LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 08/18/26 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** _____

Title (Caption): Health - Maternal Produce Prescription Program 27-30 Application

Submitted to Planning Commission? ☑ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** _____

Proposing Department: Health **Requested By:** Brad Thompson

Affected Department(s): ALL **Affected Council District(s):** _____

Legislative Category (check one):

☐ Bonds	☐ Contract Approval	☐ Intergovernmental Agreement
☐ Budget - Pay Plan	☐ Donation	☐ Lease
☐ Budget - 4%	☐ Easement Abandonment	☐ Maps
☐ Capital Improvements	☐ Easement Accept/Acquisition	☐ Master List A&E
☐ Capital Outlay Notes	☐ Grant	☐ Settlement of Claims/Lawsuits
☐ Code Amendment	☑ Grant Application	☐ Street/Highway Improvements
☐ Condemnation	☐ Improvement Acc.	☐ Other: _____

FINANCE **Amount +/-: $** $ 2,000,000.00 **Match: $** $ 0.00

Funding Source:

- Capital Improvement Budget
- Capital Outlay Notes
- Departmental/Agency Budget
- Funds to Metro
- General Obligation Bonds
- Grant
- Increased Revenue Sources
- Judgments and Losses
- Local Government Investment Project
- Revenue Bonds
- Self-Insured Liability
- Solid Waste Reserve
- Unappropriated Fund Balance
- 4% Fund
- Other: _____

Approved by OMB: Aaron Pratt BN

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: _____

APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ **Date:** _____

DEPARTMENT OF LAW

Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ ☐ E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law – White Copy ***Administration –Yellow Copy*** ***Finance Department - Pink Copy***

GRANT APPLICATION SUMMARY SHEET

Grant Name:	Maternal Produce Prescription Program 27-30
Department:	HEALTH DEPARTMENT
Grantor:	HEALTH RESOURCES & SERVICES ADMINISTRATION
Pass-Through Grantor (If applicable):	
Total Applied For	$2,000,000.00
Metro Cash Match:	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	NEW

Program Description:

The Nashville Strong Families Food Project (NSFFP) seeks to expand existing food prescription programs and increase food access, healthy food intake and food security. Eligible participants are pregnant women less than 16 weeks gestation receiving WIC and experiencing food insecurity. 1,120 pregnant women will participate and be provided with $50 per month in produce vouchers during pregnancy and up to 6 months postpartum.

Plan for continuation of services upon grant expiration:

The proposal supports the expansion of two existing produce prescription programs. This approach offers long-term sustainability by building on current workflow processes rather than creating new systems of care.

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennieen Reed/mjw 7/15/2026 | 5:34 PM CDT

Director of Finance **Date**

APPROVED AS TO FORM AND LEGALITY:

Abby Greer 7/16/2026 | 8:37 AM CDT

Metropolitan Attorney **Date**

AP BN

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb 7/16/2026 | 6:31 AM CDT

Director of Risk Management Services **Date**

Freddie O'Connell:mt 7/16/2026 | 8:59 AM CDT

Metropolitan Mayor Date

(This application is contingent upon approval of the application by the Metropolitan Council.)

Grants Tracking Form

Part One

Pre-Application ○ **Application** ◉ **Award Acceptance** ○ **Contract Amendment** ○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	Maternal Produce Prescription Program 27-30		
Grantor:	HEALTH RESOURCES & SERVICES ADMINISTRATION	**Other:**	
Grant Period From:	09/30/26	(applications only) **Anticipated Application Date:**	07/17/26
Grant Period To:	09/29/30	(applications only) **Application Deadline:**	07/17/26
Funding Type:	FED DIRECT	**Multi-Department Grant** ☐ →	**If yes, list below.**
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	COMPETITIVE	**Total Award:**	$2,000,000.00
Status:	NEW	**Metro Cash Match:**	$0.00
Metro Category:	New Initiative	**Metro In-Kind Match:**	$0.00
CFDA #	93.110	**Is Council approval required?** ☐	
		Applic. Submitted Electronically? ☑	

Project Description:

The Nashville Strong Families Food Project (NSFFP) seeks to expand existing food prescription programs and increase food access, healthy food intake and food security. Eligible participants are pregnant women less than 16 weeks gestation receiving WIC and experiencing food insecurity. 1,120 pregnant women will participate and be provided with $50 per month in produce vouchers during pregnancy and up to 6 months postpartum. Participants will receive 12 education sessions with trained Nutrition Educators focused on fruit and vegetable consumption. At least one program partner will be site-based and allow for produce pick-up. A second program partner will be hub-based, distributing redeemable vouchers at a network of participating local and commercial grocery stores for purchasing fruits and vegetables.

Plan for continuation of service after expiration of grant/Budgetary Impact:

The proposal supports the expansion of two existing produce prescription programs. This approach offers long-term sustainability by building on current workflow processes rather than creating new systems of care. The coalition of project partners and the Food Consortium will seek additional grant funds. MPHD has been successful in making the business case for local funding support for programs and services.

How is Match Determined?

Fixed Amount of $	$0.00	**or**		**% of Grant**	**Other:** ☐

Explanation for "Other" means of determining match:

N/A

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?	N/A		**Fund**	**Business Unit**
Is not budgeted?	$0.00		**Proposed Source of Match:**	
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)				

Other:

Number of FTEs the grant will fund:	0.40	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.10%	**Indirect Cost of Grant to Metro:**	$422,000.00	
***Indirect Costs allowed?** ◉ Yes ○ No **% Allow.**	5.76%	**Ind. Cost Requested from Grantor:**	$115,178.00	**in budget**

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

Metro or Community-based Partners:

Nashville General Hospital (NGH), Second Harvest Food Bank

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY27	$375,000.00	$0.00	$0.00	$0.00		$0.00	$375,000.00	$79,125.00	$21,600.00
Yr 2	FY28	$500,000.00	$0.00	$0.00	$0.00		$0.00	$500,000.00	$105,500.00	$28,800.00
Yr 3	FY29	$500,000.00	$0.00	$0.00	$0.00		$0.00	$500,000.00	$105,500.00	$28,800.00
Yr 4	FY30	$500,000.00	$0.00	$0.00	$0.00		$0.00	$500,000.00	$105,500.00	$28,800.00
Yr 5	FY31	$125,000.00	$0.00	$0.00	$0.00		$0.00	$125,000.00	$26,375.00	$7,178.00
Total		$2,000,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,000,000.00	$422,000.00	$115,178.00

Date Awarded:		**Tot. Awarded:**		**Contract#:**	
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

Contact:
grantscoordination@nashville.gov

Rev. 6/4/26
6271

GCP Received 07/14/26

GCP Approved 07/14/26

RESOLUTION NO. _____

A resolution approving a Maternal Produce Prescription Program grant application from the Health Resources and Services Administration to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to expand existing food prescription programs and increase food access, healthy food intake, and food security for maternal populations.

