

Food Access in Health Care Sub Grant Opportunity, 2024-2025

Introduction Section

This competitive grant opportunity is made possible through a Network Development Grant awarded to Bi-State Primary Care Association by the Health Resources and Services Administration (HRSA). The Network Development Grant is supporting the Food Access in Health Care (FAHC) work in Vermont. The goals of the Network Development grant broadly include:

- Strengthening / implementing food insecurity screening and referral infrastructure;
- Strengthening / implementing nutrition insecurity screening and referral infrastructure;
- Supporting and expanding basic meal tailoring/medically tailored meal models across the state. This could include layering components onto a few basic diets (e.g. DASH) to medically tailored, prepared meals for individuals with a range of health conditions;
- Supporting healthcare related food interventions that impact dietary change needed for different health impacts;
- Knowledge dissemination; this includes trainings for medical staff, trainings for food partners, resource development, public messaging, and more.

FAHC Advisory Group

The FAHC Advisory Group is comprised of six organizations (listed below). These organizations will be the voting entities for your application. If you have a pre-existing relationship with one of these organizations where a bias may be present, that organization will be asked to abstain from the vote.

- Bi-State Primary Care Association
- Hunger Free VT
- Vermont Academy of Nutrition and Dietetics
- Vermont Farm to Plate
- Vermont Foodbank
- Vermont Program for Quality in Health Care

HRSA funding

Funding for these proposals by the Food Access and Health Care Network is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$299,878 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Purpose

The VT FAHC Network works collaboratively to identify strategic initiatives to implement our mission – going beyond special projects and pilots to sustained, fully integrated, far-reaching programs that will become foundational to our health care system. Our Network is currently focused on building capacity to develop and implement policies, secure project funding, and directly support the transformation of food's role in health care at the local and statewide levels in alignment with our mission. Our collaborative efforts will result in better health for all Vermonters. The purpose of this grant opportunity is to provide a means to support projects and initiatives that support food access in health care activities such as the growth of medically tailored meals, nutrition access, food insecurity screening and referral infrastructure, nutrition insecurity screening and referral infrastructure, and/or other related food

access in health care activities. Proposals must be in alignment with our mission, vision, and priority areas (defined below). A grantee may receive a funding award no more than once per fiscal year (July 1, 2024 -June 30, 2025). Subsequent funding awards will be dependent upon successful completion of the previous grant project. Projects that will *not* rely on additional unsecured grant funding (beyond what is applied for here) will be given preference.

FAHC Network Vision: All Vermonters have ready access to the appropriate diet to achieve and maintain good health.

Mission Statement

The VT FAHC Network partners strive to make food and access to a healthy diet a fully integrated component of the entire spectrum of life and health for all Vermonters. This includes the continuum from prevention to treatment.

Strategic Purpose Statement

The VT FAHC Network works collaboratively to identify strategic initiatives to implement our mission – going beyond special projects and pilots to sustained, fully integrated, far-reaching programs that will become foundational to our health care system. Our Network is currently focused on building capacity to develop and implement policies, secure project funding, and directly support the transformation of food’s role in health care at the local and statewide levels in alignment with our mission. Our collaborative efforts will result in better health for all Vermonters.

Priority Areas

- **Information Management** – This category includes screening for food insecurity, HIPAA-compliant options for information sharing between health care practices and community based organizations and collecting pilot program evaluation data in a way that can be compared across projects.
- **Necessary “Dose” of Food** – There is high variability in the amount of food provided (and consumed) as part of health-related food interventions, and some clinical evidence indicating different levels of dietary change needed for different health impacts. If programs do not supply enough of a household’s daily diet, they may not have the desired results. At the same time, patient compliance is inversely related to how much they are asked to interrupt their normal eating patterns, especially when affordability is a concern. It is a complicated balancing act and careful program evaluation is needed to resolve it.
- **Basic Meal Tailoring** – Medically Tailored Meal programs are distinguished by an ability to be tailored to a range of conditions. Their level of complexity is several steps removed from Vermont’s current capacity; however, MTMs achieve this complexity by layering components onto a few basic diets (e.g. DASH) suggesting that the first step on this path is within reach.
- **Transportation Barriers** – Unsurprisingly, the intersection of food access and transportation barriers imposes a significant impediment to the success of many programs. Ad hoc approaches to overcome transportation barriers (volunteer drivers and delivery on demand) are often cited as a key reason for burn out and a threat to sustainability of programs. We need a better plan for managing this barrier.
- **Clinical Benchmarks** – As part of our planning process we reviewed current methodologies for evaluating the success of food in health programs in Vermont. These methods often rely on measures of food volume and patient satisfaction with the food, or population health measures.

We lack structures to monitor individuals' health improvements in direct response to food / diet interventions.

- **Payment Models** – Vermont lacks many of the payment structures used by other states to fund food as health programs. Ideally, we could utilize grant-based funding to build successful programs that then transition to secure, sustainable funding streams. This goal is long term, however advocacy for flexible payment models and understanding the outcomes monitoring that will be required to demonstrate efficacy is important today.

Funding Amount

The minimum funding amount is \$2,500, with a maximum of \$20,000. Only one grant per organization per fiscal year (July 1, 2024-June 25, 2025) will be awarded. Funds are awarded on July 1st and availability of funds is not guaranteed. You are welcome to check with us prior to completing an application to ensure availability of funds (contact information can be found at the end of the grant instructions).

