

REQUEST FOR APPLICATIONS (RFA)

Live Well, Together: Food is Medicine Initiative



Issuing Agency/Organization:	<i>Virginia Hospital Research and Education Foundation d/b/a Virginia Hospital & Healthcare Association Foundation (VHHAF)</i>
CFDA / Assistance Listing:	93.798 - Rural Health Transformation Program
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Statutory Authority:	Section 71401 of Public Law 119-21
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Initiative:	Live Well, Together
Sub-initiative:	Food is Medicine
RFA Issue Date:	9/22/2026
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Anticipated Decision Timeline:	10/30/2026
Submission Method:	Link to RFA and Application Documents
File Format & Naming Convention Reqs	N/A
Estimated Award Range (per subrecipient)	Up to \$2.39M available; 1- 2 awards estimated
Subaward Period of Performance:	10/30/2026 through 9/30/2027
Geographic Scope (counties/FIPS code)	Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's RHTP. The Program's baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition. Over the course of the Program, Virginia may build upon the FORHP baseline definition to better reflect the Commonwealth's unique rural landscape and the needs of rural communities. Applicants should refer to the RHTP website for the most up-to-date rural definition and eligibility requirements. The current list of FORHP-designated localities is available in Exhibit B in this RFA.
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DMAS and VHHAf reserve the right to amend or cancel this RFA on any date and at any time, if they deem it to be necessary, appropriate, or otherwise in the best interests of the Commonwealth of Virginia.

PART I: PROGRAM BACKGROUND AND CONTEXT

1.1 Background

Virginia is home to more than 1.5 million rural residents spanning Southwest, Southside, Northern Piedmont, the Eastern Shore, the Northern Neck, Roanoke/Alleghany Valley, and the Shenandoah Valley. Rural communities face persistent access barriers, high chronic disease burden, healthcare workforce shortages, behavioral health gaps, maternal health disparities, and financially fragile rural hospitals and clinics.

The Rural Health Transformation Program (RHTP) was established under Section 71401 of Public Law 119-21 and is administered by the Centers for Medicare & Medicaid Services (CMS). The RHTP provides funding over five budget periods (Federal Fiscal Years 2026–2030) to States for investments that structurally transform healthcare delivery in rural communities.

CMS awarded the Commonwealth of Virginia a Cooperative Agreement designating the Virginia Department of Medical Assistance Services (“DMAS”) as the primary recipient. DMAS administers RHTP funds and issues subrecipient awards to qualified organizations to implement approved program initiatives. The **Virginia Hospital Research and Education Foundation d/b/a Virginia Hospital & Healthcare Association Foundation (“VHHAF”)** is a subrecipient of DMAS and will be carrying out the **Food Is Medicine (FIM) program**.

1.2 RFA Purpose & Objective

The Virginia Hospital & Healthcare Association Foundation (VHHAF) invites proposals from eligible organizations to fulfill the following objective across rural Virginia:

Objective	Description	CMS Strategic Goal Alignment
1	Live Well, Together: Food is Medicine (FIM) program	Prevention and Chronic Disease Management

Virginians living in rural areas experience disproportionately high rates of diabetes, hypertension, obesity, and food insecurity, making nutrition focused interventions a crucial tool for prevention and disease management. The Food is Medicine sub-initiative aims to address root causes of poor health by improving access to nutritious food, nutrition education, and self-management support for rural Virginians with or at risk of chronic disease.

The VHHAF Foundation is issuing this Request for Applications (RFA) to identify partner organizations with the experience, infrastructure, and statewide reach necessary to launch and administer Virginia's Food is Medicine pilot program. The selected applicant will establish and oversee a coordinated model that integrates nutrition-focused interventions into healthcare delivery for rural populations experiencing food insecurity and living with, or at risk for, chronic disease. The program will support improved health outcomes through evidence-based strategies such as medically tailored meals, produce prescriptions, nutrition education, and disease self-management support, while strengthening partnerships among healthcare providers, food access organizations, and community stakeholders. The initiative is intended to demonstrate sustainable approaches that improve access to nutritious food, reduce preventable utilization, promote healthier long-term outcomes, and generate evidence to support future scaling and reimbursement of Food is Medicine services across rural Virginia.

1.3 Eligible Applicants

Eligible applicants for Budget Period 1 must be nonprofit organizations with a demonstrated statewide presence and the capacity to coordinate and administer a Food is Medicine program across multiple rural regions of Virginia as defined under Virginia’s RHTP, using the federally required FORHP definition as the baseline and the most current rural eligibility requirements posted on the RHTP [website](#). No funding will be released for any projects servicing the same functionality or showing only minor variations in Scope.

Applicants must provide evidence of successful partnerships with health systems, rural healthcare providers, community-based organizations, food access organizations, and other stakeholders relevant to the delivery of food and nutrition interventions.

Preference will be given to organizations with experience supporting clinically integrated models such as produce prescription programs, medically tailored meal programs, food pharmacies, nutrition counseling, or related population health initiatives. Applicants must demonstrate the operational, financial, and technical capabilities necessary to manage statewide implementation, stakeholder engagement, technical assistance, data collection, performance measurement, and program evaluation activities.

Eligible entities must also:

- Obtain and maintain a valid Unique Entity Identifier (UEI) and have no active exclusions, suspensions, or debarments that would prohibit the organization from receiving federal subaward funding. (An active SAM.gov registration is not required);
- Demonstrate organizational capacity to manage federal funds in compliance with federal grant requirements (contained in 2 CFR Part 200);
- Operate in or provide direct services to rural Virginia communities as defined by the Federal Office of Health Policy (FORHP). A listing of these communities is posted *on the Virginia RHTP [website](#)*.

1.4 Funding Overview & Award Structure

For Year 1, up to \$2.39 million is available for this pilot program. The award amount will be determined based on scope, readiness, and expected impact. **Awards will be issued for Budget Period 1 ONLY at this time.** Funding may be renewed for up to four additional budget periods (October 31 to October 30 of the following year) subject to satisfactory performance and available funding.

Funding is contingent upon each grantee's ability to demonstrate documented, measurable, and quantifiable outcomes each year. CMS requires annual results-based progress; therefore, continuation funding will not be based solely on implementation activities but on clear evidence of outcomes achieved during every funded year. Unspent funds must be returned to Virginia Department of Medical Assistance Services and may reduce future award allocations.