WHEREAS, the Health Resources and Services Administration is accepting applications for a Maternal Produce Prescription Program grant with an award of $2,000,000 with no cash match required; and,

WHEREAS, the Metropolitan Government is eligible to participate in this grant program; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant application be approved.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the application for a Maternal Produce Prescription Program grant from the Health Resources and Services Administration, with an award of $2,000,000, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Board of Health is authorized to submit said grant application to the Health Resources and Services Administration.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Assistant Metropolitan Attorney

Notice of Funding Opportunity

Application due 07/17/2026

HRSA

Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Maternal Produce Prescription Program (MP3)

HRSA-26-103

Modified 6/22/26: added funding per year clarification, definition of domestic organization, and application page limit and format details.

Modified 6/23/26: added eligibility information.

Table of Contents

Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Maternal Produce Prescription Program (MP3)

HRSA-26-103

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Tagline: Funding produce prescription programs to improve health outcomes for pregnant and post-partum women and their families.

Summary
The purpose of the Maternal Produce Prescription Program (MP3) is to support community-based organizations to develop produce prescription intervention programs that promote access to healthy foods for pregnant and post-partum women and their families in low-income and underserved areas. The program will:

- Create community-based produce prescription programs.
- Provide nutrition education to maternal populations.
- Build and strengthen community partnerships to increase access to healthy foods.
- Demonstrate improvements in fruit and vegetable intake, household food security, and health outcomes.

Projects are expected to provide produce prescription programs (which may use vouchers or physical prescriptions) as well as nutrition education for eligible participants.

Projects are expected to partner with at least one healthcare provider and at least one community-based organization.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Maternal Produce Prescription Program (MP3)

Opportunity number: HRSA-26-103

Announcement version: initial

Federal assistance listing: 93.110

Key dates

NOFO issue date: 06/17/2026

Informational webinar: Join the webinar

Application deadline: 07/17/2026

Expected award date is by: 08/30/2026

Expected start date: 09/30/2026

See other submissions for other time frames that may apply to this NOFO.

Funding details

Application Types:

New

Expected total available funding in FY:
2026: $13,000,000

Expected number and type of awards:
26 G (Grant)

Funding range per award:
$0 - $500,000 per award

Expected total available funding in FY 2026: $13,000,000

Expected number and type of awards: up to 26 grants. Funding range per award: Up to $500,000 per year per award.

We plan to fund awards in four 12-month budget periods for a total four- year period of performance from 09/30/2026 to 09/29/2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Types of eligible organizations

These types of *domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

For profit organizations other than small businesses

Small businesses

*****"Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Community-based organizations are encouraged to apply.

Additional information on eligibility

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria
We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Does not include a letter of support from **both** a healthcare partner **and** a community-based organization partner.

Application limits
You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing
This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose
The purpose of the Maternal Produce Prescription Program (MP3) is to support community-based organizations to develop produce prescription intervention programs and related nutrition education for maternal populations at risk of poor health outcomes due to nutrition insecurity and other health-related factors. These nutrition interventions will serve pregnant and post-partum women and their families in low-income and underserved rural and urban areas. The MP3 program advances the Make America Healthy Again priorities to improve the American diet and reduce related chronic conditions.

The program objectives to be accomplished during the period of performance include:

- Increase the number of pregnant and post-partum women enrolled in MP3 and receiving nutrition education.
- Increase the number of enrolled pregnant women receiving produce prescription interventions (which may include vouchers).

- Increase the self-reported fruit and vegetable intake among enrolled women and their families.
- Build and strengthen community partnerships to increase access to healthy foods.

Funding Opportunity Goals

- Increase fruit and vegetable intake by pregnant and post-partum women and their families.
- Increase household food security.
- Improve maternal health outcomes.
- Improve birth outcomes.

Background

Pregnancy and the postpartum period represent critical windows when access to nutrient-dense foods, including fruits and vegetables, supports maternal health, healthy fetal development, and recovery after birth. Higher diet quality during pregnancy is associated with appropriate gestational weight gain and reduced risk of hypertensive disorders and preterm birth.[1]

Conversely, food insecurity during pregnancy has been associated with increased risk of gestational diabetes, preeclampsia, preterm birth, and neonatal intensive care unit admission.[2] It has also been linked to gestational weight gain outside recommended ranges[3] and to economic and psychosocial stressors, including depressive symptoms that contribute to adverse maternal and infant outcomes.[4]

Over the past decade, Produce Prescription Programs (PPPs) have emerged as an effective strategy to integrate nutrition access into healthcare delivery to improve diet quality, reduce food insecurity, and support maternal and infant health outcomes[5]. PPPs delivered in clinical settings integrate nutrition guidance into medical care, serving both as a direct resource to help patients access healthy foods and as a prompt for providers to reinforce dietary recommendations during prenatal and postpartum visits.[6]

Over time, PPPs have helped communities[7]:

- Strengthen partnerships between healthcare providers and local food systems.
- Integrate nutrition screening and referral into clinical workflows.
- Improve participant engagement through flexible redemption models and approaches.
- Establish shared evaluation frameworks to measure food security, utilization, and health outcomes.

Implementation research from other federally funded programs highlights that participant redemption and engagement are strongest when programs address transportation barriers, offer flexible redemption options (retail, delivery, hybrid), incorporate navigation and nutrition education, and build strong partnerships and communication systems.[8] These findings underscore that produce prescription programs function most effectively when embedded within coordinated systems of care rather than operating as stand-alone food distribution efforts.

This approach aligns with U.S. Department of Health and Human Services' Make America Healthy Again priorities[9], which emphasizes that nutrition is vital to healthy development across

the life course and that strengthening access to nutrition services supports chronic disease prevention and whole-family well-being.[10]

Program requirements and expectations

All Proposals are Expected to:

1. Include a letter of support from one or more **community-based organization partner(s)** that serve maternal populations in low-income and underserved urban and rural areas in the grant application and specify their role in implementing and evaluating the project. The community-based organization may apply as the primary applicant, but a letter of support will still be required to indicate support from the applicant organization executive leadership.
2. Include a letter of support from one or more **healthcare partner(s)** that serve maternal populations in low-income and underserved urban and rural areas in the grant application and specify their role in implementing and evaluating the project. The healthcare partner may apply as the primary applicant, but a letter of support will still be required to indicate support from the applicant organization.

    - The required healthcare partner(s) may include (1) a hospital, (2) Federally Qualified Health Center, (3) hospital or clinic operated by the Secretary of Veterans Affairs, (4) healthcare provider group, or (5) Rural Health Clinics or urban health clinics.

Qualifications for the Project Director:

- Be an employee of the applicant organization.
- Have expertise in designing and implementing produce prescription programs and similar community-based nutrition projects.
- Expected to commit at least 10 percent of their time to the project, which may be a combination of grant and in-kind support. The 10 percent effort cannot be shared by two employees.

Key Activities:

1. Create a Produce Prescription Program

- Design and implement a produce prescription project that:
    - Reaches low-income and underserved pregnant women and their families.
    - Provides prescriptions or vouchers for fruits and vegetables. The definition of fruits and vegetables includes any variety of fresh, frozen, canned, or dried whole or cut fruits and vegetables without added sugars, fats, or oils.
    - Creates or uses existing infrastructure to connect participants with food access points, such as markets, grocery stores, farmers, or mobile food services.
    - Is evidence-informed or evidence-based.
    - To the extent practical, engages community members in the planning process.
- Your proposed project may be a new community-based produce prescription program or may build on, expand, or enhance an existing community-based produce prescription program.

