

Wisconsin Chronic Disease Prevention Program
Grant Funding Opportunity

Advancing Produce Prescription Programs in Communities with High Rates of Nutrition Insecurity

I. IMPORTANT DATES

February 24, 2025	Grant Funding Opportunity released
March 28, 2025	Application Materials due by 11:59 p.m.
April 9, 2025	Notification of Awards (estimated)
Estimated start June 1, 2025 – September 29, 2025	First Period of Performance (for current non-SPAN funded applicants)
September 30, 2025 - September 29, 2026	Second Period of Performance (for all applicants)

II. FUNDING OPPORTUNITY OVERVIEW

INTRODUCTION

The Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) is a recipient of the State Physical Activity and Nutrition Program (SPAN) cooperative agreement from the Centers for Disease Control and Prevention (CDC). To implement the strategies of this cooperative agreement (known as SPAN), CDPP partners with a variety of organizations across the state, offering funding, technical assistance, and connections to peer support.

CDPP is issuing this Grant Funding Opportunity (GFO) to provide interested applicants with information on preparing and applying for the *Advancing Produce Prescription Programs in Communities with High Rates of Nutrition Insecurity* grant to expand or start produce prescription programs in Wisconsin.

BACKGROUND

Chronic diseases, such as diabetes, heart disease, stroke, and obesity are prevalent throughout Wisconsin although not all Wisconsin communities experience these diseases equally. 43.8% of American Indian/Alaska Native adults, 51.8% of Black adults, and 35.8% of Hispanic adults have obesity, compared to 32.5% of White adults¹. In 2022-2023, age-adjusted prevalence of diabetes in Wisconsin Non-Hispanic White was 8.0%, compared to 14.7% Non-Hispanic Black, 13.5% Non-Hispanic American Indian and 17.5% Hispanic/Latino². Additionally, disparities

persist in CVD deaths; about 6 in 10 CVD deaths were male Wisconsin residents, and about 1 in 10 CVD deaths were residents who identify as Black³.

Increasing access to nutritious foods has a positive influence on preventing and mitigating chronic diseases. However, the overall food insecurity rate for the state of Wisconsin is 10.5%⁴, and that rate varies by county, with some counties at a rate as high as 14.0 - 16.1%⁴. This translates to around 617,790 people in the state facing food insecurity⁴. This GFO seeks to address this issue in communities experiencing high rates of nutrition insecurity.

PURPOSE

DHS CDPP is seeking applicants (e.g., non-profit, local or Tribal health agency, membership entity, coalition) to partner with under the *Advancing Produce Prescription Programs in Communities with High Rates of Nutrition Insecurity* grant. The CDC SPAN cooperative agreement includes [6 strategy areas](#): food service guidelines, fruit and vegetable voucher programs, produce prescription programs, community design for physical activity, continuity of care in breastfeeding, and quality early care and education environments. **This GFO is focused on produce prescription programs.** Funding opportunities for the other CDC SPAN strategies will be announced separately, as applicable.

This GFO also revolves around supporting local health agencies, community-based organizations, or other organizations who serve priority populations throughout Wisconsin. **Priority populations** are those who have systematically experienced greater obstacles to health due to social, demographic, environmental, and other factors or characteristics. Under the CDC SPAN cooperative agreement, **the priority populations are those communities experiencing nutrition insecurity.**

SCOPE OF WORK:

This GFO will focus on advancing produce prescription programs through two phases:

- A. expand an existing produce prescription program (A. expand) and/or
- B. start a new program (B. start).

A. Expand versus B. Start:

Funding for the produce prescription program strategy under this GFO varies based on the applicant's implementation readiness. In order for a program to be considered an existing produce prescription program (A. expand), it must have a clinical connection and referral process in place. Applicants who administer food box programs without a clinical connection are not considered produce prescription programs under this GFO and can apply for phase B. start. If an applicant is currently running a produce prescription program in one area of the state, but would like to start an additional program in a different area of the state, with new clinical partners and

produce/food suppliers, serving a different priority population, the applicant can apply for phase B.start. Outlined below is the scope of work for each funding route.

Applicants can apply to work on one phase (A. expand or B. start) or both phases (A. expand and B. start). Applicants applying to work on both phases (A and B) must submit a separate application for each phase: one for A) expanding an existing program and one for B) starting a new program. An applicant can only submit one application per phase. Any additional applications will not be considered. The available funding amounts for each phase are indicated below.

