

Wisconsin Chronic Disease Prevention Program
Grant Funding Opportunity

Improving Access to Healthy Food in Communities with High Rates of Diabetes

I. IMPORTANT DATES

February 24, 2025	Grant Funding Opportunity released
April 7, 2025	Application Materials due by 11:59 p.m.
April 28, 2025	Notification of Awards (estimated)
June 30, 2025-June 29, 2026	Period of Performance with option for additional budget periods

II. FUNDING OPPORTUNITY OVERVIEW

INTRODUCTION

The Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) is a recipient of the CDC cooperative agreement addressing prediabetes and diabetes, CDC-RFA-DP23-0020 (2320). To implement the strategies of this cooperative agreement, CDPP partners with a variety of organizations across the state, offering funding, technical assistance, peer support connections, and subject matter expertise.

CDPP is issuing this Grant Funding Opportunity (GFO) to provide interested applicants with information on preparing and applying for the *Improving Access to Healthy Food in Communities with High Rates of Diabetes* grant. Up to \$22,500 per year is available for selected applicants.

BACKGROUND

Healthy food access is a concern across the state. The overall food insecurity rate for the state of Wisconsin is 10.5%¹, and that rate varies by county, with some counties at a rate as high as 14.0 - 16.1%¹. This translates to around 617,790 people in the state facing food insecurity¹. Poor diet and lack of access to healthy food contribute to the development of chronic diseases such as diabetes. Our partners across the state had conversations with members from Hmong, Hispanic, African immigrant, rural, low income, and senior populations. In these conversations, Wisconsinites expressed that healthy food access is a common challenge in their communities. Discussions with food banks across the state highlighted that communities are utilizing food banks and pantries at increasing rates and there can be challenges with sourcing nutritious, culturally affirming foods. Donated food streams, especially, can be a challenge since food banks have little control over what they receive, which means they sometimes receive less nutritious or unhealthy food items.

A cross-cutting component of 2320 work seeks to address health disparities by reducing social determinants of health (SDOH)-related barriers impacting priority populations' successful access to and participation in evidence-based diabetes management and type 2 diabetes programs and services. Priority populations are those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

For this GFO it's important to understand the difference between systems and population-level and individual-level approaches. SDOH exist at the community or population level and reflect policies and environments that support or create barriers to health². Health-related social needs are individual-level factors, such as financial instability, that are impacted by community-level SDOH³. Activities addressing individual needs and supports, such as providing healthy food vouchers to National DPP lifestyle change program participants or facilitating biking and walking groups, are not appropriate under this GFO.

PURPOSE

This GFO focuses on implementing sustainable policy, systems, and environmental change efforts to reduce health disparities related to access to healthy foods in communities across Wisconsin. Work will support community organizations and agencies who serve priority populations throughout Wisconsin.

SCOPE OF WORK

The selected applicant will be expected to implement a systems-level project with the following complementary objectives:

1. Work with community pantries or food banks to expand food offerings to include nutritious, culturally affirming options and update guidelines related to food donations.
2. Enhance the built environment to make healthy foods more accessible in the community.

Selected applicants will be responsible for providing leadership on the following program roles:

- **Local assessment-** Review available data to understand the scope and depth of health disparities related to nutrition and identify populations of focus.
- **Community engagement-** Actively engage community leaders and members to incorporate community voice and needs into implementation activities.
- **Partner convening-** Convene, gain buy-in, and leverage expertise of cross-sector partners to collaborate on planning, implementation, and sustainability efforts.
- **Planning and implementation-** Develop a work plan and implement systems-level project activities in collaboration with key community partners.
- **Program evaluation-** Participate in, contribute to, and help inform CDPP data collection efforts for evaluation and performance measurement plan reporting.

A work plan should be developed based on the following objectives and activities outlined below:

Objective 1: Work with community pantries or food banks to expand food offerings to include healthy, culturally affirming options and update guidelines related to food donations.

Potential work plan activities under this objective may include:

- Identify and partner with local charitable food system sites to improve policies, practices, and environments that support increased access to healthy foods.

