

PACIFIC REGION RETAIL FOOD COOPERATIVE PROGRAMS
APPLICATION FOR VOLUNTARY
RETAIL FOOD REGULATORY PROGRAM STANDARDS FUNDING

APPLICATION IS DUE JULY 15, 2011

1. Please provide a brief description of your jurisdiction's proposed initiatives and how you plan are to use the Program Standards funding.

Gila County Division of Health and Emergency Services would use the funding to complete an initial self-assessment of its retail food program, using the FDA *Voluntary National Retail Food Regulatory Program, Standards* by July of 2012.

2. Name and Title of the official who will sign the Purchase Order and be Responsible for delivery of the Summary Report:
_Michael A. Pastor, Chairman of the Board of Supervisors for Gila County (or current Chairman of the Board) will be the person responsible for signing the Purchase Order. Shane Stuler, Environmental Health Manager, will be responsible for delivery of the Summary Report.

3. Mailing Address for Responsible Official if different from Question One above.
Gila County Division of Health and Emergency Services , C/O Shane Stuler, 107 W. Frontier Rd, Ste A, Payson, AZ, 85541
Michael Pastor Phone Number: (928) 402-8753
Shane Stuler Phone Number: (928) 474-1210

4. Financial Administrative Information

Tax Payer ID: 866000444_____

DUNS # (please check with your fiscal management for this): _959668393_____*

A check will be issued to the account you have registered with the **Central Contractor Registration. All entities from which FDA purchases goods must register with CCR. The registration is simple and can be done at <http://www.ccr.gov/> Check with your accounting office to determine whether your department may already be registered and to obtain other information necessary to register such as your department's DUNS number."*

Visa payments accepted: yes_____ no ___X___

5. If all ready enrolled in the Standards, what date did you enroll?

Yes, we have been enrolled since 12/11/2006.

6. Have you conducted a Self-Assessment? If so, what was the date of your Self-Assessment?

No

7. Have you had an Audit completed of the Standards you met? If so, what was the date of your Audit?

No

8. What Standards do you meet?

None

9. Have you conducted a Risk Factor Study? If so have you developed an intervention based on your findings?

No

***PLEASE SUBMIT YOUR APPLICATION ELECTRONICALLY TO
YOUR RETAIL FOOD SPECIALIST***

- ✓ John Marcello: john.marcello@fda.hhs.gov (480) 829-7396 xt. 35
- ✓ Richard Ramirez: richard.ramirez@fda.hhs.gov (949) 608-4475
- ✓ Lisa Whitlock: lisa.whitlock@fda.hhs.gov (510) 637-3960 ext. 127
- ✓ Katey Kennedy: katey.kennedy@fda.hhs.gov (503) 671-9711 ext 16
- ✓ Brad Tufto: brad.tufto@fda.hhs.gov (509) 353-2554
- ✓ Sharon Ferguson sharon.ferguson@fda.hhs.gov (206) 553-7001 ext 41

IN WITNESS WHEREOF, the parties hereto have agreed to ratify the application for funding from the Food and Drug Administration to complete the initial self-assessment in the Voluntary National Retail Food Regulatory Program, Standards by July 2012.

By: _____

Name: Michael A. Pastor

Title: Chairman of the Board of Supervisors

ATTEST

By: _____

Name: Marian Sheppard

Title: Chief Deputy Clerk, Gila County

APPROVED AS TO FORM

By: _____

Name: Bryan B. Chambers

Title: Chief Deputy County Attorney

For: Daisy Flores, Gila County Attorney