

Notice of Funding Opportunity  
**Application due 07/17/2026**

# HRSA

## Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Maternal Produce Prescription Program (MP3)

HRSA-26-103



## Table of Contents

Before You Begin.....	2
Step 1: Review the Opportunity.....	2
Basic information .....	2
Funding details .....	3
Eligibility.....	4
Program description .....	5
All Proposals are Expected to: .....	6
Key Activities:.....	7
Performance Measurement, Evaluation, and Continuous Quality Improvement (CQI).....	9
Award information .....	12
Step 2: Get Ready to Apply .....	13
Get registered .....	13
Find the application package.....	14
Application writing help.....	14
Step 3: Build Your Application .....	14
Application checklist.....	14
Application contents and format .....	15
Step 4: Understand Review, Selection, and Award .....	24
Application review .....	24
Selection process .....	28
Award notices.....	29
Step 5: Submit Your Application.....	29
Application submission and deadlines .....	29
Other submissions .....	29
Step 6: Learn What Happens After Award .....	30
Post-award requirements and administration .....	30
Reporting.....	33
Contacts and Support .....	34
Agency contacts .....	34
Help with systems .....	35

## Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Maternal Produce Prescription Program (MP3)

HRSA-26-103

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

## Step 1: Review the Opportunity

### Basic information

Tagline: Funding produce prescription programs to improve health outcomes for pregnant and post-partum women and their families.

### Summary

The purpose of the Maternal Produce Prescription Program (MP3) is to support community-based organizations to develop produce prescription intervention programs that promote access to healthy foods for pregnant and post-partum women and their families in low-income and underserved areas. The program will:

- Create community-based produce prescription programs.
- Provide nutrition education to maternal populations.
- Build and strengthen community partnerships to increase access to healthy foods.
- Demonstrate improvements in fruit and vegetable intake, household food security, and health outcomes.

Projects are expected to provide produce prescription programs (which may use vouchers or physical prescriptions) as well as nutrition education for eligible participants.

Projects are expected to partner with at least one healthcare provider and at least one community-based organization.

**Have questions?** Go to [Contacts and Support](#).

Key facts

Opportunity name:

Maternal Produce Prescription Program (MP3)

Opportunity number:

HRSA-26-103

Announcement version:

initial

Federal assistance listing:

93.110

Key dates

NOFO issue date:

06/17/2026

Informational webinar:

[Join the webinar](#)

Application deadline:

07/17/2026

Expected award date is by:

08/30/2026

Expected start date:

09/30/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

## Funding details

Application Types:

New

Expected total available funding in FY:

2026: \$13,000,000

Expected number and type of awards:

26 G (Grant)

Funding range per award:

\$0 - \$500,000 per award

Expected total available funding in FY 2026: \$13,000,000

Expected number and type of awards: up to 26 grants. Funding range per award: Up to \$500,000.

We plan to fund awards in four 12-month budget periods for a total four- year period of performance from 09/30/2026 to 09/29/2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

## **Eligibility**

Types of eligible organizations

These types of \*domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

For profit organizations other than small businesses

Small businesses

### **Additional information on eligibility**

**Individuals are not eligible applicants under this NOFO.**

### **Completeness and responsiveness criteria**

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Is submitted after the [deadline](#).
- Does not include a letter of support from **both** a healthcare partner **and** a community-based organization partner.

### **Application limits**

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

### **Cost sharing**

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

### **Post-award requirements**

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

### **Program description**

#### **Purpose**

The purpose of the Maternal Produce Prescription Program (MP3) is to support community-based organizations to develop produce prescription intervention programs and related nutrition education for maternal populations at risk of poor health outcomes due to nutrition insecurity and other health-related factors. These nutrition interventions will serve pregnant and post-partum women and their families in low-income and underserved rural and urban areas. The MP3 program advances the Make America Healthy Again priorities to improve the American diet and reduce related chronic conditions.

The program objectives to be accomplished during the period of performance include:

- Increase the number of pregnant and post-partum women enrolled in MP3 and receiving nutrition education.
- Increase the number of enrolled pregnant women receiving produce prescription interventions (which may include vouchers).
- Increase the self-reported fruit and vegetable intake among enrolled women and their families.
- Build and strengthen community partnerships to increase access to healthy foods.

#### **Funding Opportunity Goals**

- Increase fruit and vegetable intake by pregnant and post-partum women and their families.
- Increase household food security.
- Improve maternal health outcomes.
- Improve birth outcomes.