Regardless of award amount, the following conditions apply to all awards under this RFA:

- Due to federal funding caps, **administrative costs are restricted to 4% of the total subaward amount** per budget period. Applicants interested in requesting these costs must include and designate them in the applicable section of the Budget Submission Form.
- **Allowable administrative expenses must be direct, measurable, and uniquely allocable to this funded program**. Examples include administrative personnel performing specific grant related support, financial management, or personnel oversight and associated fringe: travel for these personnel to perform administrative or general management duties associated with the grant; and consulting services like outsourced legal and accounting/auditing services.
- Funding shall not be utilized to support Indirect Cost or F&A rates applied as a percentage of total costs. Salaries and fringe benefits for program managers or other personnel **directly** responsible for implementing, managing, supervising, coordinating, monitoring, or reporting on the FIM program are *programmatic expenses* and should be budgeted as direct program costs, not administrative costs.
- No cost sharing or matching is required.
- Subrecipients must demonstrate satisfactory performance to be eligible to receive renewal funding in each subsequent budget period.
- Pre-award costs are not allowable.
- Funding from this program cannot supplant any other funding source. Anything covered by Medicaid, Medicare, or third-party payers is considered out of scope for funding of projects under this program. This initiative operates on a cost-reimbursable basis.

1.5 Estimated Timeline and Project Dates

NOTE: VHHAf and the Commonwealth of Virginia retain the sole and absolute discretion to alter, amend, or otherwise modify these dates. Applicants are reminded to check daily the VHHAf or DMAS RHTP website during the pendency of this RFA for any changes or updates.

Milestone	Description	Date
RFA Announced	Publication date; RFA can be accessed via RFA Navigator at Ways to Apply or at www.VHHAfoundation.org	9/22/2026
Applicant Question & Answer Period/ Q&A Submission Deadline	Q&A period will open on 9/22/2026. The deadline for submitting questions will be 10/2/2026.	9/22/2026 – 10/2/2026
Applications Due	Applications will no longer be accepted after this date and time	10/15/2026, 11:59 PM ET
Review Period	Period VHHAf will review applications	10/16/2026 – 10/29/2026
Grant Awards Announced	Once all negotiation is completed and contracts signed, awards will be announced	10/30/2026
Period of Performance (Y1)	Year 1 performance timeframe	10/30/2026 – 9/30/2027
Performance Reporting	Progress and Performance reporting will be required	Quarterly and Annual
Grant Agreements End	This is a one-year grant ending 9/30/2027 with the possibility of four additional years of continuation funding.	Up to 5-year program subject to CMS continuation funding

PART II: REQUIRED SCOPE OF WORK

2.1 Scope of Work Overview

The applicant funded under this RFA will implement Virginia's Food is Medicine initiative, coordinating the design, launch, oversight, and evaluation of Food is Medicine pilot programs serving rural communities across the Commonwealth. Core activities include supporting project implementation through technical assistance and stakeholder engagement; facilitating partnerships among health systems, rural providers, community-based organizations, food access partners, and agricultural networks; advancing clinically integrated food and nutrition interventions; establishing data collection and performance monitoring systems; evaluating program outcomes; identifying pathways for long-term sustainability and reimbursement; and disseminating lessons learned and best practices to support future expansion of Food is Medicine programs throughout Virginia.

2.2 Required Activities

Applicants must incorporate the following activities into their *Project Narrative* in Part IV:

- Develop or expand Food Is Medicine service models in multiple rural regions to improve access to nutritious foods and education for populations experiencing food insecurity and living with, or at risk for, chronic disease
- Coordinate with healthcare and community partners to establish program referral pathways
- Screen and enroll eligible participants in Food is Medicine programs
- Provide access to Food Is Medicine interventions through approved food and nutrition support services
- Deliver participant navigation, follow-up, and nutrition education services
- Leverage EHR and data systems to support care coordination and data collection
- Track, report, and evaluate program activities and outcomes

- Analyze financial impact, explore reimbursement and alternative payment model opportunities, and develop a sustainability strategy to support long-term program viability.

Specific deliverables and acceptance criteria can be found in the next section, *Part III, Performance Metrics and Milestones*. Acceptance criteria can be found in *Part V, Review Criteria and Scoring*.

2.3 Required Partnerships and Coordination

Applicants are encouraged to develop partnerships with nonprofit food organizations, rural healthcare providers, nutrition professionals, and community food systems.

2.4 Geographic Scope

Applicants must prioritize FIM implementation for rural localities and corresponding FIPS codes as defined under Virginia's RHTP, using the federally required FORHP definition as the baseline and the most current rural eligibility requirements posted on the RHTP [website](#). The current list of FORHP-designated localities is also available in **Exhibit B** in this RFA.

PART III: REQUIRED PERFORMANCE METRICS AND MILESTONES

3.1 Required Initiative-Specific Metrics

Applicants must incorporate the following metrics into their *Performance Metrics and Evaluation Plan* in Part IV:

Outcome	Outcome Metric	Data Source	Baseline	Target	Timeframe
Improving health outcomes for patients with chronic conditions	Number of eligible patients by locality enrolled in Food Is Medicine services (i.e. produce prescription, food pharmacy, medically tailored meal, or medically appropriate grocery services)	Applicant program records	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027
Improved clinical indicators	Percent of participants with diabetes experiencing a measurable decline in HbA1c after Food Is Medicine program participation	Applicant program records	Applicant must provide	A measurable decline in HbA1c in at least 50% of participants with diabetes each year	From period of performance start date through 9/30/2027
Improved clinical indicators	Percent of participants with hypertension experiencing a measurable decline in blood pressure after Food Is Medicine program participation.	Applicant program records	Applicant must provide	A measurable decline in blood pressure in at least 50% of participants with hypertension each year	From period of performance start date through 9/30/2027
Improving health outcomes for patients with chronic conditions	Number of eligible patients by locality offered Food Is Medicine services	Applicant program records	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027
Improved access to nutritious foods	Number and type of food/meal interventions delivered; redemption/utilization when applicable	Applicant program records	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027

Improved self-management skills	Number of patients receiving nutrition education programming	Applicant program records	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027
Improved clinical indicators	Change in appropriate clinical indicator among eligible participants with chronic conditions other than diabetes or hypertension (see above metrics specific to diabetes and hypertension) or at risk for chronic conditions.	Applicant data systems	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027
Reduce avoidable hospitalizations	Number of ED visits, 30-day hospital readmissions, and hospitalizations among Food Is Medicine participants (associated with chronic condition)	Applicant data systems	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027
Increased patient satisfaction	Participant satisfaction, confidence, or perceived benefit of the Food Is Medicine intervention	Applicant program records	Applicant must provide	Applicant must provide	From period of performance start date through 9/30/2027

3.2 Required Program Milestones

The following milestones are applicable to all applicants under this RFA. They encompass CMS-approved milestones as well as initiative-specific implementation milestones established by the VHHA. All milestones will be incorporated into the executed subawardee agreement, and applicants are required to incorporate them into *Section F. Implementation Plan and Timeline* of the Project Narrative in Part IV.

