



Food Is Medicine — Letter of Interest

Kaiser Permanente Mid-Atlantic States is pleased to announce an open Letter of Interest funding opportunity for nonprofit organizations or government entities to directly support one Food Is Medicine initiative in the Greater Baltimore Service Area.

Important Dates

Letter of Interest Release Date:	February 12, 2024
Information Session:	February 14, 2024, 9:00 AM – 10:00 AM EST Register or view recording at: http://tinyurl.com/KPgrantLOIwebinar
Letters of Interest Due:	February 28, 2024
Notice of Invitation for Full Proposal	March 18, 2024
Full Proposal Due:	April 8, 2024
Awards Announced:	Anticipated by June, 2024

Award Information

Award Up to Amount:	Up to 1 award of \$50,000
Grant Term:	12 months
Project Start Date:	July 1, 2024

Eligible Organizations

To be eligible to submit a Letter of Interest (LOI), organizations must meet minimum qualifications:

- Have a 501(c)(3) public charity designation and be in good standing with the Internal Revenue Service; or have a fiscal sponsor that is so designated; or be a government entity exempt under Internal Revenue Code Section 501(c)(3).
- Provide services in the Greater Baltimore Service area including, but not limited to: Baltimore City, Baltimore County, Anne Arundel County, Carroll County, Howard County, and Hartford County.

Questions

For questions regarding the content of the funding opportunity, please email Laura.J.Howard@kp.org with “Food Is Medicine” in the subject line of the email.

For technical assistance with submitting your LOI, please contact MAS-Contributions@kp.org.

1. Initiative Background and Purpose

About Food Is Medicine

Food As Medicine (FIM) is a spectrum of food-based programs or initiatives that recognize and respond to the critical link between food and health. As part of Kaiser Permanente’s commitment to the National Strategy on Hunger, Nutrition and Health, **this funding opportunity seeks community partners that can contribute to Track 2 of the three evidence informed FIM funding tracks:**

- 1) Medically Tailored Meals are fully prepared meals, designed by a Registered Dietitian Nutrition (RDN) following evidence-based practice guidelines to address and individual’s diet-related illness.
- 2) Healthy Groceries – including Medically Tailored Groceries and Produce Prescription Programs - are perishable and nonperishable food, usually requiring preparation, selected by an RDN to address and individual’s diet-related illness, which may utilize vouchers or electronic benefit cards.
- 3) Nutrition Security Programs are government programs that improve access, availability, and affordability of foods.

This funding opportunity is intended to support Kaiser Permanente’s Healthy Groceries Funding Track (Track 2) ONLY – which includes Medically Tailored Groceries and produce prescription programs.

1. Key Outcomes, Objectives, Measurements

Applicants are required to select one or more of the outcomes, objectives, associated activities, and measurements from the tables below to include in their application. Applicants may also include additional objectives, provided they are aligned with the key outcomes and eligible activities.

Activities to be Funded:

In alignment with Kaiser Permanente’s national Food and Nutrition Security strategy and guidelines, grant activities must meet the requirements of the Healthy Groceries funding track. See chart below for guidelines:

Funding Track 2: Healthy Groceries (HG) including Medically Tailored Groceries and Produce Prescriptions. Select all applicable objective(s), insert the proposed target information, and enter completed objective(s) into application			
Objective(s)	Sample Activities	Required Measurement/Metrics	Optional Measurement/Metrics
<p>2.1 Enrollment and Distribution</p> <p>By [month, year] increase access to HG for those with and at high-risk for diet related disease by enrolling [proposed enrolled number] individuals and distributing [proposed number] healthy grocery [boxes/bags/deliveries].</p>	<p>Screening for HG eligibility</p> <ul style="list-style-type: none"> • Referral for HG • Improved ability to track screenings and referrals • Provision of HG • Provision of culturally relevant HG • Quality improvement activities in response to client feedback/needs 	<ul style="list-style-type: none"> • Number of unique people enrolled in the program • Number of unique people who receive at least one produce distribution, e.g., boxes/deliveries • Number of unique people who receive at least one produce distribution, by type of diet-related disease • Number of produce distributions, e.g., boxes/deliveries 	<ul style="list-style-type: none"> • Number of unique people referred to program • Number of unique people enrolled, by type of diet-related disease • Number of unique people who received at least one produce distribution in the past year prior to funding • Number of those referred by race/ethnicity • Number of those enrolled by race/ethnicity • Number of people who receive at least one produce distribution by race/ethnicity • Positive Health Outcomes • Participant Reported Outcomes
<p>2.2. Redemptions from vouchers or electronic benefit cards</p> <p>By [month, year] increase access to HG for those with</p>	<ul style="list-style-type: none"> • Screening for HG eligibility • Referral for HG • Improved ability to track screenings, referrals and 	<ul style="list-style-type: none"> • Number of people who redeemed at least one voucher • Pounds of food distributed/produce redeemed 	<ul style="list-style-type: none"> • Number of people who redeemed at least one voucher in the year prior to funding