#### **Background**

Pregnancy and the postpartum period represent critical windows when access to nutrient-dense foods, including fruits and vegetables, supports maternal health, healthy fetal development, and recovery after birth. Higher diet quality during pregnancy is associated with appropriate gestational weight gain and reduced risk of hypertensive disorders and preterm birth.<sup>1</sup>

Conversely, food insecurity during pregnancy has been associated with increased risk of gestational diabetes, preeclampsia, preterm birth, and neonatal intensive care unit admission.<sup>2</sup> It has also been linked to gestational weight gain outside recommended ranges<sup>3</sup> and to economic

and psychosocial stressors, including depressive symptoms that contribute to adverse maternal and infant outcomes.<sup>4</sup>

Over the past decade, Produce Prescription Programs (PPPs) have emerged as an effective strategy to integrate nutrition access into healthcare delivery to improve diet quality, reduce food insecurity, and support maternal and infant health outcomes<sup>5</sup>. PPPs delivered in clinical settings integrate nutrition guidance into medical care, serving both as a direct resource to help patients access healthy foods and as a prompt for providers to reinforce dietary recommendations during prenatal and postpartum visits.<sup>6</sup>

Over time, PPPs have helped communities<sup>7</sup>:

- Strengthen partnerships between healthcare providers and local food systems.
- Integrate nutrition screening and referral into clinical workflows.
- Improve participant engagement through flexible redemption models and approaches.
- Establish shared evaluation frameworks to measure food security, utilization, and health outcomes.

Implementation research from other federally funded programs highlights that participant redemption and engagement are strongest when programs address transportation barriers, offer flexible redemption options (retail, delivery, hybrid), incorporate navigation and nutrition education, and build strong partnerships and communication systems.<sup>8</sup> These findings underscore that produce prescription programs function most effectively when embedded within coordinated systems of care rather than operating as stand-alone food distribution efforts.

This approach aligns with U.S. Department of Health and Human Services' Make America Healthy Again priorities<sup>9</sup>, which emphasizes that nutrition is vital to healthy development across the life course and that strengthening access to nutrition services supports chronic disease prevention and whole-family well-being.<sup>10</sup>

### **Program requirements and expectations**

#### **All Proposals are Expected to:**

1. Include a letter of support from one or more **community-based organization partner(s)** that serve maternal populations in low-income and underserved urban and rural areas in the grant application and specify their role in implementing and evaluating the project. The community-based organization may apply as the primary applicant, but a letter of support will still be required to indicate support from the applicant organization executive leadership.
2. Include a letter of support from one or more **healthcare partner(s)** that serve maternal populations in low-income and underserved urban and rural areas in the grant application and specify their role in implementing and evaluating the project. The healthcare partner may apply as the primary applicant, but a letter of support will still be required to indicate support from the applicant organization.
  - The required healthcare partner(s) may include (1) a hospital, (2) Federally Qualified Health Center, (3) hospital or clinic operated by the Secretary of Veterans Affairs, (4) healthcare provider group, or (5) Rural Health Clinics or urban health clinics.

### **Qualifications for the Project Director:**

- Be an employee of the applicant organization.
- Have expertise in designing and implementing produce prescription programs and similar community-based nutrition projects.
- Expected to commit at least 10 percent of their time to the project, which may be a combination of grant and in-kind support. The 10 percent effort cannot be shared by two employees.

## **Key Activities:**

### **1. Create a Produce Prescription Program**

- Design and implement a produce prescription project that:
  - Reaches low-income and underserved pregnant women and their families.
  - Provides prescriptions or vouchers for fruits and vegetables. The definition of fruits and vegetables includes any variety of fresh, frozen, canned, or dried whole or cut fruits and vegetables without added sugars, fats, or oils.
  - Creates or uses existing infrastructure to connect participants with food access points, such as markets, grocery stores, farmers, or mobile food services.
  - Is evidence-informed or evidence-based.
  - To the extent practical, engages community members in the planning process.
- Your proposed project may be a new community-based produce prescription program or may build on, expand, or enhance an existing community-based produce prescription program.

### **2. Build Community Partnerships**

- Establish new and/or foster ongoing collaborations with local partners (for example, community-based organizations) and regional food systems to ensure participants can easily redeem their produce prescriptions and vouchers. This may include food retailers and suppliers, produce distributors and growers, food pantries, and health care providers.
- Engage the communities being served (particularly the participants, residents, and organizations) in the design and implementation of the project.
- Engage new or leverage existing cross-sector partners as appropriate for your project.
- Ideal state and local partners include but are not limited to:
  - HRSA's Maternal and Child Health (MCH) Nutrition Training Program
  - HRSA's Healthy Start Program
  - HRSA's Maternal, Infant, and Early Childhood Home Visiting Program
  - HRSA's Title V MCH Services Block Grant Program
  - USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  - USDA's Cooperative Extension Program
  - Local and regional transportation partners

