ( <i>Itemize by category</i> )	
TRAVEL To supplement travel cost associated with mentorship (above the allocated \$1,400 per meeting)	646
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )	
OTHER EXPENSES ( <i>Itemize by category</i> )	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )		<b>\$ 14,000</b>
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>		<b>\$ 14,000</b>





County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

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P.O. BOX 7909 • RIVERSIDE, CA 92513-7909

STEVE VAN STOCKUM, DIRECTOR

October 20, 2015

Voluntary National Retail Food Regulatory Program Standards  
Mentorship Program

Letter of Support

My staff has informed me of their intent to apply for the FDA Standards Mentorship Program. Riverside County Department of Environmental Health has prioritized the FDA Standards under the leadership of our Deputy Director, Keith Jones and Program Chief, Lynne Wilder. We have made tremendous progress in meeting several standards and anticipate meeting several more very soon. I am pleased to lend my support for staff to assist other jurisdictions in moving forward to meet these standards as well.

Steve Van Stockum, Director

Riverside County Board of Supervisors  
Request to Speak

Submit request to Clerk of Board (right of podium),  
Speakers are entitled to three (3) minutes, subject  
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Holmstrom, B

Address: \_\_\_\_\_  
(only if follow-up mail response requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Agenda # 3-20  
3-20

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

\_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_ Neutral

*until genl. taxpayers have*

**Note:** If you are here for an agenda item that is filed  
for "Appeal", please state separately your position on  
the appeal below: *time to study it*

\_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_ Neutral

I give my 3 minutes to: \_\_\_\_\_

## **BOARD RULES**

### **Requests to Address Board on "Agenda" Items:**

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

### **Requests to Address Board on items that are "NOT" on the Agenda:**

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.

### **Power Point Presentations/Printed Material:**

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

### **Individual Speaker Limits:**

**Individual speakers are limited to a maximum of three (3) minutes.** Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

### **Group/Organized Presentations:**

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

### **Addressing the Board & Acknowledgement by Chairman:**

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman may result in removal from the Board Chambers by Sheriff Deputies.