- Collaborate with local UW Extension to share their [Safe & Healthy Food Pantries](#) Project Toolkit with local charitable food system partners.
- Conduct an organizational assessment to establish a baseline understanding of current policies, practices, and/or environments (e.g., food provision, staff and volunteer structure, client choice options, food donations) and identify opportunities for improvement.
- Work with sites to tailor food offerings for people with diabetes and other chronic conditions.
- Engage priority populations who use food pantries or those with prediabetes or diabetes who are unable to access healthy foods.
 - Assess the [cultural food preferences](#) of your priority population and incorporate findings into improved pantry policies, practices, and environments.
- Collaborate with priority populations and partners on innovative ways to supplement sourcing of healthy foods, including diabetes friendly food options.
 - Develop a new or enhance an existing [food gleaning project](#) to better serve food access needs and preferences of priority populations.
 - Develop new or utilize existing community gardens or “Grow a Row” programs to supplement fresh produce donations to pantries.

Objective 2: Enhance the built environment to make healthy foods more accessible in the community.

Potential work plan activities under this objective may include:

- Conduct [walk/move audits](#) (or other assessments) with local decision-makers, cross-sector partners, and community members that represent diverse perspectives to identify traffic-calming measures or safety treatments needed for safe routes to places people access food in the community (e.g., food pantries, farmers markets, and other food retailers.)
- Collaborate with partners to develop new or improve existing plans or policies to establish activity-friendly routes or public transportation to places people access food in the community. Examples include:
 - Plans: Bicycle and Pedestrian Plans, Active Transportation Plans, Vision Zero Plans, Public Transit/Transportation plan, Comprehensive (Master) Plans, Activity-Friendly District Plans/Codes, etc.
 - Policies: Complete Streets, Safe Routes, and Vision Zero policies. Also includes policies to promote mixed land uses, transit-oriented development, and residential density.
- Collaborate with partners to establish or update zoning policies to include community gardens (a potential source for fresh food donations to pantries).

Work plans must include activities related to both complementary objectives. However, based on applicants' capacity and readiness, it is possible that equal weight cannot be given to both. You should prioritize objective 1 and, at a minimum, applicants should incorporate identifying and convening partners related to objective 2 (the built environment).

As a cooperative agreement, CDPP will provide close partnership and oversight of the grant activities with ongoing technical support and guidance.

III. ELIGIBILITY AND QUALIFICATIONS

Eligible applicants include, but are not limited to, Wisconsin-based local and tribal health departments, community-based organizations, non-profit organizations, and coalitions.

Eligible applicants must:

- Have staff capacity or the ability to hire someone to manage the project.
- Have the financial capacity to oversee and manage the project.
- Have established relationships or an ability to develop relationships with cross-sector partners, including food pantries and other partners working to address access to healthy foods.
- Be able to identify a key collaborator(s), such as Community Health Workers (CHWs), for engaging priority populations who use food pantries or those with diabetes who are unable to access healthy foods.
- Have experience collecting and reporting qualitative and quantitative data to facilitate evaluation and performance measure reporting.
- Preference will be given to applicants based in or providing services in one of the CDPP-identified high-need counties: Adams, Ashland, Brown, Clark, Fond du lac, Forest, Grant, Green Lake, Jackson, Juneau, Marinette, Menominee, Milwaukee, Monroe, Racine, Richland, Rock, Rusk, Sawyer, Shawano, Trempealeau, Walworth, Waushara, and Winnebago. If not in one of these counties, ability to demonstrate need in your community is required.

IV. FUNDING INFORMATION

FUNDING AVAILABILITY

The selected applicants will be awarded up to \$22,500 for a one-year grant period, June 30, 2025 - June 29, 2026, with the option for additional years.

This is a scored grant funding opportunity application survey. Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to ultimately partner with to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award more than one applicant, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this application to increase funding to the selected applicant(s) or fund additional applicants that submitted an application but were not selected.

Moreover, DHS reserves the right to negotiate with the successful applicant(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

Funding for this budget period and for subsequent years or budget periods may be awarded based on performance and availability of funding.