### **3. Identify, Enroll, and Retain Eligible Participants**

- Identify eligible pregnant women and their families in low-income or underserved urban and rural areas. Partner with or leverage existing community programs and/or federal programs to support recruitment and enrollment of eligible participants. Design a plan to enroll and retain such women as participants through the duration of the project period.
  - Pregnant women are eligible to enroll if they 1) participate in USDA's Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or 2) have Medicaid and/or CHIP, or 3) screen as food insecure.
- Ideally, pregnant women should be enrolled prior to 16 weeks gestation to obtain the maximum benefit of the program and have their pregnancy-related outcome data included in the impact evaluation. Pregnant women who are more than 16 weeks pregnant may participate in the program but their outcome data related to gestational weight gain and birth outcomes should not be included in program impact evaluation.
- Program benefits are available to eligible participants during pregnancy, the postpartum period, and throughout the entire project period.

### **4. Provide Nutrition Education**

- Provide nutrition education on healthy eating habits for pregnant and postpartum women and their families. Nutrition education topics may include, but are not limited to, benefits of fruit and vegetable consumption, chronic disease prevention, and healthy food preparation.
- Use evidence-informed formats—such as in-person, virtual, or hybrid sessions, delivered individually or in groups—to effectively engage pregnant and postpartum women and improve health outcomes for families.

### **5. Participate in Training and Technical Support (TA) Activities**

A HRSA-supported Coordinating Center (CC) will provide training, technical assistance, evaluation tools, data collection tools, and informational support services to MP3 grantees. Awardees will participate in CC-led activities as well as HRSA-led activities, including but not limited to:

- Recipient calls, which will take place at least quarterly.
- A technical assistance visit during the period of performance.
- Trainings from the Coordinating Center, as available.

These activities facilitate peer-to-peer learning and help build capacity in program management, data reporting, and implementation strategies.

## Performance Measurement, Evaluation, and Continuous Quality Improvement (CQI)

We expect you to measure your performance, evaluate your program, and conduct CQI activities. You are expected to:

- Report performance measures and evaluate the program to determine how well the program was implemented as designed, and the impact of your project on (1) consumption of fruits and vegetables by pregnant women and their families; (2) household food security; and (3) overall health and wellbeing.
- Grantees are responsible for gathering baseline data at recruitment and follow-up data at multiple points for each participant.

### Performance Measurement

You are expected to:

- Measure performance on key activities and program objectives.
- Report on Discretionary Grants Information System (DGIS) measures noted in the [Reporting](#) section.
- Report on measures and project activities that align with program goals and objectives in the annual noncompeting continuation progress report. This will include how your project goals, objectives, and activities are leading to increased fruit and vegetable consumption, reduced household food insecurity, and improvements in maternal health and wellbeing.
- Report monthly redemption rates for prescriptions and vouchers.
- Report on the number of participants and reach of the program.
- Collect or establish a partnership and Data Use Agreement (DUA) to securely obtain participant-level data. You are expected to collect core metric data at the following time points for each participant, including:

Metric	Enrollment*	3 <sup>rd</sup> Trimester**	6-12 Weeks Postpartum	6 months postpartum	Every 6 months thereafter during the project period
Self-reported fruit and vegetable intake	X	X	X	X	X
Household food security	X	X	X	X	X
Gestational weight gain category			X		
Overall Health Status	X	X	X	X	X

Mental Health Status	X	X	X	X	X
Infant birthweight			X		
Infant gestational age at birth			X		
Adverse birth outcome(s)			X		

*\*Ideally, pregnant women should be enrolled prior to 16 weeks gestation to obtain the maximum benefit of the program and have their pregnancy-related outcome data included in the impact evaluation. Pregnant women who are more than 16 weeks pregnant may also participate in the program, but their outcome data related to gestational weight gain and birth outcomes should not be included in program impact evaluation.*

*\*\*Specific timing of this may be standardized after program award in consultation with the Coordinating Center.*

### **Evaluation Plan**

- Develop and carry out a plan to obtain, collect, analyze, and track data to measure impact and outcomes of your project.
- Evaluate your program including both process/implementation outcomes as well as impact outcomes.
- You are required to utilize the [RE-AIM](#) framework for your evaluations to support comparative analyses across programs.
- Evaluations should cover all aspects of the produce prescription program including the nutrition education component. Example outcomes to assess may include, but are not limited to, food literacy, cooking skills, program engagement, and program satisfaction.
- You are expected to participate in HRSA-supported overall process and outcome evaluations of MP3 programs. This includes:
  - Meeting periodically with staff from HRSA/MCHB, the Coordinating Center, and other MP3 grantees to review project plans, evaluation objectives and methods, data collection and reporting requirements, and analysis and reporting of results.
  - Providing the Coordinating Center core program data sets to ensure common program tracking. This will include, but is not limited to, the metrics listed in the table above. Prior to program implementation, the Coordinating Center can provide standardized surveys, instruments, and other tools to help collect this data.
  - Obtaining necessary approvals from an Institutional Review Board (IRB).
- You are expected to have a documented data agreement or similar documented agreement with each partner, under which each partner will provide information required for the

core program data set to share that data with the Coordinating Center, and to complete any evaluation measurement tools/surveys to be conducted by the Coordinating Center.