and at high-risk for diet-related disease through redemption of [proposed number of redeemed] vouchers.	redemptions • Provision of HG • Provision of culturally relevant HG		
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2. Reporting and Evaluation Requirements

Awarded grantees will be asked to complete a brief Program Context survey describing their programs; this information is used to understand funded programs by track.

Grantees will submit:

- 1) A reporting data survey for every 6-month period the grant is active; the first survey will include the “Program Context” questions,
- 2) An annual progress report for grants longer than 12 months, and
- 3) A final report, 30 days after the close of the grant term.

The data surveys will include:

- Required and optional metrics based on the selected objectives. Awarded grantees should be prepared to collect and report out, at a minimum, the required metrics for their selected objectives.
- Minimal qualitative questions specific to the selected project objectives
- For grants more than 12 months in duration, submission of an annual expenditure reports

The progress and final report will include:

- A short narrative on highlights, successes, and challenges of the project
- Submission of an expenditure report, showing all grant funds have been expended during the grant period
- Progress towards project objectives

3. Allowable Project Budget Expenses

Grant funding can support, but is not limited to:

- Salaries and benefits
- Subcontractors and consultants
- Project costs for program management
- Costs for reporting and evaluation
- Convenings and associated travel
- Indirect costs up to 15% (salaries and benefits are not indirect costs)

Grant funding cannot be used to support:

- Capital expenditures (new building or remodeling)
- Cash reserves
- Debt retirement
- Lobbying activities

4. Selection Criteria

Priority will be given to proposals that meet the following criteria:

- Demonstrated commitment to racial and health equity
- Proposal adheres to the framework and funding guidelines
- Proposed activities are reasonable for budget allocation and advance project objectives
- Proposed activities would meaningfully impact the communities served by Kaiser Permanente

5. Electronic Application Process

All applicants must submit a Letter of Interest, using Kaiser Permanente’s online grants management system process by February 28, 2024 at 11:59 p.m. Eastern.

All applicants will be notified by March 18, 2024, whether they are invited to submit a full proposal. Selected applicants must submit a full proposal by April 8, 2024.

New users will need to create an account in the Kaiser Permanente grants management system. Applicants that have not previously used the Kaiser Permanente online application process are encouraged to submit their LOI early to avoid technical issues.

- Please visit our online application portal: <https://mosaic.versaic.com/login>
- Log in or create a new profile by clicking the “Create” button and following the guidance
- From the homepage select the “Get Started” button to begin a new application
- When prompted, please use Access Code: MAS24LOI

Applicant must follow the Application Guide found below when submitting their Letter of Interest.

Emailed or mailed applications will not be accepted nor entered in the review process. Funding decisions will be made by the end of June, 2024. Submission of an application does not guarantee funding. All applications are reviewed for consideration in a multi-step process and applicant will be notified of application status.

6. Letter of Interest Submission Guidance

To help expedite your application and help us understand your project goals, we’ve provided guidance and prepopulated responses to select questions within the Letter of Interest. If your organization is selected to submit a full application, additional guidance will be given.