Milestone	Required Deliverable	Required By
Partner agreements	Execute MOUs/Letters of Commitment and clarify partner roles	Specific completion date estimates by milestone to be provided by applicant
Program workflows	Design Food Is Medicine program workflows, referral pathways, and staffing models	
Program staffing	Hire or assign staff and provide training and technical assistance	
Food procurement / infrastructure	Establish food sourcing, storage, distribution, and safety processes	
EHR and data integration	Integrate Food Is Medicine program data into EHR and data systems	
Program Launch	Launch initial pilot sites	FFY Q2 2027
Program evaluation	Implement data collection, performance monitoring, and evaluation framework	Specific completion date estimates by milestone to be provided by applicant
Patient enrollment	Screen, identify, and enroll eligible participants	
Patient services	Deliver Food Is Medicine interventions, navigation, follow-up, and nutrition education	
Program sustainability	Analyze program impact and develop scaling, reimbursement, and sustainability plans	

3.3 Remedies for Noncompliance

If a subrecipient materially fails to comply with the federal statutes, regulations, or terms and conditions of the federal award, including the performance and reporting milestones set forth in this RFA and the executed subrecipient agreement, VHHAf, after providing written notice and a reasonable opportunity to cure where appropriate, may impose one or more of the following remedies in accordance with 2 CFR 200.339 and 2 CFR 200.340:

Remedies for noncompliance with federal rules and program requirements:

- Temporarily withholding cash payments pending correction of the deficiency;
- Disallowing all or part of the cost of the activity or action not in compliance;
- Wholly or partly suspending or terminating the subaward;
- Initiating suspension or debarment proceedings under 2 CFR Part 180;
- Withholding further awards for the project or program;
- Requiring repayment of funds expended in violation of the terms and conditions;
- Other legally available remedies.

Remedies for noncompliance with performance and reporting timelines:

- Requiring submission of a corrective action plan within 30 days of written notice;
- Imposing heightened monitoring, including increased reporting frequency and required site visits;
- Designating the subrecipient as "high risk" under 2 CFR 200.208, with associated specific conditions;
- Reducing future budget periods or declining to renew the subaward;
- Termination of the subaward for cause.

A subrecipient may contest any adverse action through the dispute process set forth in the executed subrecipient agreement and applicable Code of Virginia provisions.

PART IV: APPLICATION REQUIREMENTS AND INSTRUCTIONS

4.1 Required Application Components

A complete, responsive application must include all the following components. Applications missing any required component will be deemed non-responsive and will not proceed to merit review.

The Application Cover Page will serve as the first page of your completed application package. **It must be signed by an Authorized Organizational Representative (AOR) prior to submission.**

	Component
1	Application Cover Page (see Exhibit A)
2	Project Narrative (Detailed in 4.2)
3	Budget & Budget Narrative
4	Organizational Capacity Statement
5	Key Personnel Resumes or Bio-sketches
6	Comparable Project Information
7	Letters of Support / MOUs (if applicable)
8	Most Recent Audited Financials or Single Audit for past two years

	Component
9	Current Fiscal Year Department Operating Budget
10	Organization's Procurement Policy
11	UEI Confirmation & Certification Regarding Suspension, Debarment, and Other Exclusions Active SAM.gov Registration Confirmation and Debarment Certification

4.2 Project Narrative Requirements and Instructions

Applicants must submit a Project Narrative that clearly explains the proposed Food is Medicine (FIM) project, the population to be served, the need for the project, how the project will be implemented, and how success will be measured and sustained. The Project Narrative must be organized using the sections below and should be written in a clear, complete, and evidence-informed manner. Applicants should use local data whenever possible and should ensure that all proposed activities align with the scope of work, performance expectations, and funding requirements described in this RFA.

A. Executive Summary

Provide a concise overview of the proposed project, including:

- The target population(s)
- The rural Virginia communities to be served
- The health access or care coordination problem being addressed, the proposed FIM solution(s), and the expected impact. The summary must explain how the project will be transformative relative to the applicant's current baseline rather than a continuation of existing activities.

B. Needs Assessment

Describe the need for the proposed project in rural counties or cities where services will be delivered, as defined under Virginia's RHTP using the federally required FORHP definition as the baseline and the most current rural eligibility requirements posted on the RHTP [website](#). The current list of FORHP-designated localities is also available in **Exhibit B** in this RFA.

Applicants must:

- Identify the proposed service area
- Describe the target population
- Use local data whenever possible to document rural access barriers, food insecurity, disease burden, provider shortages, transportation challenges, hospital readmissions, emergency department utilization, chronic disease control gaps, or other relevant baseline indicators.

C. Project Description and Intervention Design

Describe the proposed FIM model and how it will operate in a coordinated manner to improve health outcomes and access to nutritious foods for rural Virginia residents experiencing food insecurity and living with, or at risk for, chronic conditions. The description should address:

- Food Is Medicine Intervention Model:
 - Proposed Food Is Medicine intervention(s) (i.e., produce prescription, food pharmacy, medically tailored meals, medically appropriate groceries, or other evidence-informed approaches)
 - Food procurement, sourcing, distribution, and partner roles
 - Participant eligibility criteria
 - Nutrition education and counseling approach
 - Care navigation, and participant follow-up model
 - Healthcare provider engagement and referral pathways
 - Coordination among healthcare, community, and food access partners
 - Evidence-informed rationale and anticipated impact on health outcomes and food security
- Staff Training and Clinical Workflows
 - Provider and staff training plan
 - Screening, referral, and enrollment processes

- Patient onboarding, continuous engagement, and retention strategies
- Care coordination and communication workflows
- Roles and responsibilities of participating organizations
- Data Collection and Evaluation Plan
 - Data systems, EHR or data systems integration, and information-sharing processes
 - Methods for tracking participants, services delivered, referrals, and outcomes
 - Approach to performance monitoring, reporting, and continuous quality improvement

D. Patient Identification and Enrollment Strategy

Identify the patients who will be served and explain how they will be enrolled. The response should include:

- Inclusion/Exclusion criteria
- Priority populations such as individuals with chronic conditions or high-risk post-discharge needs
- Proposed annual enrollment goals
- Screening methodology, including how food insecurity, nutrition-related health needs, and chronic conditions risk will be identified
- Referral sources, outreach methods, and strategies to support patient participation, retention, and equitable access.