	A. Expand	B. Start
June 1, 2025 - Sept 29, 2026	\$10,000 - \$20,000	\$30,000 - \$50,000

Applicants must apply for the entire period of performance of June 1, 2025, through September 29, 2026, which is split into two separate periods to align with CDC SPAN cooperative agreement requirements (Period of Performance 1: June 1, 2025 - September 29, 2025; Period of Performance 2: September 30, 2025 - September 29, 2026). The available funding amounts for each Period of Performance are indicated below.

Period of Performance	A. Expand	B. Start
Period 1: June 1, 2025 - Sept 29, 2025	\$5,000 - \$10,000	\$10,000 - \$20,000
Period 2: Sept 30, 2025 - Sept 29, 2026	\$5,000 - \$15,000	\$10,000 - \$40,000
Total range of funds over both periods June 1, 2025 - Sept 29, 2026	\$10,000 - \$20,000	\$30,000 - \$50,000

Below is a list of outcomes and performance measures provided and required by CDC as part of the SPAN cooperative agreement.

Strategy Overview: *Coordinate the uptake and expansion of existing **produce prescription programs**.*

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Coordinate the uptake and expansion of existing produce prescription programs.	Increased access to healthier foods.	Increased purchasing and distribution of healthier foods.	Improved health behaviors and outcomes (e.g., increased healthier food consumption, increased percentage of individuals meeting physical activity guidelines, decreased obesity). Reduced health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity).

Performance Measures:
Number of places newly issuing produce prescriptions or places with enhanced processes for providing produce prescriptions.
Number of new enrollees in produce prescription programs.

This GFO will fund applicants who seek to expand or start an existing produce prescription program in priority populations. Produce prescription programs are prescriptions written by a health care provider for fruits and vegetables to be used in a health care setting or in the patient’s community. Applicants who choose this strategy must either be a health care clinic and/or provider or have a partnership with a health care clinic or provider. Applicants must also have the ability to purchase foods (independent of these GFO funds) or source foods essential to the produce prescription program. This GFO will prioritize applicants whose proposed work plan includes activities that will increase the performance measures and outcomes listed above.

Outlined below is the scope of work for applicants who wish to **expand** an existing produce prescription program (A. expand):

- Planning Phase
 - Identity priority populations.
 - Evaluate current program implementation, noting any challenges or barriers to priority community member enrollment.

- Develop an implementation plan to increase priority community member enrollment.
- Create any specific outreach materials needed.
- Implementation
 - Execute implementation plan.
 - Recruit and enroll members of priority populations.
 - Track participants and referral systems.
 - Develop plans to overcome challenges with support from the project team and CDPP.
- Evaluation and Sustainability (ongoing)
 - Identify funding sources and financial support resources to sustain the program.
 - Develop a written sustainability plan including program successes, challenges, and strategies used to overcome them.
 - Use sustainability plan to develop a presentation to promote the produce prescription programs with financial support resources and community partners.
 - Meet with financial support resources to promote sustainability of the produce prescription program.
 - Communicate and work closely with CDPP.
 - Collect and report CDC-required and evaluation-related deliverables, including but not limited to performance measures.

Outlined below is the scope of work for applicants who wish to **start a new** produce prescription program (B. start):

- Exploration Phase
 - Identify and enhance connections to priority populations in your community.
 - Identify local food distributors/donors or other sources of funding for produce.
 - Identify local clinics who have a registered dietitian.
 - Explore this resource on the components needed to start a produce prescription program - [Components of Fruit and Vegetable Programs | Nutrition | CDC](#)
- Planning Phase
 - Develop an implementation plan. Solidify connections with clinics and produce sources.
 - Create a food distribution plan.
 - Outline and create a referral process, connecting clinics to the food distributor.
 - Develop outreach materials for priority populations to engage in the program.
- Implementation
 - Execute implementation plan.
 - Recruit and enroll members of priority populations.
 - Track participants and referral systems.
 - Develop plans to overcome challenges with support from the project team and CDPP.

- Evaluation and Sustainability (ongoing)
 - Identify funding sources and financial support resources to sustain the program.
 - Develop a written sustainability plan including program successes, challenges, and strategies used to overcome them.
 - Use sustainability plan to develop a presentation to promote the produce prescription program with financial support resources and community partners.
 - Meet with financial support resources to promote sustainability of the produce prescription program.
 - Communicate and work closely with CDPP.
 - Collect and report CDC-required and evaluation-related deliverables, including but not limited to performance measures.