- Data sharing may be complicated or limited, in some cases, by organizational policies; local and tribal Institutional Review Board (IRB) rules; and local, tribal, state, and Federal laws and regulations. The rights and privacy of individuals who participate must be protected at all times. This includes annual human subject's assurance statements that the project has been reviewed and approved by an Institutional Review Board (IRB) or determined exempt from review.
- Data intended for broader use should be free of identifiers that would permit linkages to individual research participants and variables that could lead to deductive disclosure of the identity of individual subjects.

### **Continuous Quality Improvement**

- Conduct CQI. You are expected to use data and findings from your performance measurement and evaluation work to inform and improve processes and outcomes.
- Describe actions you will take to disseminate information about your project to help other groups replicate your project in other settings.

### **Business Plan**

- Develop a Business Plan. The purpose of this plan is to provide evidence – such as a market analysis or management strategy – demonstrating the project's sustainability and outline anticipated benefits for potential partners in program engagement.

### **Statutory authority**

42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

[1] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open*. 2025;8(1):e2455955.

[2] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open*. 2025;8(1):e2455955.

[3] Cheu LA, Yee LM, Kominiarek MA. Food insecurity during pregnancy and gestational weight gain. *Am J Obstet Gynecol MFM*. 2020;2(1):100068.

[4] Laraia BA, Gamba R, Saraiva C, et al. Severe maternal hardships are associated with food insecurity among low-income women during pregnancy. *BMC Pregnancy Childbirth*. 2022;22:138.

[5] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open*. 2025;8(1):e2455955.

[6] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *Transl Behav Med*. 2025;15:ibaf060.

[7] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *Transl Behav Med*. 2025;15:ibaf060.

[8] Calloway EE, et al. Participant redemption and engagement of produce prescription programs. 2025.

[9] <https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>

[10] Sparks JR, Myers CA, et al. Influence of food security status and diet quality on maternal gestational weight gain. *J Midwifery Womens Health*. 2024;69(3):394–402.

## Award information

### Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project’s objectives.
  - A decision that continued funding is in the government’s best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
  - All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
  - You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).

Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the Application Guide.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

**Method 2 – *De minimis* rate.** Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

### **Program income**

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

## **Step 2: Get Ready to Apply**

### **Get registered**

#### **SAM.gov**

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

#### **Grants.gov**

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

## Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-103.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

## Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on Grants.gov Related Documents tab.

## Join the webinar

For more information about this opportunity, join the webinar. More information on the HRSA-26-103 webinar will be posted at a later date to the [documents tab](#) in Grants.gov.

We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.

Have questions? Go to [Contacts and Support](#).

## Step 3: Build Your Application

### Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

### Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> <a href="#">Project narrative</a> Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a> Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

**Attachments**

Insert each in the Attachments Form in this order.

<b>Component</b>	<b>Included in page limit*?</b>
<input type="checkbox"/> 1. Letter of support from healthcare partner(s)	Yes
<input type="checkbox"/> 2. Letter of support from community-based organization(s)	Yes
<input type="checkbox"/> 3. Agreements with other entities	No
<input type="checkbox"/> 4. Work Plan	Yes
<input type="checkbox"/> 5. Preliminary Evaluation Plan	Yes
<input type="checkbox"/> 6. Project organizational chart	Yes
<input type="checkbox"/> 7. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 8. Biographical sketches*	Yes
<input type="checkbox"/> 9. Business Plan	Yes
<input type="checkbox"/> 10. Data Management	No
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. Other relevant document	Yes

**Other required forms**

Upload using each required form in Grants.gov.

<b>Forms</b>	<b>Submission requirement</b>
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

\*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

**Application contents and format**

**Required format**

Required format for project summary, project narrative, budget narrative, and attachments.

**Font:** A readable font like Arial, Courier, CG Times, or Times New Roman

**File format:** We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

**Size:** 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

**Ink color:** Black

**Spacing:** Single-spaced, including all text and tables

**Alignment:** Left

**Headings:** Bold all headings and align left.

**Size:** 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

**Margins:** 1-inch on all sides

**Footer:** On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

**Page numbering:**

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

**File names:** You can find guidance for naming your files in the [Application Guide](#).

## **Project narrative**

### **Introduction**

**See merit review criterion 1:** [Need](#)

Briefly describe the purpose of your project. Include the number of participants to be served, produce prescription (and voucher, if applicable) amount and duration, and the educational opportunities related to nutrition.