Letter of Interest Question	Additional guidance for applicant responses
Project Title	Food Is Medicine – Mid-Atlantic States
Grant amount requested from Kaiser Permanente	\$50,000
Project start and end dates	7/1/2024 – 6/30/2025
What is the overall project goal? If your request is not related to a specific project, describe the goals of your	[Insert name of organization] is seeking up to \$50,000 to advance Food Is Medicine by [insert additional details specific to your project and selected funding track].

organization. (75 words)	
<p>What activities or strategies will you use to achieve the project goal? If your request is not related to a specific project, briefly describe your organization's programs and/or activities. (125 words)</p>	<p>Indicate which of the objectives and activities your organization is requesting support for. As the word limit allows, elaborate on the activities specific to your project and how those activities will help meet your project objectives and identified need. Below are examples of acceptable activities:</p> <ul style="list-style-type: none"> • Screening for Healthy Groceries eligibility • Referral for Healthy Groceries • Improved ability to track screenings and referrals • Provision of Healthy Groceries • Provision of culturally relevant Healthy Groceries • Quality improvement activities in response to client feedback/needs • Screening for Healthy Groceries eligibility • Referral for Healthy Groceries • Improved ability to track screenings, referrals and redemptions. • Provision of culturally relevant Healthy Groceries
<p>Describe the community which will be served by the project and explain why the project is needed in that community. Include the cities and/or counties in which the project activities will take place, as well as characteristics of the population that will be served. (125 words)</p>	<p>Be sure to include the estimated number of people who will be reached by your proposed project.</p>
<p>List at least one measurable health improvement outcome the project will achieve. If your request is not related to a specific project, enter N/A. (75 words)</p>	<p>Copy/paste verbatim measurements from Section 2 that are relevant to the proposal and give numerate goals.</p>
<p>How do you know the proposed approach will be effective? For example, if the project has shown previous measurable success or if it will use an evidence-based curriculum or strategy. If your request is not related to a specific project, enter N/A. (125 words)</p>	<p>Indicate how you will collect data for the measurements (metrics) for your applicable objectives.</p> <p>[Insert name of organization] will collect metric data by [insert data collection methods].</p>

<p>Attachments section - if required by the Kaiser Permanente region to which you are applying, please upload a 1-2 page description of your project to supplement the information provided above.</p>	<p>No attachments required for Letter of Interest submission.</p>
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7. Definitions

Food and Nutrition Security is the accessibility, availability, and affordability of both sufficient quantity and quality of food for a healthy life that prevents and treats disease.

Food is Medicine (FIM) is a spectrum of programs, services, and other interventions that recognize and respond to the critical link between nutrition and health, particularly within healthcare systems. FIM is an emerging movement focused on how we can increase access to foods that heal.

Food Security as defined by the USDA is access by all people at all times to enough food for an active, healthy life. Healthy Groceries is a FIM intervention that includes Medically Tailored Groceries and Produce Prescriptions.

Medically Tailored Groceries are unprepared foods that provide a significant portion of the ingredients for meals meant to be prepared at home. These ingredients vary, but often include fruits and vegetables, lean protein, beans and legumes, and dairy products approved by an RDN through a referral from a medical professional. Groceries reflect appropriate dietary therapy based on evidence-based practice guidelines. Services may occur either on-site at the healthcare system (e.g., the patient receives a referral to pick up a box/bag of groceries at the clinic), or off-site at a community location (the patient receives a referral to pick up groceries from a community-based organization or the groceries are delivered to their home)

Medically Tailored Meals (MTM) is a FIM intervention where fully prepared meals are delivered to individuals living with diet related disease (including obesity, diabetes, hypertension, and heart disease) and activities of daily living limitations. Eligible individuals are food insecure and are identified through screening and referred to the MTM provider, in many cases a community-based nonprofit organization. Meals are designed for the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN) to reflect appropriate dietary therapy based on evidence-based practice guidelines.

Nutrition Security as defined by the USDA is consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease, particularly among racial/ethnic minority, lower income, and rural and remote populations including Tribal communities and Insular areas.

Nutrition Security Programs are government programs that improve access, availability, and affordability of foods. Examples include the Supplemental Nutrition Program (SNAP), Women, Infant and Children (WIC) and School Meals, such as School Breakfast and School Lunch.

Produce Prescriptions are typically paper vouchers or electronic benefit cards used to purchase fresh, frozen, and/or canned fruits and vegetables (will vary depending on program) with no added fats, sugars, or salt, at low or no cost at community food stores (e.g. grocery stores, farmer's markets). Foods are supplemental and not usually sufficient for full meals. Referrals are made by a

health care provider to treat or prevent a diet-related health risk or condition, food insecurity or other documented challenges in accessing nutritious food. Services may occur either on-site at the healthcare system (e.g., the patient receives a referral to pick up a box/bag of groceries at the clinic), or off-site at a community location (the patient receives a referral to pick up groceries from a community-based organization or the groceries are delivered to their home).