2. Build Community Partnerships

- Establish new and/or foster ongoing collaborations with local partners (for example, community-based organizations) and regional food systems to ensure participants can easily redeem their produce prescriptions and vouchers. This may include food retailers and suppliers, produce distributors and growers, food pantries, and health care providers.
- Engage the communities being served (particularly the participants, residents, and organizations) in the design and implementation of the project.
- Engage new or leverage existing cross-sector partners as appropriate for your project.
- Ideal state and local partners include but are not limited to:
    - HRSA's Maternal and Child Health (MCH) Nutrition Training Program
    - HRSA's Healthy Start Program
    - HRSA's Maternal, Infant, and Early Childhood Home Visiting Program
    - HRSA's Title V MCH Services Block Grant Program
    - USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
    - USDA's Cooperative Extension Program
    - Local and regional transportation partners

3. Identify, Enroll, and Retain Eligible Participants

- Identify eligible pregnant women and their families in low-income or underserved urban and rural areas. Partner with or leverage existing community programs and/or federal programs to support recruitment and enrollment of eligible participants. Design a plan to enroll and retain such women as participants through the duration of the project period.
    - Pregnant women are eligible to enroll if they 1) participate in USDA's Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or 2) have Medicaid and/or CHIP, or 3) screen as food insecure.
- Ideally, pregnant women should be enrolled prior to 16 weeks gestation to obtain the maximum benefit of the program and have their pregnancy-related outcome data included in the impact evaluation. Pregnant women who are more than 16 weeks pregnant may participate in the program but their outcome data related to gestational weight gain and birth outcomes should not be included in program impact evaluation.
- Program benefits are available to eligible participants during pregnancy, the postpartum period, and throughout the entire project period.

4. Provide Nutrition Education

- Provide nutrition education on healthy eating habits for pregnant and postpartum women and their families. Nutrition education topics may include, but are not limited to, benefits of fruit and vegetable consumption, chronic disease prevention, and healthy food preparation.
- Use evidence-informed formats—such as in-person, virtual, or hybrid sessions, delivered individually or in groups—to effectively engage pregnant and postpartum women and improve health outcomes for families.

5. Participate in Training and Technical Support (TA) Activities
A HRSA-supported Coordinating Center (CC) will provide training, technical assistance, evaluation tools, data collection tools, and informational support services to MP3 grantees. Awardees will participate in CC-led activities as well as HRSA-led activities, including but not limited to:

- Recipient calls, which will take place at least quarterly.
- A technical assistance visit during the period of performance.
- Trainings from the Coordinating Center, as available.

These activities facilitate peer-to-peer learning and help build capacity in program management, data reporting, and implementation strategies.

Performance Measurement, Evaluation, and Continuous Quality Improvement (CQI)

We expect you to measure your performance, evaluate your program, and conduct CQI activities. You are expected to:

- Report performance measures and evaluate the program to determine how well the program was implemented as designed, and the impact of your project on (1) consumption of fruits and vegetables by pregnant women and their families; (2) household food security; and (3) overall health and wellbeing.
- Grantees are responsible for gathering baseline data at recruitment and follow-up data at multiple points for each participant.

Performance Measurement
You are expected to:

- Measure performance on key activities and program objectives.
- Report on Discretionary Grants Information System (DGIS) measures noted in the Reporting section.
- Report on measures and project activities that align with program goals and objectives in the annual noncompeting continuation progress report. This will include how your project goals, objectives, and activities are leading to increased fruit and vegetable consumption, reduced household food insecurity, and improvements in maternal health and wellbeing.
- Report monthly redemption rates for prescriptions and vouchers.
- Report on the number of participants and reach of the program.
- Collect or establish a partnership and Data Use Agreement (DUA) to securely obtain participant-level data. You are expected to collect core metric data at the following time points for each participant, including:

Metric	Enrollment*	3rd Trimester**	6-12 Weeks Postpartum	6 months postpartum	Every 6 months thereafter during the project period
Self-reported fruit and vegetable intake	X	X	X	X	X
Household food security	X	X	X	X	X
Gestational weight gain category			X		
Overall Health Status	X	X	X	X	X
Mental Health Status	X	X	X	X	X
Infant birthweight			X		
Infant gestational age at birth			X		
Adverse birth outcome(s)			X		

**Ideally, pregnant women should be enrolled prior to 16 weeks gestation to obtain the maximum benefit of the program and have their pregnancy-related outcome data included in the impact evaluation. Pregnant women who are more than 16 weeks pregnant may also participate in the program, but their outcome data related to gestational weight gain and birth outcomes should not be included in program impact evaluation.*

***Specific timing of this may be standardized after program award in consultation with the Coordinating Center.*

Evaluation Plan

- Develop and carry out a plan to obtain, collect, analyze, and track data to measure impact and outcomes of your project.
- Evaluate your program including both process/implementation outcomes as well as impact outcomes.
- You are required to utilize the RE-AIM framework for your evaluations to support comparative analyses across programs.

- Evaluations should cover all aspects of the produce prescription program including the nutrition education component. Example outcomes to assess may include, but are not limited to, food literacy, cooking skills, program engagement, and program satisfaction.
- You are expected to participate in HRSA-supported overall process and outcome evaluations of MP3 programs. This includes:
    - Meeting periodically with staff from HRSA/MCHB, the Coordinating Center, and other MP3 grantees to review project plans, evaluation objectives and methods, data collection and reporting requirements, and analysis and reporting of results.
    - Providing the Coordinating Center core program data sets to ensure common program tracking. This will include, but is not limited to, the metrics listed in the table above. Prior to program implementation, the Coordinating Center can provide standardized surveys, instruments, and other tools to help collect this data.
    - Obtaining necessary approvals from an Institutional Review Board (IRB).
- You are expected to have a documented data agreement or similar documented agreement with each partner, under which each partner will provide information required for the core program data set to share that data with the Coordinating Center, and to complete any evaluation measurement tools/surveys to be conducted by the Coordinating Center.
- Data sharing may be complicated or limited, in some cases, by organizational policies; local and tribal Institutional Review Board (IRB) rules; and local, tribal, state, and Federal laws and regulations. The rights and privacy of individuals who participate must be protected at all times. This includes annual human subject's assurance statements that the project has been reviewed and approved by an Institutional Review Board (IRB) or determined exempt from review.
- Data intended for broader use should be free of identifiers that would permit linkages to individual research participants and variables that could lead to deductive disclosure of the identity of individual subjects.

Continuous Quality Improvement

- Conduct CQI. You are expected to use data and findings from your performance measurement and evaluation work to inform and improve processes and outcomes.
- Describe actions you will take to disseminate information about your project to help other groups replicate your project in other settings.

Business Plan

- Develop a Business Plan. The purpose of this plan is to provide evidence – such as a market analysis or management strategy – demonstrating the project's sustainability and outline anticipated benefits for potential partners in program engagement.