***A reminder: Funds under this GFO cannot be used to purchase food for the produce prescription program.*

Resources:

- [Strategy Overview: Nutrition \(Incentives and Produce Prescriptions\)](#)
- [Components of Fruit and Vegetable Programs | Nutrition | CDC](#)
- <https://www.nutritionincentivehub.org/resources/resources/produce-prescription-projects/produce-prescription-projects/getting-started>
- [Produce Prescription \(PPR\) Project Readiness Checklist](#)

III. ELIGIBILITY

APPLICANT QUALIFICATIONS

Eligible applicants include, but not limited to Wisconsin-based, non-profit organizations, local or Tribal health departments, membership or professional associations, health care clinics, academic institutions, and coalitions.

Applicants must have the following qualifications:

- Have an ability to reach and work with members of priority populations
- Have staff capacity or the ability to hire someone to manage the project
- Have the financial capacity to oversee and manage the project
- Have a clinical connection to a Registered Dietitian Nutritionist to make referrals
- Have the ability to purchase or source all foods for produce prescription programs

IV. FUNDING INFORMATION

FUNDING AVAILABILITY

Funding is available based on the applicants current implementation readiness:

Period of Performance	A. Expand	B. Start
Period 1: June 1, 2025 - Sept 29, 2025	\$5,000 - \$10,000	\$10,000 - \$20,000
Period 2: Sept 30, 2025 - Sept 29, 2026	\$5,000 - \$15,000	\$10,000 - \$40,000
Total range of funds over both periods June 1, 2025 - Sept 29, 2026	\$10,000 - \$20,000	\$30,000 - \$50,000

This is a scored GFO application survey. Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties 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 time, including 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 used to purchase foods for produce prescription programs, construction, or equipment over \$5,000.

Funded applicants will be required to use Grant Enrollment, Application and Reporting System (GEARS). Funded 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.

The applicants selected for this award will need to agree to direct deposit payments and agree to the terms in the DHS 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 $\leq 15\%$.

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
Supplies/equipment that have a total value under \$5,000

Unallowable Costs and Activities

Direct or indirect lobbying activities
Food for programs (for example, food for taste testing activities and fruit and vegetable incentive programs, produce prescription programs)
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 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 March 28, 2025**
- [Access the grant application via Alchemer at here](#). Only applications submitted through this link will be considered.
- Work Plan: Develop activities to plan, implement, and sustain this project. See Application Question #10 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 #11 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. You may use the Application Questions section below to work "offline" and prepare your application.
- Use the navigation buttons at the bottom of the page instead of your internet browser's navigation.
- You will not be able to navigate to any previous responses once "Submit" is selected on the last page.
- Complete this application in one sitting. You will not be able to return to your earlier responses.
- You must complete all required questions to submit your application and be considered for this funding opportunity. Required questions are indicated by a red asterisk (*).

- Any question with a maximum number of words set word are indicated after the question in brackets as well as under the text box field where applicable.

APPLICATION 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 the 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
 - City
 - State
 - ZIP Code
 - Email
 - Phone
3. Organization website (if applicable)
4. Are you applying to expand an existing produce prescription program (A. expand) or start a new program (B. start)? Note: If interested, applicants are allowed to apply up to two times under this GFO, once for expanding an existing produce prescription program (A. expand), and once for starting a new produce prescription program (B. start). To do so, applicants must submit two full separate applications. In this application:
 - a. 1) I am seeking to expand an existing program (A. expand)
 - b. 2) I am seeking to start a new program (B. start)
5. **Organization background, past and relevant current work:** Please share a brief description of your organization’s past and current activities, practices, and connections to the produce prescription strategy. Describe how your organization is dedicated to initiating or expanding produce prescription programs, be that through your organization’s mission, vision, or strategic plan (Maximum word count: 1000).
6. **Project description:** Give a brief high-level description of the project, sharing how you’ll approach the scope of work, key activities, and how your organization is ready to implement this work. If you plan to expand or start a new produce prescription program,

please distinguish this here. If you currently run a produce prescription program and plan to start a new program in a different area of the state, please describe how the programs will be different (Maximum word count: 1000).

