HRSA-26-103

Maternal Produce Prescriptions Program NOFO

Frequently Asked Questions

1. **I am a community-based organization. Do I still need to submit a letter of support?**

   A community-based organization may apply as the primary applicant, but a letter of support from the applicant organization executive leadership will still be required to indicate support for the project. Refer to page 6 of the NOFO.

2. **What is a community-based organization?**

   For the purposes of this NOFO, a Community-Based Organization (CBO) is a domestic public or private, non-profit or for-profit entity that is representative of a community or a significant segment of a community, and works to meet local needs, particularly focusing on rural populations or populations with limited access to care.

3. **I am a healthcare organization. Do I still need to submit a letter of support?**

   A healthcare organization may apply as the primary applicant, but a letter of support from the applicant organization executive leadership will still be required to indicate support for the project. Refer to page 6 of the NOFO.

4. **What qualifies as a "healthcare partner"?**

   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. See page 6 of the NOFO.
   Refer to page 6 of the NOFO. A healthcare partner may support activities such as screening and referring potential participants, verifying potential participants' eligibility to participate in the produce prescription program, or tracking health outcomes.

5. **Can you clarify the annual funding available per grant for this program?**

   Awardees will receive up to $500,000 per year per award. You should submit a budget for four 12-month budget periods for a total four-year period of performance from 09/30/2026 to 09/29/2030.

6. **Do applicants need to have an MP3 site in both rural and urban areas?**

You may design a program that reaches low income and underserved pregnant and post-partum women in rural and/or urban areas. Applicants should design a program that fits the needs of their community and context.

7. **Can we purchase food?**

   No, MP3 programs may not purchase food for participants outside of the incentives (e.g., prescriptions, vouchers).

8. **Is frozen food allowable?**

   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.
   See page 7 of the NOFO.

9. **Are applications to both MP3 and GusNIP allowed? Can we have other federal funding for a produce prescription program?**

   Yes, you can apply for the MP3 NOFO if you have existing federal funding for a produce prescription program. 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. See page 7 of the NOFO for further information.

   As stated in the Project Narrative section of the NOFO (page 17), applicants must note how the proposal will avoid duplicating other federal activities, including discretionary grant programs and mandatory health and food assistance programs. You should 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.

10. **How long can the women stay in the program and receive benefits after they have given birth?**

    Eligible women who were enrolled in MP3 during their pregnancy may receive benefits for the duration of the program, through September 29, 2030, if they do not drop out of the program. You can design a program that fits the needs of your community. There is not a minimum number of months that eligible women must receive program benefits after birth.

    As noted in the NOFO on pages 9-10, MP3 programs are required to continue to collect data every 6 months postpartum during the project period on core metrics for all participants.

11. Can programs enroll pregnant women who are 8 or 9 months pregnant?

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. See "Identify, Enroll, and Retain Eligible Participants" on page 8 of the NOFO and the "Performance Measurement" section on pages 9-10 of the NOFO.

12. Can someone who has recently given birth be an eligible participant?

No. Women must be pregnant at the time of enrollment. Eligible pregnant women who were enrolled in the program may remain in the program post-partum for 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. See page 8 of the NOFO for additional details.

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.
See "Identify, Enroll, and Retain Eligible Participants" on page 8 of the NOFO and the "Performance Measurement" section on pages 9-10 of the NOFO.

13. Can the families of the pregnant women eat the produce? Benefit from the program?

The purpose of this program is to promote access to healthy foods for pregnant and post-partum women *and their families*.

One of the goals of the program is to improve *household* food security. Another goal is to increase fruit and vegetable intake by pregnant and post-partum women *and their families*.

One of the program objectives is to increase the self-reported fruit and vegetable intake among enrolled women *and their families*.

14. **How long can a participant be enrolled in the produce prescription program?**
    The NOFO states that Program benefits are available to eligible participants during pregnancy, the postpartum period, and throughout the entire project period. Applicants can determine the duration of produce prescription benefits. You should design a program that fits the needs of your community. Participants can be enrolled in the program until September 2030, or another date determined by your design/needs.