USE OF FUNDING

Funding may be used for staff planning, preparation and implementation time, fringe benefits, travel related to the project, data collection, analysis and reporting activities and other project related costs. Funding **cannot** be spent on the following items and activities:

- Lobbying
- Fundraising
- Individual supports, such as transportation vouchers, food boxes, and childcare
- Food
- Construction

Selected applicants will be required to use Grant Enrollment, Application and Reporting System (GEARS). Selected applicants will report costs incurred on expenditure reporting forms and submit the forms to the GEARS Unit monthly. Additional expenditure information will also be submitted to Wisconsin Chronic Disease Prevention Program staff. Awarded grantee(s) will need a STAR Supplier identification number and GEARS Agency number.

Applicants selected for award will need to agree to direct deposit payments and agree to the terms in the Department of Health Services’ grant agreement. A draft copy of a grant agreement can be provided upon request.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Recommended indirect rate, if applicable, should be ≤ 15%.

Allowable Costs and Activities (not inclusive list)
Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project
Unallowable Costs and Activities
Direct or indirect lobbying activities
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation, and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction
Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in

excess of one year.
Projects outside of Wisconsin

UNIQUE ENTITY IDENTIFIER (UEI)

Applicants must have, or obtain prior to grant agreement execution, an UEI and must not be disbarred, suspended, or ineligible. The UEI is a 12-character alphanumeric identifier (ID) that is issued through [SAM.gov](https://sam.gov). You can go to SAM.gov and [search](#) to see if your organization already has a UEI. If it does not have one, you can request one by following the prompts at SAM.gov. It is free and usually takes a day or two to receive the number. Please note that you do not have to go through the full registration process, which takes longer. If you do need to obtain an UEI, please review [Before You Get Started](#) for more information. The video [Get a Unique Entity ID - YouTube](#) is also helpful. If additional help is needed, visit the Federal Service Desk at [FSD.gov](https://federal.service.gov).

V. APPLICATION REQUIREMENTS

Application Submission

- **Complete the grant application by 11:59 p.m. on April 7, 2025**
- [Access the grant application via Alchemer here](#). Only applications submitted through this link will be considered.
- **Work Plan:** Develop activities to plan, implement, and sustain this project. See Application Question #9 for work plan template and further details.
- **Budget and Justification:** Provide a detailed outline of how the funds will be used per budget category. See Application Question #10 for budget template and further details.
- If the applicant does not provide the information necessary to meet the Application Requirements, DHS reserves the right to remove the application from further consideration.

Application Tips

Depending on your experience and interest, the time it takes to complete the application will vary. Therefore, we recommend you work "offline" until you are ready to complete the application in Alchemer in full.

Application Survey Questions

These are the application questions you will complete in Alchemer. You may use this section to work "offline" and prepare before submitting your application in full using Alchemer.

- 1. Name of lead organization applying**
- 2. Contact information for who will serve as the primary point of contact for communication regarding this application.**
 - First Name
 - Last Name
 - Title
 - Street Address

- Apt/Suite/Office (if applicable)
- City
- State
- Zip
- Email
- Phone

3. Organization website (if applicable)

- 4. Organization background, past and relevant current work:** Describe your organization's past and current activities, practices, and connections to increasing access to healthy foods using a policy, systems, and environmental change approach. Share how your organization is ready to take on the key roles described in the scope of work. Describe how this work is aligned with your organization's mission, vision, or strategic plan. (Maximum word count: 1000).
- 5. Project description:** Give a brief high-level description of the project, sharing how you'll approach the scope of work and key activities (Maximum word count: 500).
- 6. Priority communities:** Please share which priority communities you will reach with this GFO and what data you used to identify these groups. Include planned efforts to engage these groups (Maximum word count: 500).
- 7. Key partnerships:** Describe connections to cross-sector partners and key organizations who represent the communities they serve and/or to community members directly (Maximum word count: 500).
- 8. Community assessment** Describe any community assessment activities (e.g., survey, community conversations, focus groups) your organization has been involved with recently and/or plans to complete through this GFO to support your proposed approach. Explain how the project will be based on community-identified needs and solutions (Maximum word count: 500).
- 9. Work Plan:** Using the template provided, develop activities to plan, implement, and sustain this project in your community for the period June 30, 2025 – June 29, 2026. [Automatically download the Work Plan template](#). Check your internet browser's or computer's downloads. Follow the file naming convention: Applicant name_Work Plan_2320 SDOH.
- 10. Budget and Justification:** Provide a detailed budget and justification for the period June 30, 2025 – June 29, 2026 outlining how the funds will be used per budget category. [Automatically download the Budget template](#) in its ready-to-use .xlsx format. Please check your internet browser's or computer's downloads. Follow the file naming convention: Applicant name_Budget_2320 SDOH.
- 11. What other comments or questions would you like to share with the Chronic Disease Prevention Program?** (Maximum word count: 250)