E. Expected Outcomes and Metrics

Applicants must explain what will change as a result of this project, how these proposed outcomes will be measured, and how they align with the RHTP goals and required performance metrics. Examples may include increasing access to nutritious foods, improving chronic disease management, improving health-related quality of life, reducing avoidable emergency department utilization, reducing avoidable hospitalizations and readmissions, increasing participation in nutrition education, and improving patient satisfaction with care. *Refer back to Section 3.1 for guidance.*

F. Implementation Plan and Timeline

Present a feasible implementation plan that describes major project phases, key tasks, responsible staff or partners, staffing assumptions, training activities, data collection, workflow development, patient enrollment milestones, risk mitigation strategies, and oversight or governance processes. The timeline should be detailed enough to demonstrate readiness and should align with the period of performance and reporting requirements described in this RFA. *Refer back to Section 3.2 for additional guidance on milestones.*

Milestone/Key Task	Description/Deliverable	Expected Completion Date
<i>Milestone 1</i>	<i>Description, e.g. pilot evaluation report submitted</i>	<i>Timeline, e.g. by end of Month 6</i>

G. Stakeholder Engagement and Partnerships

Describe how rural communities, patients, clinical providers, frontline staff, hospitals, clinics, executive leadership, community-based organizations, food system partners, and other relevant stakeholders will be engaged in designing, implementing, and improving the proposed project. Applicants should identify existing or proposed partnerships, the role of each partner, and how stakeholder input will be incorporated throughout implementation.

H. Performance Measurement and Evaluation Plan

Applicant must describe how performance data will be collected, analyzed, and reported, as well as any formal evaluation activities. Include any additional metrics to be collected not accounted for in Section E., and confirm commitment to cooperate with monitoring, reporting, and evaluation requirements. *Required program reporting due dates are detailed in section 6.2.*

I. Sustainability Plan

Explain how successful project components will continue after RHTP funding ends and describe activities undertaken during the project period to assess program costs, cost-effectiveness, potential healthcare cost savings or avoided utilization, reimbursement pathways, and opportunities for alternative payment models.

The sustainability plan should address:

- Integration into routine care
- Staffing and operational sustainability
- Billing or reimbursement strategies where applicable, such as alternative payment models
- Future funding sources
- Continued partnerships
- Maintenance of program workflows, data systems, and care models

4.3 Budget Requirements

Using the provided budget template, applicants must submit a budget and detailed justification to demonstrate how it supports the goals of the proposed project in Year 1. The following requirements apply to all awards under this RFA:

- Budget must justify each line item, show method of calculation, and link costs to proposed activities. Lump-sum line items will not be accepted.
- Administrative costs may not exceed 4% of the total award amount per budget period. Applicants must use the provided budget template to explicitly demonstrate this compliance. The application of standard indirect cost rates or Facilities and Administrative (F&A) rates is not permitted.
- Any planned subawards or subcontracts must include a narrative rationale, estimated cost, scope description, and selection methodology.
- Applicants must certify that no pre-award costs, construction costs, lobbying costs, or other prohibited expenditures are included in the budget. *See budget template and list of allowable and unallowable costs in Exhibit C.*

4.4 Organizational Capacity Statement

Provide an overview of the organization's Virginia location(s) and service area(s). Include a description of the organization's staffing and administrative structure. Identify the total number of patients served annually and the annual volume of patient encounters. Describe any unique characteristics or circumstances relevant to the organization's capacity to implement the proposed initiative.

4.5 Key Personnel & Staffing

Applicants must identify the Key Personnel who will lead and carry out the proposed work. Include a Staffing Plan listing all named and to-be-hired project staff, including roles, responsibilities, FTE allocations, reporting relationships, and projected start dates. Provide resumes/bio-sketches for each named Key Personnel role that details leadership team qualifications and experience with rural healthcare delivery, chronic care management, and Food is Medicine type initiatives.

4.6 Risk Assessment

VHHAF considers an applicant's past performance and overall risk profile as part of its due diligence prior to awarding funds. VHHAF will conduct a pre-award risk assessment in accordance with applicable state and federal requirements, which may include review of the applicant's financial stability, internal controls and governance structure, prior grant performance, audit history, and capacity to comply with program and reporting requirements. Additional documentation may be requested to support this review, and funding decisions will be based, in part, on the results of this assessment.

Applicants must submit the following:

- The organization's **last two years** of audited financial statements. If the audit encompasses multiple entities within a system or umbrella organization, provide additional financial information specific to the applicant entity (e.g., income statement).
- Current board-approved fiscal year department budget.
- The organization's procurement policy.
- Information on 1-3 comparable projects active within the past five (5) years, including federal subawards and other relevant funded work. Each past project submission must include project name, project funder, the applicant's role (prime, subrecipient, or subcontractor) period of performance, total funding amount, funding source (federal/state/local/private), and a summary of measurable outcomes achieved. Use the table below.

#	Project Name	Funder/ Grantor	Role	Period of Performance	Total Funding	Funding Source	Outcomes
1			Prime / Subrecipient/ Subcontractor			Federal/ State/ Local/ Private	2–3 measurable outcomes

A. Adverse Action Disclosures

Applicants must disclose, within the past five (5) years, any of the following:

- Terminations for default, convenience following non-performance, or non-renewal due to performance concerns on any federal- or state-funded award;
- Active or resolved suspensions or debarments under 2 CFR Part 180 or any other federal or state regulation;
- Material findings, questioned costs, or unresolved Single Audit findings under 2 CFR Part 200, Subpart F;
- Adverse audit findings.

Failure to disclose any of the above will be grounds for rejection of the application or termination of any resulting subaward. Disclosure is not an automatic bar to award; it informs VHAF's risk evaluation under 2 CFR 200.206 and the imposition, if any, of specific award conditions under 2 CFR 200.208.

PART V: REVIEW CRITERIA AND SCORING

5.1 Review Process

Applications meeting all completeness and eligibility requirements will proceed to merit review. A review panel consisting of DMAS and VHAF representatives will assess all eligible applications according to the criteria below. Applications will be ranked by total score, and VHAF will make final funding decisions based on review scores, funding availability, geographic distribution, and program priorities. VHAF reserves the right to fund applications in whole or in part, at amounts lower than requested, or to decline to fund any application. Applications will receive response by October 30, 2026.