### **Need**

**See merit review criterion 1:** [Need](#)

- Describe the need for your produce prescription program in the community you plan to serve. Include local capabilities and assets and how the community will benefit from a produce prescription project.

- Describe how and why your community is underserved in terms of access to maternal health services and healthy food.
- Describe the conditions that lead to food insecurity for the maternal population in your community.
- Provide references for all data sources.

## **Approach**

See merit review criterion 2: [Response](#)

## **Goals and Objectives**

- List your goals and objectives, which should respond to the need and purpose of the project.
- For each goal, provide objectives that are specific, measurable, achievable, realistic, and time-bound.

## **Creating a Produce Prescription Program**

- Describe how you will design and implement a produce prescription program as described in the [Program Requirements and Expectations](#) section.
- If you are building on, expanding, or enhancing an existing community-based produce prescription program, describe how you will build on, expand or enhance the existing program.
- Describe any additional formative research you plan to conduct to inform your project design such as 1) how you plan to tailor an existing produce prescription program to a maternal population or 2) how you plan to develop a new produce prescription program for maternal populations. You may conduct this additional formative research for the first 6-12 months of the project period.
- Describe your plan to reach low-income or underserved pregnant and post-partum women and their families in urban and rural areas through this produce prescription program.
- Describe the role of each healthcare partner in designing and implementing the project. Include letter(s) of support as **Attachment 1**.
- Describe the role of each community-based organization partner in designing and implementing the project. Include letter(s) of support as **Attachment 2**.
- Describe how the communities being served (particularly the participants, residents, and organizations) will be involved in designing and implementing the project.
- Explain how your project aligns with and does not duplicate existing federal programs that may be operating in your service area, like those proposed or currently funded by [MAHA ELEVATE](#), [National Diabetes Prevention Program](#), [IHS Produce Prescription Pilot Program](#), [USDA Food and Nutrition Service Programs](#), [Healthy Start](#), [Maternal Child Health Nutrition Training Program](#), or [Gus Schumacher Nutrition Incentive Program \(GusNIP\)](#). If there are no other federal programs operating in your service area, state this in your narrative.

## **Building Partnerships**

- Describe how you will build or strengthen existing collaborations with local partners and regional food systems, as described in the [Program Requirements and Expectations](#). Describe how these partnerships will help ensure participants can easily use their prescriptions and vouchers.
- Describe how communities will be engaged with the design and implementation of your project.
- Describe how you will strengthen collaborations with MCH partners, such as community health workers, Title V, MCHB-funded training programs and other state and local partners.
- Describe how you will engage new or leverage existing cross-sector partners, as appropriate.
- Include any letters of support as **Attachment 3**.

### **Identifying, Enrolling, and Retaining Eligible Participants**

- Describe your plan for identifying eligible participants as described in the [Program Requirements and Expectations](#) section.
- Discuss your plan to enroll and retain participants.

### **Providing Nutrition Education**

- Describe your plan for integrating nutrition education as described in the [Program Requirements and Expectations](#) section.

### **Participating in Training and TA Activities**

- As described in the [Program Requirements and Expectations](#) section, state your willingness to participate in:
  - Recipient calls, which will take place at least quarterly.
  - A TA visit during the period of performance.
  - Trainings from the Coordinating Center, as available.

### **High-level work plan**

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you will achieve each of the objectives during the period of performance you outline in the [Approach](#) section.
- Provide a more detailed work plan and timeline that includes each activity and identifies who is responsible for each. Include this as **Attachment 4**.

### **Resolving challenges**

See merit review criterion 2: [Response](#)

- Discuss common challenges related to designing and implementing produce prescription programs and how you plan to resolve them.
- Describe any anticipated challenges specific to your community and how you plan to resolve them.

- Describe types of delivery options you will use to overcome transportation barriers for participants.
- Discuss any anticipated challenges with IRB review and approval.

### **Performance Reporting and Evaluation**

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

#### **Monitoring**

- Describe how you will track project activities over the period of performance.
- Describe your capacity to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, evaluation, and continuous quality improvement.

#### **Performance Measurement**

- Provide your plan for measuring and tracking the project goals and objectives outlined in the purpose section. The plan should include required and proposed measures outlined in the performance measurement, evaluation, and Continuous Quality Improvement (CQI) section and describe plans for the timely collection and reporting of all measures. This includes both process/implementation outcomes as well as impact outcomes.
- State your willingness to partner with MCHB, the Coordinating Center, and other MP3 recipients after award to identify or develop additional measures that demonstrate the impact of your project.
- Explain how you will use data to inform project implementation and CQI.
- Describe your plan to collect, or establish a partnership, to securely obtain participant-level data. Detail the data agreements you will establish with partners to obtain such data. Data agreements and your data management plan should be included in **Attachment 10**.