Statutory authority

42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

Award information

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
  - All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
  - You cannot earn profit from the federal award. See 2 CFR § 200.400(g).

Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in the Application Guide.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per 2 CFR § 200.414(f), if you do not have a current negotiated indirect cost rate, you may elect to charge a *e n* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See 2 CFR § 200.1 for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your budget.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 2 CFR 200.307.

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants and How to Apply for Grants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-103.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

FAQs will be posted on Grants.gov Related Documents tab.

Join the webinar

For more information about this opportunity, join the webinar. More information on the HRSA-26-103 webinar will be posted at a later date to the documents tab in Grants.gov.

We recommend that you "Subscribe" to the NOFO on Grants.gov to receive updates when we post documents. We will record the webinar.

Have questions? Go to Contacts and Support.

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	**Included in page limit*?**
☐ **Project narrative** Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
☐ **Budget narrative** Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	**Included in page limit*?**
☐ 1. Letter of support from healthcare partner(s)	Yes
☐ 2. Letter of support from community-based organization(s)	Yes
☐ 3. Agreements with other entities	No
☐ 4. Work Plan	Yes
☐ 5. Preliminary Evaluation Plan	Yes
☐ 6. Project organizational chart	Yes
☐ 7. Staffing plan and job descriptions	Yes
☐ 8. Biographical sketches*	Yes
☐ 9. Business Plan	Yes
☐ 10. Data Management	No
☐ 11. Other relevant document	Yes
☐ 12. Other relevant document	Yes
☐ 13. Other relevant document	Yes

☐ 14. Other relevant document	Yes
☐ 15. Other relevant document	Yes

Other required forms
Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 50.

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format
Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the Application Guide.

Project narrative

Introduction
See merit review criterion 1: Need

Briefly describe the purpose of your project. Include the number of participants to be served, produce prescription (and voucher, if applicable) amount and duration, and the educational opportunities related to nutrition.

Need
See merit review criterion 1: Need

- Describe the need for your produce prescription program in the community you plan to serve. Include local capabilities and assets and how the community will benefit from a produce prescription project.
- Describe how and why your community is underserved in terms of access to maternal health services and healthy food.
- Describe the conditions that lead to food insecurity for the maternal population in your community.
- Provide references for all data sources.

Approach
See merit review criterion 2: Response

Goals and Objectives

- List your goals and objectives, which should respond to the need and purpose of the project.
- For each goal, provide objectives that are specific, measurable, achievable, realistic, and time-bound.

Creating a Produce Prescription Program

- Describe how you will design and implement a produce prescription program as described in the Program Requirements and Expectations section.
- If you are building on, expanding, or enhancing an existing community-based produce prescription program, describe how you will build on, expand or enhance the existing program.
- Describe any additional formative research you plan to conduct to inform your project design such as 1) how you plan to tailor an existing produce prescription program to a maternal population or 2) how you plan to develop a new produce prescription program for maternal populations. You may conduct this additional formative research for the first 6-12 months of the project period.
- Describe your plan to reach low-income or underserved pregnant and post-partum women and their families in urban and rural areas through this produce prescription program.
- Describe the role of each healthcare partner in designing and implementing the project. Include letter(s) of support as **Attachment 1.**
- Describe the role of each community-based organization partner in designing and implementing the project. Include letter(s) of support as **Attachment 2**.
- Describe how the communities being served (particularly the participants, residents, and organizations) will be involved in designing and implementing the project.
- Explain how your project aligns with and does not duplicate existing federal programs that may be operating in your service area, like those proposed or currently funded by MAHA ELEVATE, National Diabetes Prevention Program, IHS Produce Prescription Pilot Program, USDA Food and Nutrition Service Programs, Healthy Start, Maternal Child Health Nutrition Training Program, or Gus Schumacher Nutrition Incentive Program (GusNIP). If there are no other federal programs operating in your service area, state this in your narrative.

Building Partnerships

- Describe how you will build or strengthen existing collaborations with local partners and regional food systems, as described in the Program Requirements and Expectations. Describe how these partnerships will help ensure participants can easily use their prescriptions and vouchers.
- Describe how communities will be engaged with the design and implementation of your project.
- Describe how you will strengthen collaborations with MCH partners, such as community health workers, Title V, MCHB-funded training programs and other state and local partners.
- Describe how you will engage new or leverage existing cross-sector partners, as appropriate.
- Include any letters of support as **Attachment 3**.

Identifying, Enrolling, and Retaining Eligible Participants

- Describe your plan for identifying eligible participants as described in the Program Requirements and Expectations section.
- Discuss your plan to enroll and retain participants.

Providing Nutrition Education

- Describe your plan for integrating nutrition education as described in the Program Requirements and Expectations section.

Participating in Training and TA Activities

- As described in the Program Requirements and Expectations section, state your willingness to participate in:
    - Recipient calls, which will take place at least quarterly.
    - A TA visit during the period of performance.
    - Trainings from the Coordinating Center, as available.

High-level work plan
See merit review criteria 2: Response and 4: Impact

- Describe how you will achieve each of the objectives during the period of performance you outline in the Approach section.
- Provide a more detailed work plan and timeline that includes each activity and identifies who is responsible for each. Include this as **Attachment 4**.

Resolving challenges
See merit review criterion 2: Response

- Discuss common challenges related to designing and implementing produce prescription programs and how you plan to resolve them.
- Describe any anticipated challenges specific to your community and how you plan to resolve them.
- Describe types of delivery options you will use to overcome transportation barriers for participants.
- Discuss any anticipated challenges with IRB review and approval.

Performance Reporting and Evaluation
See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

Monitoring

- Describe how you will track project activities over the period of performance.
- Describe your capacity to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, evaluation, and continuous quality improvement.

Performance Measurement

- Provide your plan for measuring and tracking the project goals and objectives outlined in the purpose section. The plan should include required and proposed measures outlined in the performance measurement, evaluation, and Continuous Quality Improvement (CQI)

section and describe plans for the timely collection and reporting of all measures. This includes both process/implementation outcomes as well as impact outcomes.

- State your willingness to partner with MCHB, the Coordinating Center, and other MP3 recipients after award to identify or develop additional measures that demonstrate the impact of your project.
- Explain how you will use data to inform project implementation and CQI.
- Describe your plan to collect, or establish a partnership, to securely obtain participant-level data. Detail the data agreements you will establish with partners to obtain such data. Data agreements and your data management plan should be included in **Attachment 10.**

Evaluation Plan

- State your willingness to participate in HRSA-supported impact and outcomes evaluations as described in the Program Requirements and Expectations section and Performance Measurement, Evaluation, and Continuous Quality Improvement.
- State your willingness to meet periodically with staff from HRSA/MCHB, the Coordinating Center, and other MP3 grantees to review project plans, evaluation objectives and methods, data collection and reporting requirements, and analysis and reporting of results.
- State your willingness to provide the Coordinating Center core program data sets to ensure common program tracking. This will include many of the metrics listed in the table above. Prior to program implementation, the Coordinating Center can provide standardized surveys, instruments, and other tools to help collect this data.
- State your willingness to utilize the RE-AIM framework for your evaluations to support comparative analyses across programs.
- Describe any previous process, outcome, and impact evaluation experience with the participants to be served or other related food programs.
- Submit a preliminary project evaluation plan as **Attachment 5** that includes:
    - A process evaluation plan for documenting the process, challenges, and success of implementation and operations.
    - An impact/outcome evaluation plan to document the project's effectiveness in (a) improving consumption of fruits and vegetables; (b) reducing food insecurity; (c) promoting healthy pregnancy weight gain; (d) overall physical and mental health; (e) positive birth outcomes; and (f) other program specific outcomes.
    - Describe how the communities being served (particularly the participants, residents, and organizations) will be engaged in its evaluation.