Reviewer Conflict of Interest. Before reviewing any application, each reviewer must complete and sign a Conflict of Interest Disclosure form identifying any financial, employment, familial, or organizational relationship with any applicant or its key personnel within the past 24 months. Any reviewer with a conflict will be recused from scoring or discussing the affected application. VHAF will document all disclosures and recusals as part of the official procurement file. Applicants who believe a conflict exists may submit a written request for review to the RHTP Program Officer within five (5) business days of the application deadline.

Review Criterion	What Reviewers Assess	Maximum Points
Alignment with RFA Purpose & Target Population	Projects should clearly demonstrate alignment with the goal of addressing root causes of poor health by improving access to nutritious foods and education in rural communities through FIM interventions. Applications should describe how proposed services will reach rural residents experiencing food insecurity and living with, or at risk for, chronic conditions.	15
Project Design, Sustainability & Workplan Quality	Strong applications will demonstrate: A clearly defined Food Is Medicine model and intervention approach; Established referral pathways and partner roles; Defined staffing structure; Detailed	20

Review Criterion	What Reviewers Assess	Maximum Points
	implementation timeline and milestones; Data collection and evaluation plan; Sustainability strategy for maintaining services beyond the award period. <i>Bonus point (+1) for inclusion of a plan incorporating alternative payment models</i>	
Impact on Expected Outcomes	Projects should demonstrate measurable improvements in patient outcomes, such as: Increased access to nutritious foods; Increased participation in nutrition education or counseling; Reduced avoidable hospital utilization; Improved clinical or health outcomes; Improved patient satisfaction.	20
Health System Integration & Clinical Workflow	Projects should demonstrate how Food Is Medicine services will be integrated into routine clinical and community workflows. Examples include: Screening and referral processes; Care coordination between healthcare and community partners; Data system integration; Participant tracking and follow-up processes.	15
Non-Duplication & Program Expansion	Applicants must demonstrate that proposed FIM programs establish or expand services rather than replace previously funded programs.	10
Organizational Capacity & Partnerships	Applicants should demonstrate: Experience implementing FIM programs; Staff capacity to manage and evaluate FIM interventions; Partnerships with healthcare providers or community organizations, or food access organizations; Past performance on comparable projects.	10
Budget & Cost Effectiveness (10 pts)	Applications will be evaluated based on: Reasonableness of costs; Percentage of funds supporting direct program activities; Cost-effectiveness of the proposed intervention model; Alignment of budget with proposed scope of work and anticipated impact.	10
TOTAL		100
Optional Bonus	Bonus points may be awarded for: • Innovative approaches to Food Is Medicine service delivery in rural communities • Strong integration of healthcare, food access, and community-based partners • Partnerships that expand access for underserved populations • Community Health Worker integration	Up to 4 points

PART VI: AWARD TERMS, REPORTING, AND COMPLIANCE REQUIREMENTS

6.1 Federal Regulatory Framework

All awards under this RFA are federal subawards. Subrecipients must comply with:

- 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance);
- 2 CFR Part 300 – Uniform Administrative Requirements for US Department of Health and Human Services
- CMS RHTP Program Terms & Conditions
- Federal Funding Accountability and Transparency Act (FFATA)
- Code of Virginia and other applicable procurement policies;
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116);
- Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) where applicable;
- Anti-Lobbying Act and Byrd Amendment (31 U.S.C. 1352) for awards over \$100,000;
- Drug-Free Workplace Act;
- UEI requirements (2 CFR Part 25, Appendix A).
- HHS Grants Policy Statement;
- CMS Rural Health Transformation Program Terms and Conditions;
- The federal Notice of Award and applicable amendments;
- CMS guidance, amendments, and clarifications;
- The applicable upper-tier Subrecipient Agreement and special RHTP terms and conditions; and
- Any additional requirements imposed by DMAS or the issuing organization to satisfy federal award obligations.

6.2 Reporting Schedule

Subrecipients must submit reports to VHHAf on the following schedule. Late, incomplete, or inaccurate reports may result in withholding of payments, corrective action, or termination of the award.

Report Type	Frequency	Contents	Due Dates
Quarterly Progress Report	Quarterly	Spending by activity, milestone progress, technical assistance needs, emerging compliance issues Quarter 1: 10/31/26-1/30/27 Quarter 2: 1/31/27-4/30/27 Quarter 3: 5/1/27-7/31/27 Quarter 4: 8/1/27-10/30/27	Q1: 2/5/27 Q2: 5/5/27 Q3: 8/5/27 Q4: 11/5/27
Annual Progress Report	Annually	Cumulative qualitative and quantitative progress; all metric data; expenditure by activity; updated workplan	10/10/27
Annual Financial Report	Annually	Actual expenditures by budget category, unliquidated obligations, unobligated balance	10/10/27

6.3 Subrecipient Monitoring

VHHAF will conduct ongoing monitoring of all subrecipients. Monitoring activities may include:

- Desk reviews of financial reports, progress reports, invoices, and supporting documentation;
- Risk assessment at onboarding and annually to calibrate monitoring intensity;
- Site visits (announced and/or unannounced) to assess program operations, records, and internal controls;
- Follow-up on audit findings, corrective action plans, and identified compliance deficiencies.

Subrecipients must cooperate fully with all monitoring activities and provide requested documentation within timeframes specified by VHHAF. Failure to cooperate constitutes non-compliance and may result in corrective action.

6.4 Stevens Amendment Acknowledgement Requirements

The Stevens Amendment (Section 507 of P.L. 104-208, as continued in subsequent appropriations acts) requires that any document, statement, press release, or other publication describing a project or program funded in whole or in part with RHTP funds clearly state both the dollar amount and the percentage of total program costs financed with federal money. You must include appropriate acknowledgement language below verbatim in this RFA and require via subaward that all awardees include the same acknowledgement in any such publications, including websites, reports, press releases, and presentations.

If the subaward is funded entirely with federal funds (no non-federal sources):

"This subaward is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$189,544,888.14 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government."

If the subaward is partially funded with non-governmental sources*:

"This subaward is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$[XX] with \$189,544,888.14 percent funded by CMS/HHS and \$[XX amount] and [XX] percent funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government."

****Update both the dollar amount and the percentage figures whenever the funding mix changes during the period of performance.***

6.5 Invoicing Process and Documentation

Awards will be paid on a cost-reimbursement basis. Subrecipients may submit invoices as often as monthly, no later than 30 calendar days after the end of each month, using the electronic submission method designated by VHHAF. Each invoice must report expenditures by the approved budget categories and include transaction-level detail sufficient to demonstrate that costs are allowable, reasonable, allocable to the project, and incurred during the applicable period of performance.