15. **Are costs associated with delivering produce to participants (e.g., transportation, delivery services, or logistics support) considered allowable expenses under this program?**
    Yes, we recognize that transportation is barrier for enrollment and participation. Funds can be spent on transportation for participation in the program or delivery of the produce to the participant.

16. **If a community-based organization partner is responsible for procurement and/or distribution of produce, is it allowable for the lead applicant to reimburse that partner through a subaward or contractual arrangement?**
    Yes, you may use a subaward or contract with community-based partners for procurement and distribution of produce.

17. **Can applicants use their own surveys to collect the core metric data like household food insecurity? Will HRSA provide a survey?**

    HRSA will provide awardees with standardized surveys for many of the required measures. Your application should demonstrate that your organization has the capacity, resources, and ability to collect all the required data and your ability to report that data to the Coordinating Center in a timely manner. Prior to program implementation, the Coordinating Center will provide validated, standardized tools and instruments to all grantees to use to collect this data.

    Particular surveys or tools do not need to be referenced in the application.
    The HRSA-supported Coordinating Center will provide training, technical assistance, evaluation tools, data collection tools (including surveys and other validated tools), and informational support services to MP3 grantees.

    All awardees will provide the HRSA-supported Coordinating Center with core program data sets to ensure common program tracking. This will include, but is not limited to, the metrics listed in the table on pages 9-10 of the NOFO. In addition, awardees will need to report monthly redemption rates, the number of participants, and the reach of the program to the Coordinating Center, also noted on page 9 of the NOFO.

    See “Evaluation Plan” section on pages 10-11 of the NOFO as well as the “Performance Reporting and Evaluation” section of the Project Narrative on page 19 of the NOFO.

18. **I have my own evaluation framework I want to use. Do I need to use the RE-AIM framework?**

    Yes, as noted on page 10 of the NOFO, you are required to use the RE-AIM framework for your evaluation of your project so that the Coordinating Center can conduct comparative analyses across programs.

19. **Do I need to evaluate my own MP3 project or will the HRSA-supported Coordinating Center evaluate my project?**

    The HRSA-supported Coordinating Center will be evaluating the overall impact of the MP3 program, collectively. Grantees are responsible for evaluating their own project.

20. **How are we expected to measure the nutrition education component?**

    Evaluations should cover all aspects of the produce prescription program including the nutrition education component. Example outcomes to assess nutrition education may include, but are not limited to, food literacy, cooking skills, program engagement, and program satisfaction.

    See the "Evaluation Plan" section on page 10 of the NOFO.

21. **What is the NOFO page limit?**

    The page limit for this NOFO is 50 pages. The remaining guidance on application contents and associated page limits, listed in the NOFO, remain. Please see the tables on pages 14-15 of the NOFO for which components and attachments count toward the page limit.

22. **Are multi-site proposals across multiple states accepted?**

    Yes, multi-site proposals, including those that are multi-state, are accepted.

23. **Can funds be spent on transportation for participation or delivery of the produce to participants (e.g., transportation, delivery services, or logistics support)?**

    Yes, funds can be spent on transportation for participation in the program or delivery of the produce to the participant.
    However, MP3 programs may not purchase food for participants outside of the incentives (e.g., prescriptions, vouchers).

24. **My organization is both a Federally Qualified Health Center (FQHC) and a Community-Based Organization (CBO). Can applicants apply in both capacities (FQHC and CBO)? Is a separate partnership with other organizations required?**

Yes, you are eligible to apply if you are both a CBO and an FQHC.

The requirement for the application is that you have a letter from a CBO and a letter from a healthcare partner – applicants need both components. And the letters need to come from organizational leadership.

One letter should be clear in demonstrating that the organization is a CBO and one should be clear in demonstrating that the organization is an FQHC. If there are separate leadership positions that demonstrate this, the letters should come from the leadership representing each (i.e., CBO and FQHC).

25. **Are the U.S. Freely Associated States (FAS)—Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia—eligible to receive subawards under this grant program?**

    Yes. The U.S. Freely Associated States are eligible to receive subawards under this grant program. For additional information on applicant eligibility, please see the Eligibility Criteria on page 4 of the NOFO. Domestic organizations that meet the criteria are able to apply. * “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.