Continuous Quality Improvement

- Conduct CQI. You are expected to use data and findings from your performance measurement and evaluation work to inform and improve processes and outcomes.

See the reporting section for more information.

Sustainability
See merit review criterion 4: Impact

We expect you to sustain project elements that improve practices and outcomes for the target population. Projects may identify actual or potential funding sources for continuation of the project.

- Describe which aspects or components of the project will continue beyond the end of the project period.
- Include a Business Plan which will provide evidence, such as a market analysis or management plan, to demonstrate how sustainability of the project will be achieved. Include your Business Plan in **Attachment 9**.
- Describe actions you will take to disseminate information about your project to help other groups replicate your project in other settings.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Successful awardees must submit a long-term plan outlining how the pilot program will continue (or be responsibly phased out) after federal funding ends, including any leveraging of non-federal resources. This plan will be evaluated during the Year 1 review.

Organizational information
See merit review criterion 5: Resources and capabilities

- Briefly describe your organization's mission, structure, and the scope of your current activities. Include a one-page project organizational chart in **Attachment 6**.
    - If your organization is not a community-based organization (CBO), demonstrate your substantive partnership with a CBO to carry out this program.
- Describe your organization's experience with and capacity to implement and evaluate a produce prescription program.
- Describe your organization's experience providing services to maternal populations in low-income and underserved urban and rural areas.
- Describe how the qualifications of staff involved with the proposed project reflect the expertise necessary to carry out the proposed project.
- Describe the proposed project director's experiences and expertise.
- State how much time the project director will commit to the proposed project, and how they will meet the minimum 10% time and effort.
- Include a staffing plan and job descriptions in **Attachment 7.**
- Include biographical sketches or resumes for key staff in **Attachment 8.**
- List the organizations and communities to be involved in carrying out the proposed project. Include a summary description of relevant previous work and experience of each community group, organization, or healthcare entity that will be involved, and any related project history.
- Describe how the qualifications of staff involved with the proposed project and/or organizational leadership reflect the expertise necessary to carry out the proposed project.

- Discuss how you will follow the HRSA-approved work plan, account for federal funds, and record all costs to avoid audit findings.

Budget and budget narrative
See merit review criterion 6: Support requested

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.

A line-item budget and budget justification should be included for all partner organizations that will be supported with project funds. If the applicant is not a community-based organization (CBO), the applicant is expected to include a detailed work plan and budget/budget justification that demonstrates how the CBO will be substantively involved in the administration of this program.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

Attachments
Place your attachments in this order in the Attachments Form. See application checklist to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Letter of support from healthcare partner(s)
Include a letter of support from one or more healthcare partner(s) in the grant application specifying their role in implementing and evaluating the project. The healthcare partner may apply as the primary applicant, but a letter of support is still required.

Attachment 2: Letter of support from community-based organization(s)
Include a letter of support from one or more community-based organization partner(s) in the grant application specifying their role in implementing and evaluating the project. The community-based organization may apply as the primary applicant, but a letter of support from the organization's executive leadership is still expected, to ensure their engagement and partnership in the program.

Attachment 3: Agreements with other entities
Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. Make sure you sign and date any letters of agreement.

Attachment 4: Work Plan
See Section 3.1.7 of the Application Guide.
Attach the project's work plan, making sure it includes everything required in the project narrative section.

Your work plan should be presented in a table format and should:

- Include the timeline for each activity.
- Identify staff who are responsible for each activity.
- Identify the key partners who will help you achieve each activity (as applicable).

Attachment 5: Preliminary Evaluation Plan
Attach the project's preliminary project evaluation plan. Your plan should:

- Describe your plan to obtain, collect, analyze, and track data to measure outputs and outcomes.
- Include an initial list of measures (such as indicators and metrics) that shows how you will evaluate and monitor the success of the project (for example outputs and outcomes).
- Include a timeline for implementing evaluation activities.

Attachment 6: Project organizational chart
Provide a one-page diagram that shows the full project's organizational structure.

Attachment 7: Staffing plan and job descriptions
See Section 3.1.7 of the Application Guide.

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, include a job description, their role, responsibilities, and qualifications.

Attachment 8: Biographical sketches
Include biographical sketches for people who will hold the key positions you describe in attachment 7.

Each biographical sketch should be one (1) page or less. Do not include non-public, personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 9: Business Plan
The Business Plan should provide evidence, e.g., a market analysis or the outline of a management business plan, to demonstrate how sustainability of the project will be achieved. Business plan outlines or any other documentation of evidence for sustainability should be no more than five pages.

Attachment 10: Data Management Plan
A Data Management Plan (DMP) of no more than two pages is expected for this program. Applicants should clearly articulate how the project director (PD) and co-PDs plan to manage the data generated by the project. Applicants should include copies of the data agreement(s) established with partner entities that detail how the data will be collected, stored, and protected.

Attachments 11-15: Other Relevant Documents
You may use attachments 11 through 15 to add any other relevant documents.

Other required forms
You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions
The application guide has detailed instructions for:

- The Application for Federal Assistance (SF-424).
- The Budget Information for Non-Construction Programs (SF-424A).

Project abstract summary form instructions
Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When writing your summary:

Use 4,000 characters or fewer.
Make sure it’s clear, accurate, short.

Do not refer to other parts of the application.
Do not include personally identifiable information (PII) in abstract form.

If you receive an award, we'll put your project abstract on public websites and databases, including USAspending.gov.

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Application Guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (10 points)

See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Describes the purpose and need of your project and how your target maternal population is low-income or underserved in urban and rural areas, in terms of access to maternal health services and healthy food.
- Describes the conditions that lead to food insecurity for the maternal population in your community.
- Uses relevant data, with appropriate references, to document and justify the need for the proposed project.

Criterion 2: Response (35 points)

Approach, Work Plan, and Resolving Challenges

The panel will review your application for:

- The extent to which the work plan is clear and specific, includes a timeline, and identifies the staff or partners responsible for each activity.
- How the proposal will avoid duplicating other federal activities, including discretionary grant programs and mandatory health and food assistance programs.

- How your project aligns with and does not duplicate existing federal programs that may be operating in your service area, like those proposed or currently funded by MAHA ELEVATE, National Diabetes Prevention Program, IHS Produce Prescription Pilot Program, USDA Food and Nutrition Service Programs, Healthy Start, Maternal Child Health Nutrition Training Program, or Gus Schumacher Nutrition Incentive Program (GusNIP). If there are no other federal programs operating in your service area, state this in your narrative.
- The strength and feasibility of the work plan, including the extent to which it proposes reasonable timelines that are achievable within the period of performance and aligns with objectives proposed in the approach section.