Each invoice must be accompanied by supporting documentation appropriate to the cost category, including:

- Personnel costs: payroll or wage records showing the employee, pay period, gross wages, and amount charged to the award;
- Fringe benefit costs: documentation supporting the fringe benefits charged and the methodology or rate used;
- Personnel time and effort: signed time-and-effort certifications or equivalent records supporting the portion of each employee's time charged to the award; and
- Goods and services: itemized receipts, vendor invoices, proof of purchase, and other documentation sufficient to establish the nature, date, amount, and project purpose of each expenditure.

Invoices must be certified by an authorized organizational representative as complete, accurate, and consistent with the approved budget and applicable award requirements. VHHAf will review complete invoices and supporting documentation and will issue payment within 30 calendar days after receipt of a complete and approved invoice.

VHHAf may return, withhold, or delay payment of an invoice that is incomplete, inaccurate, unsupported, inconsistent with the approved budget, includes unallowable or inadequately documented costs, exceeds the available award balance, or is submitted while required programmatic or financial reports are delinquent. The 30-day payment period will begin upon receipt of a corrected and complete invoice.

Advance payments are not authorized under this award. Any program income generated as a result of the award must be reported to VHHAf and handled in accordance with the subaward agreement and applicable federal requirements.

6.6 Final Reconciliation and Closeout

The Budget Period 1 period of performance ends September 30, 2027. To support timely financial reconciliation and programmatic closeout, subrecipients must submit the Annual Progress Report and Annual Financial Report by October 10, 2027, as specified in Section 6.2. The final quarterly progress report is due November 5, 2027. The final invoice, together with all required supporting documentation, must be submitted electronically to VHHAf no later than 30 calendar days after the end of the period of performance.

All allowable obligations must be incurred on or before September 30, 2027, unless otherwise authorized in writing by VHHAf. Subrecipients must liquidate all allowable obligations and include them in the final invoice or financial report by the applicable closeout deadline. Costs incurred after the period of performance, except allowable closeout or administrative costs specifically authorized under the subaward agreement, will not be reimbursed.

As part of closeout, the subrecipient must:

- Reconcile cumulative expenditures to all invoices, financial reports, and the approved budget;
- Report and reconcile any program income, overpayments, credits, refunds, rebates, or other amounts due to the award;
- Submit final performance and metric data, including cumulative results for all required outcomes and deliverables;
- Submit any required property, equipment, or inventory reports and comply with applicable disposition instructions;
- Return any unobligated balances, overpayments, or funds associated with disallowed costs within the timeframe specified by VHHAf; and
- Provide any additional financial, programmatic, or administrative documentation requested to complete closeout.

Because awards are paid on a cost-reimbursement basis, advance-payment reconciliation is not anticipated. If an advance or other payment adjustment is authorized in writing, the subrecipient must account for the full amount and return any excess funds at closeout.

Closeout does not relieve the subrecipient of continuing obligations under the subaward. Financial, programmatic, procurement, property, and other award records must be retained for at least five years after submission of the final expenditure report, or longer when required due to an audit, litigation hold, claim, investigation, or other applicable requirement.

VHHAf may make post-closeout adjustments, disallow costs, recover overpayments or other amounts owed, and require corrective action based on audits, monitoring, reconciliation, or information identified after closeout. The subrecipient remains responsible for repayment of any costs subsequently determined to be unallowable or unsupported.

6.7 Prohibited Uses of Funds

The following expenditures are expressly prohibited and may not be charged to this award under any circumstances:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Goods or services not allocable to the approved project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with the prior written approval.
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477.
- Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450, Lobbying, and applicable Appropriations Law.
- Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.
- Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Subjects and patients under study; Where specifically approved as part of the project or program activity (not recipient specific), e.g., in programs providing children's services; and as part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Meals, except in limited circumstances such as: (i) subjects and patients under study; (ii) where specifically approved as part of the project or program activity (not subrecipient-specific), e.g., children's services programs; or (iii) as part of a per diem or subsistence allowance provided in conjunction with allowable travel.

6.8 Record Retention and Audit Requirements

Subrecipients must retain all grant-related records (financial, programmatic, procurement) for a minimum of five (5) years following submission of the final expenditure report, or longer if required by a federal audit or litigation hold. If federal expenditures equal or exceed \$1,000,000 in any fiscal year, subrecipients are subject to the Single Audit requirements of 2 CFR Part 200, Subpart F. VHAF must receive copies of all Single Audit reports pertaining to the subaward.

6.9 Data Integrity and Intellectual Property

Subrecipients must protect the confidentiality of all project-related data that includes personally identifiable information (PII) or protected health information (PHI). Recipients must assume full responsibility for the accuracy of all data and reports submitted to VHAF. CMS holds a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or use materials, systems, and items developed or refined under the award for federal government purposes per 2 CFR 200.315(b).

6.10 Prior-Approval Triggers

Subrecipients must obtain written prior approval from VHAF before taking any of the following actions. Subrecipients should submit prior-approval requests at least 10 business days in advance of the proposed action, with sufficient supporting documentation. Prior-approval requests are required for:

- Any change in scope, objectives, or key personnel identified in the approved application;
- Disengagement of the Project Director or Principal Investigator from the project for more than three (3) consecutive months, or a 25% or greater reduction in their level of effort;
- Any rebudgeting that shifts any approved budget across direct cost categories within a budget period;
- Carryover of unobligated balances from one budget period to the next;
- Subaward, transfer, or contracting out of any work under the federal award not previously identified in the approved application;
- Pre-award costs (which are otherwise prohibited under this RFA);
- No-cost extensions of the period of performance;
- Changes to the approved indirect cost rate or methodology;
- Acquisition of equipment with a unit cost of \$10,000 or more not specifically itemized in the approved budget;
- Changes in the approved cost-sharing or matching arrangement, if any;
- Termination of the subaward by the subrecipient.

The list above reflects the prior-approval requirements set forth in 2 CFR 200.308 and applicable CMS RHTP Program Terms and Conditions, as in effect on the date of this RFA. VHAF may impose additional prior-approval requirements based on the subrecipient's risk assessment.

6.11 Whistleblower Protections

Awardees must inform employees in writing of the whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce and must include the applicable requirement in each lower-tier subaward.

6.12 Trafficking in Persons

Awardees, their employees, lower-tier subrecipients, contractors, and their employees must comply with 22 U.S.C. 7104(g) and 2 CFR Part 175, Appendix A. Prohibited conduct includes severe forms of trafficking in persons, procurement of a commercial sex act, forced labor, and acts that directly support or advance trafficking. Suspected violations must be reported immediately through the channels specified by the issuer, DMAS, CMS, or HHS.