#### **Evaluation Plan**

- State your willingness to participate in HRSA-supported impact and outcomes evaluations as described in the [Program Requirements and Expectations](#) section and Performance Measurement, Evaluation, and Continuous Quality Improvement.
- State your willingness to meet periodically with staff from HRSA/MCHB, the Coordinating Center, and other MP3 grantees to review project plans, evaluation objectives and methods, data collection and reporting requirements, and analysis and reporting of results.
- State your willingness to provide the Coordinating Center core program data sets to ensure common program tracking. This will include many of the metrics listed in the table above. Prior to program implementation, the Coordinating Center can provide standardized surveys, instruments, and other tools to help collect this data.
- State your willingness to utilize the [RE-AIM](#) framework for your evaluations to support comparative analyses across programs.
- Describe any previous process, outcome, and impact evaluation experience with the participants to be served or other related food programs.

- Submit a preliminary project evaluation plan as **Attachment 5** that includes:
  - A process evaluation plan for documenting the process, challenges, and success of implementation and operations.
  - An impact/outcome evaluation plan to document the project’s effectiveness in (a) improving consumption of fruits and vegetables; (b) reducing food insecurity; (c) promoting healthy pregnancy weight gain; (d) overall physical and mental health; (e) positive birth outcomes; and (f) other program specific outcomes.
  - Describe how the communities being served (particularly the participants, residents, and organizations) will be engaged in its evaluation.

### **Continuous Quality Improvement**

- Conduct CQI. You are expected to use data and findings from your performance measurement and evaluation work to inform and improve processes and outcomes.

See the [reporting](#) section for more information.

### **Sustainability**

See merit review criterion 4: [Impact](#)

We expect you to sustain project elements that improve practices and outcomes for the target population. Projects may identify actual or potential funding sources for continuation of the project.

- Describe which aspects or components of the project will continue beyond the end of the project period.
- Include a Business Plan which will provide evidence, such as a market analysis or management plan, to demonstrate how sustainability of the project will be achieved. Include your Business Plan in **Attachment 9**.
- Describe actions you will take to disseminate information about your project to help other groups replicate your project in other settings.
- Discuss challenges that you’ll likely encounter in sustaining the program. Include how you will resolve these challenges.

Successful awardees must submit a long-term plan outlining how the pilot program will continue (or be responsibly phased out) after federal funding ends, including any leveraging of non-federal resources. This plan will be evaluated during the Year 1 review.

### **Organizational information**

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your organization’s mission, structure, and the scope of your current activities. Include a one-page project organizational chart in **Attachment 6**.
  - If your organization is not a community-based organization (CBO), demonstrate your substantive partnership with a CBO to carry out this program.
- Describe your organization’s experience with and capacity to implement and evaluate a produce prescription program.

- Describe your organization's experience providing services to maternal populations in low-income and underserved urban and rural areas.
- Describe how the qualifications of staff involved with the proposed project reflect the expertise necessary to carry out the proposed project.
- Describe the proposed project director's experiences and expertise.
- State how much time the project director will commit to the proposed project, and how they will meet the minimum 10% time and effort.
- Include a staffing plan and job descriptions in **Attachment 7**.
- Include biographical sketches or resumes for key staff in **Attachment 8**.
- List the organizations and communities to be involved in carrying out the proposed project. Include a summary description of relevant previous work and experience of each community group, organization, or healthcare entity that will be involved, and any related project history.
- Describe how the qualifications of staff involved with the proposed project and/or organizational leadership reflect the expertise necessary to carry out the proposed project.
- Discuss how you will follow the HRSA-approved work plan, account for federal funds, and record all costs to avoid audit findings.

### **Budget and budget narrative**

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

A line-item budget and budget justification should be included for all partner organizations that will be supported with project funds. If the applicant is not a community-based organization (CBO), the applicant is expected to include a detailed work plan and budget/budget justification

that demonstrates how the CBO will be substantively involved in the administration of this program.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

### **Attachments**

**Place your attachments in this order in the Attachments Form.** See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

#### **Attachment 1: Letter of support from healthcare partner(s)**

Include a letter of support from one or more healthcare partner(s) in the grant application specifying their role in implementing and evaluating the project. The healthcare partner may apply as the primary applicant, but a letter of support is still required.

#### **Attachment 2: Letter of support from community-based organization(s)**

Include a letter of support from one or more community-based organization partner(s) in the grant application specifying their role in implementing and evaluating the project. The community-based organization may apply as the primary applicant, but a letter of support from the organization's executive leadership is still expected, to ensure their engagement and partnership in the program.