- Non-allowable expenses include: vehicle purchases; any tangible supply or equipment expense over \$5,000 (or equipment expenses aggregated to \$5k).
- Allowable expenses include, but are not limited to:
 - Staff or consultant time
 - Supplies
 - Travel/mileage
 - Contractors and/or trainers
 - Software
 - Equipment less than \$5,000 in total
 - 10% de minimis administrative overhead

Eligibility for Funding

Eligible organizations for funding include:

- Non-Profit, Faith-based organization, public organizations, municipalities, tribal governments, and educational institutions.
- Organizations serving Vermonters (does not need to be operating exclusively in VT)
- Project goals must meet a need identified in the community.
- Must be operating in a rural VT county (all counties in Vermont, except Chittenden County, are considered rural).
- Applications will be ranked based on our priority areas, mission, vision, and strategic purpose, as well as the degree of impact.

Funding Timing

Applications will be **due by close of business on May 17th, 2024**. Grant applications will be reviewed and voted on by June 28th, 2024. Recipients of funding will be notified on July 1st, 2024 of the award.

This funding opportunity will only be available July 1, 2024-June 25, 2025, with potential availability in future years.

***Funding awards must be spent and invoiced by June 25, 2025*.**

Grant Award Expectations

- Applications that are funded will need to expend their grant funds by June 25, 2025.
- All organizations submitting a proposal should complete a Vendor Name Verification form (see Attachment 1), which includes the current and past/alternate names of the organization AND the current and past/alternate names of whoever would be signing the contract on behalf of the organization.
- If selected for funding, grant awardees will be required to sign a vendor contract or subrecipient award (to be determined based on grant request details), provide a certificate of insurance, and a W9 form.
- Allowable expenses will be reimbursed to the grantee within 30 days of receipt of invoice. Please plan for covering your expenses in advance of this reimbursement. Invoices must contain receipts for expenses, timesheets (if applicable), and other necessary documentation to demonstrate costs.
- A short final report documenting the completed work, progress, and impact will be required at a time and date to be determined upon funding award.
- Additionally, the grantee will consider sharing information about their project to others as requested / relevant.

Contact Information

If you have any questions during the application process, please feel reach out the FAHC Network Director and/or the FAHC Project Director. When the application is complete, please send to both the FAHC Network Director and the Project Director via the email addresses below. *(Sometimes emails with attachments go into our junk folder due to our firewall. The FAHC Directors will reply to you within 3 business days that we have received your proposal and a date when it will be voted on. If you do not receive this confirmation, please reach out to ensure we have received your application.)*

FAHC Network Director: Kristen Bigelow-Talbert, CPHQ, MSM, kbigelow@bistatepca.org

FAHC Project Director: Jamie Rainville, BA, jrainville@bistatepca.org

Grant Application

Please answer the following questions to the best of your ability. *Unanswered questions will result in rejection of your application without further review.* The application should be submitted in no less than 11 point font, and no more than 5 pages for the entire application. (Budget and budget justification sections do not count towards the page limit.) Microsoft Word, Excel, and PDF formats will be accepted.

1. Your Organization (name, address, website):
2. Contact Person (with phone and/or email):
3. What type of organization are you? (Non-Profit, Faith-based organization, public organization, municipality, tribal government, educational institution, or other (please describe?))
4. What communities do you serve geographically? (towns and counties in VT)
5. Description of the population who will be served by this project:
6. Description of Project, including need being addressed (limit 1 page):
7. How does your proposal align with our mission, vision?
8. Describe which priority area your proposal aligns with and how:
9. How does this project help to transform food's role in health care at the local and/or statewide level?
10. How do you plan to measure the impact of your project? (We are happy to brainstorm possible measures with you in advance of submission of your proposal.) How will you collect this data? (Do you already have a means of gathering this data, or will you need to create one?)
11. What is your annual operating budget?
12. Budget, with breakdown of estimated costs, and budget justification. Please include an explanation of how funds will be spent prior to the deadline of June 25th, 2025. (If it is easier to do so, feel free to include a separate attachment with your budget. *Please keep in mind that this funding operates on a reimbursement basis, and invoices will be paid within net 30 days of receipt. Please plan accordingly.*)
13. Estimated Timeline: If funded, when do you anticipate being able to start? Are there any timelines that rely on other components? When do you expect to see impact of your project? Please include a description or timeline of how funds will be spent prior to the deadline of June 25th.

Attachment 1: Vendor Name Verification Form

In accordance with 45 CFR Part 74.13, the name of each contractor must be checked against the list of excluded parties in SAM.gov, at the Office of the Inspector General (OIG), and on the State of Vermont debarment list, prior to any contracts being signed, payments and/or referrals being made, and employees being hired.

These lists are electronic, web-based systems that identify those parties excluded from receiving federal contracts, certain subcontracts, and certain types of federal financial and non-financial assistance and benefits. These lists keep the user community aware of administrative and statutory exclusions across the entire government.

Please provide all current and former names of the Contractor/Vendor Organization *AND* any previous/current legal names and/or aliases used by the signing official for the contractor/vendor.

Organization Current Name: _____

Organization Alternative or Former Name: _____

Organization Alternative or Former Name: _____

Organization Alternative or Former Name: _____

Organization Alternative or Former Name: _____

Please attach any other alternative or former Organizational Names on a separate sheet of paper.

Signing Official Current Name: _____

Signing Official Alternative or Former Name: _____

Signing Official Alternative or Former Name: _____

Signing Official Alternative or Former Name: _____

Signing Official Alternative or Former Name: _____

Please attach any other alternative or former name of the Signing Official on a separate sheet of paper.

I certify that all of my current and past legal names/aliases have been provided to Bi-State Primary Care Association to be checked against the excluded parties lists

Signature

Date