6.13 Selection of Contractors

Procurements made with subaward funds must follow 2 CFR 200.317 through 200.327 and applicable state, local, Tribal, and organizational requirements. Awardees must use documented procurement procedures, select responsible contractors, include applicable contract provisions from Appendix II to 2 CFR Part 200, check exclusion status when required, and retain records documenting the procurement method, selection or rejection, contract type, and basis for price.

6.14 Confidentiality, Privacy, and Security

Awardees must protect all personally identifiable information (PII), protected health information (PHI), and electronic PHI used or maintained in carrying out the award. Before beginning activities involving sensitive data, awardees must implement appropriate administrative, technical, and physical safeguards; comply with applicable federal and Virginia privacy and security requirements; promptly report actual or suspected incidents; and cooperate with required investigation, mitigation, and notification activities.

6.15 Health Information Technology and Cybersecurity (If Applicable)

Where the approved scope includes health information technology, EHR integration, interoperability, APIs, patient-facing tools, or access to HHS or partner systems, the subrecipient must comply with all applicable privacy, security, certified health IT, interoperability, information-blocking, patient-access, and cybersecurity requirements.

Before implementing activities involving sensitive data or connected systems, the subrecipient must submit an acceptable cybersecurity plan and complete a documented security risk assessment. The subrecipient must maintain appropriate administrative, technical, and physical safeguards; promptly report actual or suspected cybersecurity or privacy incidents to VHHA and applicable system owners; cooperate with investigation, mitigation, and corrective action; and retain documentation demonstrating compliance.

6.16 Intangible Property, Inventions, Copyright, and Property Reporting

Awardees must comply with applicable requirements for intangible property, copyrights, patents, inventions, equipment, supplies, and federally owned property, including 2 CFR 200.313 through 200.315 and 37 CFR Part 401, where applicable. The issuer must specify required property records, annual reports, closeout forms, disposition instructions, and invention disclosures based on the funded activities.

6.17 Mandatory Disclosures

In accordance with 2 CFR 200.113, awardees must promptly disclose credible evidence of violations of federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations that may affect the federal award.

Reports must be made promptly to:

- VHHA: Vicki Humphreys, RHTP Grants Administrator at vhumphreys@vhha.com or (804) 753-7440.
- HHS Office of Inspector General through its online complaint form at oig.hhs.gov/fraud/report-fraud or by calling 1-800-HHS-TIPS (1-800-447-8477).
- DMAS Fraud and Abuse Referral Hotline at 1-866-486-1971 or by email to recipientfraud@dmass.virginia.gov.

Reports should include sufficient detail to describe the conduct, individuals or entities involved, dates, affected award or program, and available supporting documentation. Nothing in this section limits any obligation to report through additional channels required by law, the subaward agreement, or written instructions from DMAS, CMS, or HHS.

6.18 Execution of Lower-Tier Subaward Agreement Required

Applicants are not required to submit or execute a Lower-Tier Subaward Agreement as part of their application in response to this RFA.

However, as a condition of receiving a subaward, any applicant selected for funding must enter into a fully executed Lower-Tier Subaward Agreement with VHHA prior to the obligation or disbursement of subaward funds. The agreement shall contain all applicable terms and conditions required by the RHTP, DMAS, and CMS, including all mandatory flow-down provisions and compliance obligations.

VHHA shall have no obligation to obligate, award, or disburse subaward funds until the Lower-Tier Subaward Agreement has been executed and all required approvals and conditions have been satisfied.

EXHIBIT A – APPLICATION COVER PAGE

Submit this required form as the first page of your completed application package. Applications must be submitted following the submission method listed on the cover page of this RFA.

APPLICANT ORGANIZATION AND PROJECT INFORMATION

Project Title		
Total Funding Requested (USD)		
Legal Name of Organization		
DBA / Trade Name (if applicable)		
Organization Type	☐ State agency ☐ Local government ☐ Tribal entity ☐ Nonprofit 501(c)(3)	☐ For-profit entity ☐ Institution of higher education ☐ Hospital / Health System ☐ Other (specify): Click or tap here to enter text.
Year Established		
Number of Employees		
Organization Website		
EIN (Federal Tax ID, 9 digits)		
Unique Entity Identifier (UEI)		
SAM.gov Registration Active (Y/N)		
Is the applicant presently suspended, debarred, proposed for debarment, or otherwise excluded from participation in federal awards? (Y/N)		
Mailing Address (Street)		
City, State, ZIP		

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR) CERTIFICATION

By signing below, the Authorized Organizational Representative certifies that all information in this application is true, accurate, and complete; that the organization accepts all conditions of a Virginia RHTP subrecipient award; and that the organization will comply with 2 CFR Part 200, CMS RHTP Program Terms and Conditions, and all applicable federal and state requirements.

Full Name	
Title	
Email	
Direct Phone	
Date	
AOR Signature:	

EXHIBIT B – RURAL DESIGNATED AREAS

The following Virginia localities are designated “fully rural” as defined by the Federal Office of Rural Health Policy (FORHP). Applicants should refer to the [RHTP website](#) for the most up-to-date rural definition and eligibility requirements.

Accomack County	Greensville County	Rappahannock County
Alleghany County	Halifax County	Richmond County
Amelia County	Henry County	Rockbridge County
Appomattox County	Highland County	Russell County
Bath County	King and Queen County	Shenandoah County
Bland County	King George County	Smyth County
Brunswick County	King William County	Southampton County
Buchanan County	Lancaster County	Surry County
Buckingham County	Lee County	Sussex County
Caroline County	Louisa County	Tazewell County
Carroll County	Lunenburg County	Warren County
Charles City County	Madison County	Westmoreland County
Charlotte County	Mathews County	Wise County
Clarke County	Mecklenburg County	Wythe County
Craig County	Middlesex County	Buena Vista City
Culpeper County	Nelson County	Covington City
Cumberland County	New Kent County	Danville City
Dickenson County	Northampton County	Emporia City
Essex County	Northumberland County	Franklin City
Fauquier County	Nottoway County	Galax City
Floyd County	Orange County	Lexington City
Fluvanna County	Page County	Martinsville City
Franklin County	Patrick County	Norton City
Giles County	Pittsylvania County	Radford City
Grayson County	Prince Edward County	
Greene County	Pulaski County	

Virginia's Rural Regions

per Virginia DMAS / FORHP designations

Region	Rural	Non-rural
Eastern Shore and Northern Neck		
Northern Piedmont		
Roanoke/Alleghany		
Shenandoah Valley		
Southside		
Southwest		
 Non-rural (outside rural regions)		