7. **Priority populations and key partnerships:** Please share which priority populations you will reach with this GFO and what data you used to identify these groups. Include planned efforts to engage these groups and current connections to key organizations who represent the populations they serve and/or to community members directly (Maximum word count: 500).
8. **Clinical connections:** A clinical referral or connection is necessary to administer a produce prescription program. Please describe your organization's clinical connections. If your organization is a clinic, note this here (Maximum word count: 250).
9. **Food Sourcing:** The CDC SPAN funds cannot be used for the direct purchase of foods for produce prescription programs. Please briefly describe how your organization will purchase or source the produce needed to run or expand this program (Maximum word count: 250).
10. **Work Plan:** Complete the work plan template. In the template, there are tables for both periods of performance (Period 1: June 1, 2025 - Sept 29, 2025 and Period 2: Sept 30, 2025 - Sept 29, 2026), please fill both out. See the scope of work above for activity suggestions. Describe the major steps/activities needed to complete your project, who is responsible for the step, and the timeline for each step/activity. [Click here to automatically download the Work Plan Template](#) in its ready-to-use .docx format. Please click your internet browser's computer's downloads. You will attach your completed work plan template in Alchemer. Follow the file naming convention: Applicant name_Work Plan_SPAN PRx.
11. **Budget and Justification:** Complete the budget template for both periods of performance: Period 1: June 1, 2025 - Sept 29, 2025 and Period 2: Sept 30, 2025 - Sept 29, 2026. In the budget template, you will find a tab for each period of performance. You must fill out both tabs. Please refer to the funding table above for allocated amounts. [Click here to automatically download the Budget Template](#) in its ready-to-use .xlsx format. Please check your internet browser's or computer's downloads. You will attach your completed budget template in Alchemer. Follow the file naming convention: Applicant name_Budget_SPAN PRx.
12. 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 email the CDPP team at DHSChronicDiseasePrevention@dhs.wisconsin.gov. Include “SPAN Produce Rx 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. Organization background, past and current relevant work	30
B. Project Description	10
C. Priority Populations and Key Partnerships	20
D. Clinical Connections	10
E. Food Sourcing	10
F. Work Plan	10
G. Budget and Justification	10
Total Points	100

VII. NOTICE OF AWARD

The Chronic Disease Prevention Program anticipates the date of notification of awards will be April 9, 2025 or shortly after this date. For applicants who are awarded, the two periods of performance are from June 1, 2025 - September 29, 2025 and September 30, 2025 - September 29, 2025. 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.

VII. POST AWARD MONITORING AND REPORTING

DHS CDPP staff will monitor progress and provide technical assistance during the grant period. Monthly check-in meetings 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.

Applicants are also required to complete and/or disseminate data collection tools as needed to assist in quality improvement efforts as well as reporting on evaluation and performance measures. Certain measure include:

- Number of produce prescription program enrollees (new and returning participants).
- Number of referrals to produce prescription programs.

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.

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.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

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, 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.

Period of Performance: The time frame during which a grantee or recipient is expected to complete a project and use approved funds

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

Produce prescription program: Allow healthcare providers to prescribe fruits and vegetables to people experiencing food insecurity and/or dealing with a diet-related chronic illness. Produce prescriptions are often redeemed at local farmers markets and grocery stores.

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 that is provided by the funding agency.

Work Plan: The summary 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. CITATIONS & RESOURCES

CITATIONS

1. PLACES. Centers for Disease Control and Prevention. Accessed February 13, 2023. Available online: <https://www.cdc.gov/places>.
2. Behavioral Risk Factor Surveillance System, 2022-2023, Wisconsin Department of Health Services.
3. Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Accessed on March 22, 2023. Available online: <http://nccd.cdc.gov/DHDSPAtlas>.
4. Feeding America. (2022). Hunger & Poverty in Wisconsin. Map the Meal Gap; Feeding America. <https://map.feedingamerica.org/county/2022/overall/wisconsin>

RESOURCES

- State Physical Activity and Nutrition Program CDC: <https://www.cdc.gov/span/php/about/>
- [Strategy Overview: Nutrition \(Incentives and Produce Prescriptions\)](#)
- Produce Prescription Projects From the Nutrition Incentive Hub: <https://www.nutritionincentivehub.org/resources/resources/produce-prescription-projects/produce-prescription-projects/getting-started>
- [Produce Prescription \(PPR\) Project Readiness Checklist](#)
- [Components of Fruit and Vegetable Programs | Nutrition | CDC](#)