Goals and Objectives (5 points)

- How well it responds to the program's purpose.
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities described will address the need, meet project goals and objectives, and are achievable within the performance period.

Resolving Challenges (3 points)

- How well it describes challenges you may face while implementing the work plan, and the quality of your plan to deal with these challenges.

Work Plan

Creating a Produce Prescription Program (10 points)

- The strength and feasibility of your plan to design and implement a produce prescription program, or build on, expand, or enhance an existing program as described in the Program Requirements and Expectations section.
- The strength and feasibility of your plan for additional formative research you will conduct.
- How well you describe the role or involvement of 1) each healthcare partner, 2) the community-based organization, and 3) the communities being served in designing and implementing the project.

Building Partnerships (5 points)

- The strength and feasibility of your plan to start new or strengthen existing collaborations with local partners, regional food systems, MCH organizations, and cross-sector partners, as described in the Program Requirements and Expectations.
- The extent to which you plan to engage partners as described in the Program Requirements and Expectations and have included corresponding letters of support.

Identifying, Recruiting, and Retaining Participants (5 points)

- The strength and feasibility of your plan for identifying, enrolling, and retaining eligible participants as described in the Program Requirements and Expectations section.

Nutrition Education (4 points)

- The strength and feasibility of your plan for integrating nutrition education as described in thePrograma Requirements and Expectations section.

Participating in Training and TA (3 points)

- Your willingness to participate in recipient calls and a technical assistance visit.

Criterion 3: Performance reporting and evaluation (20 points)

See the project narrative Performance reporting and evaluation section.

The panel will review your application for how well it describes:

- Clear data collection, monitoring, and evaluation procedures for reporting on project activities.
- Your plan and ability to collect data on the measures specified in the performance measurement, evaluation, and continuous quality improvement (CQI) section, including DGIS measures and additional measures to be reported in the noncompeting continuation progress report.
- The feasibility and completeness of your plan to collect data shows the impact of your project on the target population and measurable outcomes.
- Your capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- Your willingness to participate in the HRSA-supported evaluations of the MP3 program.

Criterion 4: Impact (10 points)

The panel will review your application for:

- The feasibility of your plan to accomplish project objectives.
- How strong an impact your project will have on the health of pregnant and post-partum women and their families in urban and rural areas.
- The strength of your plan to disseminate information that will help other groups replicate your project in other settings.
- The strength of your business plan and the likelihood that the program will continue beyond the federal funding.

Criterion 5: Resources and capabilities (15 points)

See the project narrative Organizational information and Performance reporting and evaluation sections.

The panel will review your application to determine the extent to which:

- You have the organizational structure, capacity, and personnel to support a produce prescription program.
- Project staff have the training or experience to carry out the project
- The project director meets eligibility requirements and has experience and time to lead the project.

- You have the capacity to gather, manage, and use data for performance measurement, evaluation, and continuous quality improvement.

Criterion 6: Support requested (10 points)

See the Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's goals, objectives, and activities.
- Whether sufficient time is allotted for the project director and key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

You cannot appeal a denial, or the amount of funds awarded.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See “how we make awards” in the Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on finding the application package to make sure you have everything you need.

Application deadline
You must submit your application by 07/17/2026**, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the Application Guide.

Submission method
Grants.gov
You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the Application Guide.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review
If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are underserved, medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
    - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
    - Maintain strong internal controls.
    - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- Ineffective "harm reduction" models.
- Housing-first approaches lacking accountability.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at 2 CFR Part 200 and the terms and conditions of this award. This includes termination under 2 CFR § 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See details here.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isp/.

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.
- DGIS Performance Reports. Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.
- To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are:
    - Project Abstract (required)
    - Financial Form (required)
    - Direct & Enabling Services
    - Partnerships & Collaboration
    - Engagement of Persons with Lived Experience

- The type of report required is determined by the project year of the award's period of performance. You can see the full OMB-approved reporting package at Discretionary Grants Information System on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	**Reporting Period**	**Available Date**	**Report Due Date**
a) New Competing Performance Report	September 30, 2026 – September 29, 2027 (administrative data and performance measure projections, as applicable)	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	September 30, 2026 – September 29, 2027 September 30, 2027 – September 29, 2028 September 30, 2028 – September 29, 2029	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	September 30, 2029 – September 29, 2030	Period of performance end date	120 days from the available date

Contacts and Support

Agency contacts

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HRSA contact center
Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Help with systems

Grants.gov
Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov
If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions
- Applicant Training

Footnotes

[1] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open.* 2025;8(1):e2455955.

[2] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open.* 2025;8(1):e2455955.

[3] Cheu LA, Yee LM, Kominiarek MA. Food insecurity during pregnancy and gestational weight gain. *Am J Obstet Gynecol MFM.* 2020;2(1):100068.

[4] Laraia BA, Gamba R, Saraiva C, et al. Severe maternal hardships are associated with food insecurity among low-income women during pregnancy. *BMC Pregnancy Childbirth.* 2022;22:138.

[5] Chehab RF, Croen LA, Laraia BA, et al. Food insecurity in pregnancy, receipt of food assistance, and perinatal complications. *JAMA Netw Open.* 2025;8(1):e2455955.

[6] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *Transl Behav Med.* 2025;15:ibaf060.

[7] Palmer S, Byker Shanks C, Balis L, et al. Food is medicine programs for pregnant women in the United States: a systematic review. *Transl Behav Med.* 2025;15:ibaf060.

[8] Calloway EE, et al. Participant redemption and engagement of produce prescription programs. 2025.

[9] https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf

[10] Sparks JR, Myers CA, et al. Influence of food security status and diet quality on maternal gestational weight gain. *J Midwifery Womens Health.* 2024;69(3):394–402.

Standard Form – Project Abstract Summary Form

Project Title:	**Nashville Strong Families Food Project**
Applicant Organization Name:	Metro Public Health Department of Nashville/Davidson County
Address:	2500 Charlotte Avenue Nashville, TN 37209
Project Director Name:	Lauren Cromer, MS, RDN, LDN, CLC
Contact Phone Numbers:	615-340-5368 (office)
Email Address:	lauren.cromer@nashville.gov
Website Address:	https://www.nashville.gov/departments/health
All grant program funds requested:	$500,000 (years 1 - 4)

Chronic diseases and nutrition sensitive maternal health conditions heighten risks for adverse maternal and infant outcomes. Conditions such as diabetes, hypertension and obesity have risen significantly among pregnant women living in Nashville and Davidson County, TN since 2020: gestational diabetes increased nearly 18%, gestational hypertension rose nearly 10%, and chronic hypertension in pregnancy increased 39%. Additionally, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services were provided to nearly 34% of all live babies delivered in Davidson County (2024). Local WIC data underscore the extent of maternal nutrition challenges: 64% of pregnant WIC participants entered pregnancy overweight; 38% gained excessive gestational weight, while 35% gained insufficient weight. Food insecurity and related economic stressors remain major contributors to maternal health challenges, and maternal produce prescriptions are an effective and sustainable means to increase fruit and vegetable intake for pregnant women and their households.