#### **Attachment 3: Agreements with other entities**

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. Make sure you sign and date any letters of agreement.

#### **Attachment 4: Work Plan**

**See Section 3.1.7 of the Application Guide.**

Attach the project's work plan, making sure it includes everything required in the [project narrative](#) section.

Your work plan should be presented in a table format and should:

- Include the timeline for each activity.
- Identify staff who are responsible for each activity.
- Identify the key partners who will help you achieve each activity (as applicable).

#### **Attachment 5: Preliminary Evaluation Plan**

Attach the project's preliminary project evaluation plan. Your plan should:

- Describe your plan to obtain, collect, analyze, and track data to measure outputs and outcomes.

- Include an initial list of measures (such as indicators and metrics) that shows how you will evaluate and monitor the success of the project (for example outputs and outcomes).
- Include a timeline for implementing evaluation activities.

**Attachment 6: Project organizational chart**

Provide a one-page diagram that shows the full project’s organizational structure.

**Attachment 7: Staffing plan and job descriptions**

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, include a job description, their role, responsibilities, and qualifications.

**Attachment 8: Biographical sketches**

Include biographical sketches for people who will hold the key positions you describe in attachment 7.

Each biographical sketch should be one (1) page or less. Do not include non-public, personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

**Attachment 9: Business Plan**

The Business Plan should provide evidence, e.g., a market analysis or the outline of a management business plan, to demonstrate how sustainability of the project will be achieved. Business plan outlines or any other documentation of evidence for sustainability should be no more than five pages.

**Attachment 10: Data Management Plan**

A Data Management Plan (DMP) of no more than two pages is expected for this program. Applicants should clearly articulate how the project director (PD) and co-PDs plan to manage the data generated by the project. Applicants should include copies of the data agreement(s) established with partner entities that detail how the data will be collected, stored, and protected.

**Attachments 11-15: Other Relevant Documents**

You may use attachments 11 through 15 to add any other relevant documents.

**Other required forms**

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.

Forms	Submission requirement
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

#### Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

#### Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When writing your summary:

Use 4,000 characters or fewer.

Make sure it's clear, accurate, short.

Do not refer to other parts of the application.

Do not include [personally identifiable information \(PII\)](#) in abstract form.

If you receive an award, we'll put your project abstract on public websites and databases, including [USAspending.gov](#).

#### **Important: Public information**

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples](#).

## **Step 4: Understand Review, Selection, and Award**

### **Application review**

#### **Initial review**

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

## Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

### Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes the purpose and need of your project and how your target maternal population is low-income or underserved in urban and rural areas, in terms of access to maternal health services and healthy food.
- Describes the conditions that lead to food insecurity for the maternal population in your community.
- Uses relevant data, with appropriate references, to document and justify the need for the proposed project.

### Criterion 2: Response (35 points)

#### Approach, Work Plan, and Resolving Challenges

The panel will review your application for:

- The extent to which the work plan is clear and specific, includes a timeline, and identifies the staff or partners responsible for each activity.
- How the proposal will avoid duplicating other federal activities, including discretionary grant programs and mandatory health and food assistance programs.
- How your project aligns with and does not duplicate existing federal programs that may be operating in your service area, like those proposed or currently funded by MAHA ELEVATE, National Diabetes Prevention Program, IHS Produce Prescription Pilot Program, USDA Food and Nutrition Service Programs, Healthy Start, Maternal Child Health Nutrition Training Program, or Gus Schumacher Nutrition Incentive Program (GusNIP). If there are no other federal programs operating in your service area, state this in your narrative.

- The strength and feasibility of the work plan, including the extent to which it proposes reasonable timelines that are achievable within the period of performance and aligns with objectives proposed in the approach section.

### **Goals and Objectives (5 points)**

- How well it responds to the program's [purpose](#).
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities described will address the need, meet project goals and objectives, and are achievable within the performance period.

### **Resolving Challenges (3 points)**

- How well it describes challenges you may face while implementing the work plan, and the quality of your plan to deal with these challenges.

## **Work Plan**

### **Creating a Produce Prescription Program (10 points)**

- The strength and feasibility of your plan to design and implement a produce prescription program, or build on, expand, or enhance an existing program as described in the [Program Requirements and Expectations](#) section.
- The strength and feasibility of your plan for additional formative research you will conduct.
- How well you describe the role or involvement of 1) each healthcare partner, 2) the community-based organization, and 3) the communities being served in designing and implementing the project.

### **Building Partnerships (5 points)**

- The strength and feasibility of your plan to start new or strengthen existing collaborations with local partners, regional food systems, MCH organizations, and cross-sector partners, as described in the [Program Requirements and Expectations](#).
- The extent to which you plan to engage partners as described in the [Program Requirements and Expectations](#) and have included corresponding letters of support.