Questions

If you have any questions, please e-mail the CDPP team at DHSChronicDiseasePrevention@dhs.wisconsin.gov. Include “2320 SDOH GFO” in the subject line.

VI. APPLICATION SCORING

Applications are reviewed by an evaluation committee and scored against defined criteria.

Application Section Scoring	Maximum Points
A. Organizational capacity and expertise	20
B. Project description	20
C. Priority communities and key partnerships	30
D. Community assessment	10
E. Work Plan	10
F. Budget and Justification	10
Maximum Total Points:	100

VII. NOTIFICATION OF AWARD

The Chronic Disease Prevention Program anticipates the date of notification of awards will be **April 28, 2025** or shortly after this date. For applicants who are awarded, the period of performance is from **June 30, 2025- June 29, 2026**. Depending on available funding and acceptable performance, additional years of funding may be awarded to extend grant activities. Applicants not chosen for funding will be notified accordingly.

VIII. POST AWARD MONITORING AND REPORTING

DHS CDPP staff will monitor progress and provide technical assistance during the grant period. Monthly reports, check-ins, and monthly expenditure reports will be required during the grant period to assist CDPP in reporting detailed progress to CDC. Applicants are also required to evaluate activities and participate, contribute, and inform the DHS CDPP annual evaluation and performance measurement plan. To assist in meeting these requirements, award recipients will need to monitor and report barriers, facilitators, and lessons learned.

IX. GLOSSARY

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance.

Built Environment: The built environment includes the physical makeup of where we live, learn, work, and play. It involves roads, sidewalks, open spaces, and transportation options, as

well as homes, schools, and businesses. The built environment can influence overall community health and individual behaviors, such as physical activity and healthy eating.

Charitable Food System: A network of food banks, food pantries, and meal programs that provide food to people in need at no cost.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The evaluation plan is used to describe how DHS CDPP and/or CDC will determine whether activities are implemented appropriately, and outcomes are achieved.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, and reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program

(outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Policy, Systems, and Environmental Change: Strategies that move beyond individual-level factors and promote healthy behaviors by making healthy choices readily available and easily accessible in the community. Examples include new public policies, organizational practice changes, and improvements in the built environment.

Priority Populations: Priority populations are those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics.

Social Determinants of Health: The conditions in which people are born, grow, work, live, and age (i.e., nonmedical factors), and the wider set of forces and systems shaping the conditions of daily life (i.e., economic or policies and systems, development agendas, social norms, etc).

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

X. RESOURCES AND CITATIONS

1. Feeding America. (2022). Hunger & Poverty in Wisconsin. Map the Meal Gap; Feeding America. <https://map.feedingamerica.org/county/2022/overall/wisconsin>
2. Hacker K, Houry D. Social Needs and Social Determinants: The Role of the Centers for Disease Control and Prevention and Public Health. *Public Health Rep.* 2022 Nov-Dec;137(6):1049-1052. doi: 10.1177/00333549221120244. Epub 2022 Sep 9.
3. Castrucci BC, Auerbach J. Meeting individual social needs falls short of addressing social determinants of health. *Health Aff ForeFront.* January 16, 2019. Accessed February 21, 2023.