Led by the Metro Public Health Department of Nashville and Davidson County, the Nashville Strong Families Food Project (NSFFP) seeks to expand existing food prescription programs and increase food access, healthy food intake and food security for maternal populations. The eligible NSFFP population are pregnant women less than 16 weeks gestation receiving WIC and experiencing food insecurity. The NSFFP will enroll and support a total of 1,120 pregnant women, providing them with $50 per month in produce prescription vouchers during pregnancy and up to 6 months postpartum (approximately $600 fruit and vegetable vouchers per participant). The vouchers supplement existing WIC food benefits for pregnant and postpartum women and are redeemable through partnerships with at least 2 existing food prescription programs. Participants will receive 12 nutrition and food management education sessions with trained Nutrition Educators focused on fruit and vegetable consumption. Individual and household fruit and vegetable intake as well as health outcomes among participants will be tracked for up to 12 months postpartum each year. At least one proposed prescription produce program partner will be site-based and allow for produce pick-up. An additional proposed prescription produce program partner will be hub-based, distributing redeemable prescribed vouchers at a network of participating local and commercial grocery stores for purchasing fruits and vegetables. Participant options are maximized by offering more than one partnership model as a means of addressing both food insecurity related to living food deserts and food swamps.

By focusing multiple efforts to increase food security for low-income pregnant women, the proposed Nashville Strong Families Food Project has the potential to dramatically cut the overall number of infant deaths in half within 4 years and serve as replicable model for Tennessee!

Project Narrative

INTRODUCTION

Population estimates are from the US Census Bureau, American Community Survey 2024 for Davidson County. Natality estimates were calculated from CDC Wonder for year 2024.

Project Overview

The Metro Public Health Department of Nashville and Davidson County (MPHD) Nashville Strong Families Food Project (NSFFP) seeks to expand existing food prescription programs and increase food access, healthy food intake and food security for maternal populations. The eligible NSFFP population are pregnant women less than 16 weeks gestation receiving WIC and experiencing food insecurity. The NSFFP will enroll and support a total of 1,120 pregnant women, providing them with $50 per month in produce prescription vouchers during pregnancy and up to 6 months postpartum (approximately $600 fruit and vegetable vouchers per participant). The vouchers supplement existing Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food benefits for pregnant and postpartum women and are redeemable through partnerships with at least 2 existing food prescription programs. Participants will receive 12 nutrition and food management education sessions with trained Nutrition Educators focused on fruit and vegetable consumption. Individual and household fruit and vegetable intake as well as health outcomes among participants will be tracked for up to 12 months postpartum each year. At least one proposed prescription produce program partner will be site-based and allow produce pick-up. The other proposed produce prescription program partner will be hub-based, distributing prescribed vouchers redeemable at a network of participating local and commercial grocery stores for purchasing fruits and vegetables. Participant options are maximized by offering more than one partnership model as a means of addressing both food insecurity related to living food deserts and food swamps. Finally, transportation barriers are addressed with food delivery options, and all services are embedded within existing coordinated systems of care.

Need

Nashville/Davidson County, Tennessee, is a 532 square mile community of 729,505 residents living in the urban core, suburban neighborhoods and rural farmland. While the median household income is $80,700, the unemployment rate is 3.1% and the poverty rate is 11.9%. Women of childbearing age represent nearly half (48%) of all women in Davidson County, and the county averages approximately 10,000 births per year. Access to timely prenatal care is worsening with the proportion of pregnant women initiating late care or no care at all increased nearly 25% from to 2020 (7.7%) to in 2024 (9.6%) (Annie E. Casey Foundation, KIDS COUNT 2020-2024). While likely an underreported number, 10% of pregnant applicants in Davidson County report not having any prenatal care within the first trimester at time of WIC enrollment (MPHD. Nashville WIC Data, 2025). Forty-two percent (42%) of births are covered by TennCare (state Medicaid), an 11% increase from 2020, reflecting growing financial vulnerability among pregnant women (CDC WONDER, Natality 2020-2024). Household economic strain is further evidenced by the high reliance on nutrition assistance programs: 11% of county households are female-led with no spouse present, and 23.7% of all households include children under age 18. Fifty-one percent (51%) of households with children under 18 receive Supplemental Nutrition Assistance Program (SNAP) benefits; 38% of female-led households receive SNAP; and nearly 29% of female-led households with children under 18 rely on SNAP

benefits. These figures underscore limited financial flexibility to support adequate nutrition during pregnancy and the postpartum period.

Chronic diseases and nutrition sensitive maternal health conditions heighten risks for adverse maternal and infant outcomes. Behavioral Risk Factor Surveillance System data reveal high age-adjusted community burdens of diabetes (12%), hypertension (34%), and obesity (33%) (CDC PLACES 2022; 2023). Among pregnant women, related conditions have risen significantly from 2020 to 2024: gestational diabetes increased nearly 18% (7.3% to 8.6%), gestational hypertension rose nearly 10% (8.3% to 9.1%), and chronic hypertension in pregnancy increased 39% (2.3% to 3.2%). In 2024, WIC services were provided to nearly 34% of all live births delivered in the county (CDC WONDER, Natality 2020–2024). Local WIC data underscore the extent of maternal nutrition challenges: 64% of pregnant WIC participants entered pregnancy overweight; 38% gained excessive gestational weight, while 35% gained insufficient weight; postpartum, 37% were overweight within six months of giving birth, and 41% of breastfeeding participants were overweight. One-third (33%) of WIC enrolled breastfeeding and postpartum women had low hemoglobin or hematocrit, indicating iron deficiency (MPHD. Nashville WIC Data, 2024).

Food insecurity and related economic stressors remain major contributors to maternal health challenges. Nearly 18% of county residents report food insecurity, 10% report unreliable transportation, and 15% of households receive food stamps (CDC PLACES 2022; 2023). County Health Rankings data show that 8% of Davidson County residents have limited access to healthy foods (CDC & RWJF, County Health Rankings 2025). PRAMS data reveal that 12.1% of Tennessee women with a recent live birth were unable to afford healthy meals (Tennessee Department of Health, PRAMS Trend Report, 2018–2022). Additional pressures include severe housing problems (17%), severe housing cost burden (16%), child poverty (17%), and a high proportion of single parent households (38%) (CDC PLACES 2022; 2023; Annie E. Casey Foundation, KIDS COUNT 2020-2024). More than one quarter (27.6%) of all Metro Public Health Community Resource Directory visits were related to basic needs such as food and housing, highlighting the scale of unmet needs (MPHD, Community Resource Directory Data 2025-2026).