### **Identifying, Recruiting, and Retaining Participants (5 points)**

- The strength and feasibility of your plan for identifying, enrolling, and retaining eligible participants as described in the [Program Requirements and Expectations](#) section.

### **Nutrition Education (4 points)**

- The strength and feasibility of your plan for integrating nutrition education as described in the [Program Requirements and Expectations](#) section.

### **Participating in Training and TA (3 points)**

- Your willingness to participate in recipient calls and a technical assistance visit.

### **Criterion 3: Performance reporting and evaluation (20 points)**

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for how well it describes:

- Clear data collection, monitoring, and evaluation procedures for reporting on project activities.
- Your plan and ability to collect data on the measures specified in the performance measurement, evaluation, and continuous quality improvement (CQI) section, including DGIS measures and additional measures to be reported in the noncompeting continuation progress report.
- The feasibility and completeness of your plan to collect data shows the impact of your project on the target population and measurable outcomes.
- Your capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- Your willingness to participate in the HRSA-supported evaluations of the MP3 program.

### **Criterion 4: Impact (10 points)**

The panel will review your application for:

- The feasibility of your plan to accomplish project objectives.
- How strong an impact your project will have on the health of pregnant and post-partum women and their families in urban and rural areas.
- The strength of your plan to disseminate information that will help other groups replicate your project in other settings.
- The strength of your business plan and the likelihood that the program will continue beyond the federal funding.

### **Criterion 5: Resources and capabilities (15 points)**

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

- You have the organizational structure, capacity, and personnel to support a produce prescription program.
- Project staff have the training or experience to carry out the project
- The project director meets eligibility requirements and has experience and time to lead the project.
- You have the capacity to gather, manage, and use data for performance measurement, evaluation, and continuous quality improvement.

### **Criterion 6: Support requested (10 points)**

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's goals, objectives, and activities.
- Whether sufficient time is allotted for the project director and key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

### **Risk review**

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

## **Selection process**

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.

- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

You cannot appeal a denial, or the amount of funds awarded.

## Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.

## Step 5: Submit Your Application

### Application submission and deadlines

Your organization’s authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

#### Application deadline

**You must submit your application by 07/17/2026, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see “requesting a waiver” in the [Application Guide](#).

#### Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

**Have questions?** Go to [Contacts and Support](#).

## Other submissions

### Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of [state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

## Step 6: Learn What Happens After Award

### Post-award requirements and administration

#### Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

#### Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are underserved, medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

**Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

**Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.

- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

**Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- Ineffective “harm reduction” models.
- Housing-first approaches lacking accountability.
- Activities that facilitate illegal drug use or unsafe medical practices.

**Promoting public safety, lawful use of federal funds, and national health priorities:** To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

### **Cybersecurity**

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.  Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isp/>.

## Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.
- DGIS Performance Reports. Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.
- To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are:
  - Project Abstract (required)
  - Financial Form (required)
  - Direct & Enabling Services
  - Partnerships & Collaboration
  - Engagement of Persons with Lived Experience

- The type of report required is determined by the project year of the award’s period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2026 – September 29, 2027  (administrative data and performance measure projections, as applicable)	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	September 30, 2026 – September 29, 2027  September 30, 2027 – September 29, 2028  September 30, 2028 – September 29, 2029	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	September 30, 2029 – September 29, 2030	Period of performance end date	120 days from the available date

## Contacts and Support

### Agency contacts

#### Program and eligibility

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Attn:

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Health Resources and Services Administration

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#### Financial and budget

Tynise Kee

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## HRSA contact center

**Open Monday – Friday, 7 a.m. – 8 p.m. ET**, except for federal holidays.

**Call:** 877-464-4772 / 877-Go4-HRSA

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

## Help with systems

### Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

### SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

### Helpful websites

- [Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

### Footnotes

[1] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *et pen.* 2025;8(1):e2455955.

[2] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *et pen.* 2025;8(1):e2455955.

[3] Cheu LA, Yee LM, Kominiarek MA. Food insecurity during pregnancy and gestational weight gain. *tet G ne o* . 2020;2(1):100068.

[4] Laraia BA, Gamba R, Saraiva C, et al. Severe maternal hardships are associated with food insecurity among low-income women during pregnancy. *re nan rt* . 2022;22:138.

[5] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *et pen.* 2025;8(1):e2455955.

[6] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *ran e a e* . 2025;15:ibaf060.

[7] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *ran e a e* . 2025;15:ibaf060.

[8] Calloway EE, et al. Participant redemption and engagement of produce prescription programs. 2025.

[9] <https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>

[10] Sparks JR, Myers CA, et al. Influence of food security status and diet quality on maternal gestational weight gain. *Journal of the Academy of Nutrition and Dietetics*. 2024;69(3):394–402.