Hover for details - click to pin

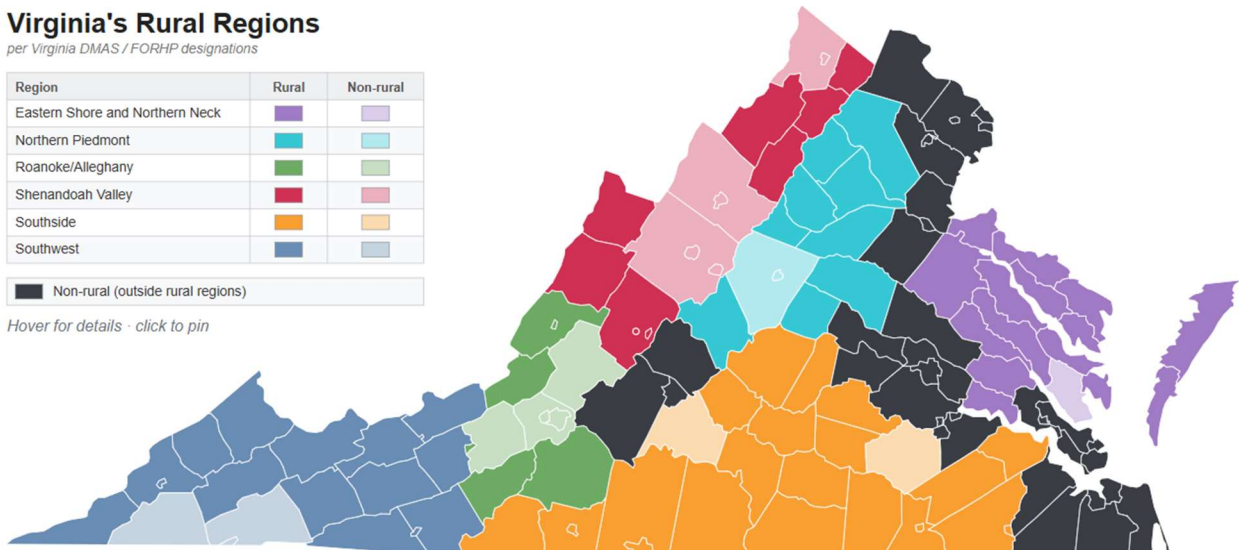


EXHIBIT C – ALLOWABLE & DISALLOWABLE COSTS

Quick reference for grant budget cost eligibility under CMS funding, 2 CFR 200, and NOFO-specific provisions.

ALLOWABLE COSTS	
Cost Item	Notes / Conditions
Program coordination	Salaries and fringe benefits for program managers or other personnel directly responsible for implementing, managing, supervising, coordinating or monitoring the FIM program. Fringe benefits at documented composite rate applied consistently with organizational policy.
Whole-Health Community Hubs	Local, community-anchored physical or organizational hubs to guide rural residents toward fresh food programs, wellness assets, and healthy lifestyle spaces.
Food Pharmacy Infrastructure & Equipment	Specialized commercial refrigeration, storage racks, or clinic-adjacent physical modifications for storing fresh produce "Special purpose equipment" used solely for medical nutrition tracking is allowable. However, items costing >\$10,000 require prior written approval from VHAF and DMAS.
Technology & Patient Tracking Systems	Software for remote nutrition monitoring, referral tools, or data sharing with digital nutrition platforms for chronic disease management.
Training & Educational Materials	Printed guides, digital curricula for chronic disease self-management, or training clinic staff on "Food Pharmacy" workflows.
Nutritional Assessment & Care Personnel	Salaries/fringe benefits for Registered Dietitians, Community Health Workers, or care coordinators operating the Hubs. NOTE: Staff time must be strictly documented via time-and-effort tracking records showing actual hours dedicated to the RHTP framework, rather than estimated budget percentages.
Participant Nutrition Training Support	Travel vouchers to help patients visit Whole-Health Community Hubs, or light subsistence provided strictly during interactive healthy cooking courses. These line items require prior approval by VHAF and DMAS.
Independent evaluation & outcome analytics	Third-party evaluator, dashboard development, KPI tracking.
Subcontracts with Community Partners	Funding regional food banks or local community-based organizations to manage distribution logistics. Subcontracting is allowable to expand operational capacity, provided the main grantee executes a formal agreement, monitors the partner for compliance, and ensures they follow the same no-food-purchasing federal rules.
Travel for grant related meetings	At federal per diem rates; mileage at IRS standard rate.
Administrative costs	Administrative expenses specific to this project are allowable. See Section 1.4 for guidance.

DISALLOWED COSTS	
Cost Item	Reason / Citation
Lobbying or political activities	2 CFR 200.450 — expressly prohibited under federal grants
Alcoholic beverages	2 CFR 200.423 — prohibited regardless of context
Entertainment, social events, ceremonies	2 CFR 200.438 — costs of amusement and social activities
Capital construction or renovation	Not allowable under this NOFO; no facilities costs
Gifts, prizes, or incentive payments to patients	2 CFR 200.421 — advertising/PR limits; check NOFO for participant support
Fines, penalties, or legal settlements	2 CFR 200.441 — never allowable under federal awards
Unapproved equipment purchases (>\$10,000/unit)	2 CFR 200.313 — requires prior written approval from VHAF and DMAS
Costs incurred outside the performance period	2 CFR 200.309 — only costs within Year 1 award start date through Sept 30, 2027
Activities without measurable Year 1 outcomes	NOFO requirement — all funded activities must produce measurable results
General organizational overhead / IDC rate	Must list and designate specific administrative costs in the budget
Pre-award costs (unless specifically authorized)	2 CFR 200.458 — requires written approval from awarding agency
Foreign travel (without prior approval)	2 CFR 200.474(b) — requires advance approval from DMAS
Fundraising or investment management	2 CFR 200.442 — costs of organized fundraising prohibited
Research or clinical trials	This is a transformation program, not a research grant
Indirect Cost Rate	Funding shall not be utilized to support Indirect Cost or F&A rates applied as a percentage of total costs.
General Meals and refreshments	Direct funding for meals and refreshments, including food costs for community meetings or general consumption, is explicitly not an allowable use of program funds. This does not apply to travel per diem allowances.
Duplicate Financing	Funds may not supplant or duplicate existing federal, state or private funding streams already paying for the same items or services.
Billable Provider Services	Funds cannot be used to replace or duplicate payment for clinical services that could be reimbursed by insurance (including Medicare, Medicaid, or commercial plans)