Local research demonstrates that food access inequities are geographically concentrated, particularly in the urban core where food swamps are characterized by a high density of fast-food establishments per square mile compared with the density of fresh fruits and vegetable establishments. For example, environmental scans conducted in 2024 describe a food swamp in North Nashville (NN) as a food landscape with limited availability of affordable, high-quality produce. In ZIP code 37208, only one full-service grocery store serves the community, forcing many residents to rely on convenience stores, gas stations, and small markets with limited produce offerings. Price analyses show that fresh vegetable costs vary by 55–84% depending on store type, making healthy foods cost-prohibitive for many families. Residents report stores that “do not carry fresh fruits and veggies,” and many rely on food pantries despite working in food retail settings. These lived experiences underscore inconsistent availability, limited affordability, and structural barriers to nutritious foods (Robinson, Rooted Together Village Presentation, 2026; Vanderbilt Wond’ry Environmental Scan 2024).

Transportation further impedes food access. Approximately half of NN residents must pay for transportation to reach full-service grocery stores (Vanderbilt Wond'ry Environmental Scan 2024; The Nashville Food Project, Bus Stop Accessibility Report 2026). In a 2026 study by The Nashville Food Project, only 22.3% of bus stops met "good" criteria, and many lacked basic infrastructure such as seating and shelter. Only 26.5% of stops were accessible for residents using wheelchairs or strollers—an especially critical barrier for pregnant women and caregivers with infants (The Nashville Food Project, Bus Stop Accessibility Report 2026). Together, these conditions—demographic and socioeconomic factors/variations, nutrition-sensitive chronic disease burdens, rising pregnancy-related complications, high food insecurity, and a food environment defined by poor access and affordability—underscore the urgent need for targeted nutrition interventions for pregnant and postpartum women in Davidson County.

A Maternal Produce Prescription Program (MP3) is uniquely suited to address the challenges identified in Davidson County. While a few produce prescription efforts currently operate locally, two of the three do not serve pregnant or postpartum women. The third program, operating at the city hospital located in NN – Nashville General Hospital – expanded its program in April 2026 beyond at-risk cancer and chronic disease patients to include pregnant and postpartum women through a partnership with Meharry Pediatrics. Although this expansion is promising, maternal populations, who face some of the highest nutrition-related needs, remain largely unserved by existing models. By increasing access to fruits and vegetables, providing evidence-informed nutrition education, and strengthening connections between clinical providers and community food systems, MP3 aligns directly with the documented needs of pregnant and postpartum women. The program complements existing services while filling a critical gap in support for maternal nutrition. Implementing MP3 in Nashville/Davidson County represents a timely, data-driven, and community-centered approach to improving maternal diet quality, reducing food insecurity, and supporting healthier pregnancies and infants.

Approach

MPHD proposes implementing the Nashville Strong Families Food Project (NSFFP) as a means of expanding existing community-based prescription produce programs. Adequate nutrition during pregnancy has a significant impact on maternal and infant health outcomes. Unfortunately, many low-income pregnant and postpartum women face barriers to accessing nutritious foods, specifically fresh fruits and vegetables, due to local food availability, transportation challenges, and lack of financial resources. Programs such as SNAP and WIC can improve access to nutritious foods, yet many families still struggle to meet recommended intakes of fruits and vegetables during pregnancy. This proposal addresses these gaps by expanding access to produce prescriptions through two existing partnerships, allowing the project to evaluate differences in participant engagement, produce redemption, health outcomes, and participant satisfaction across healthcare-based and community-based systems. To minimize disruption to established workflows in existing programs and promote project sustainability, implementation was intentionally designed to integrate with the operational processes of participating organizations.

<u>Response Goals and Objectives</u>

Year One Objectives

The NSFFP Project Director (PD), Project Manager (PM), Nutrition Education Lead (NEL), Nutrition Educators (NE) and the Evaluator Lead (EL), along with at least one (1) Participant Representative, will work together to implement the following program management objectives for year 1:

Objective 1. By 09/30/27, recruit, screen, and enroll at least 400 pregnant WIC participants in the NSFFP prior to 16 weeks gestation.
Action 1.1: PD develops WIC participant eligibility screening protocol. (10/01/26)
Action 1.2: Davidson County WIC clerks are trained on NSFFP screening protocol. (10/15/26)
Action 1.3: WIC clerks implement screening protocols for 3,000 pregnant WIC participants from 01/01/27 to 9/30/27.
Action 1.4: Of the 3,000 pregnant WIC participants screened, the NE provide 1:1 nutrition education to 1,200 participants who are less than 16 weeks gestation from 01/01/27 to 9/30/27.
Action 1.5: Of the 1,200 pregnant participants less than 16 weeks gestation, NE screen 100% for food security concerns from 01/01/27 to 9/30/27.
Action 1.6: Of the 1,200 women screened for food security concerns, an average of 45 eligible pregnant women enroll in the NSFFP per month from 01/01/27 through 09/30/27.

Objective 2. By 12/31/26, ensure at least 2 contracted produce vendors to provide prescribed access to fruits and vegetables to NSFFP participants.
Action 2.1: Project Director and organizational leadership review existing WIC memorandum of understanding/contracts with produce vendors (10/30/2026).
Action 2.2: Per Metro Government Purchasing rules, amend existing MOU/contracts to include maternal health prescriptions (11/30/26).
Action 2.3: Amended MOU/contracts executed (12/31/26).

Objective 3. By 09/30/27, contracted produce vendors distribute/support the delivery of fruit/veggie of approximately 400 produce benefits per month to enrolled NSFFP participants.
Action 3.1: NE assess and write food prescriptions for approximately 400 eligible pregnant women (9/30/27), averaging 45 prescriptions per month.
Action 3.2: NEL and PM transmits list of monthly food prescriptions to contracted vendors (ongoing, monthly).
Action 3.3: Contracted produce vendors prepare prescribed food boxes and/or make vouchers available for consumers to purchase fruits and veggies (ongoing, monthly).
Action 3.4: Contracted produce vendors track redemption of food boxes/vouchers per participant and transmit data to MPHD (ongoing, monthly).

Objective 4. By 09/30/27, obtain community buy-in for Food Consortium plan that has at least 2 performance measures related to increased food access for maternal populations.
Action 4.1: PM works with existing multi-sector maternal health stakeholder group to establish a Food Consortium committee and works with WIC to identify, recruit and train Participant Representatives (PR). The Food Consortium is informed and consults on project implementation.
Action 4.2: PM facilitates action planning workshop (4/30/27).
Action 4.2: PM facilitates community review of action plan (4/30/27 – 6/30/27). PR provide feedback. PM integrates feedback into plan for presentation.

Action 4.4: PM and Participant Representative facilitate Food Consortium Collective action plan adoption meeting (8/30/27).

Objective 5. By 01/01/27, NEL establishes and implements nutrition education delivery protocol for enrolled participants.
Action 5.1: NEL develops a minimum of 6 active nutrition education messages – messages that occur through engagement with participants - for enrolled pregnant participants (11/30/26).
Action 5.2: NEL develops a minimum of 6 passive nutrition education messages – messages that occur through engagement texting/other electronic modality - for enrolled pregnant participants (12/1/26).
Action 5.3: NEL trains Nutrition Educators (NE) on the education plan (12/15/26).
Action 5.4: NE implement nutrition education plan for each enrolled participant from 01/01/27 to 9/30/27.

Objective 6. By March 31, 2027, evaluation team begins implementation of timed data collection protocol for enrolled participants and quality improvements.
Action 6.1: Evaluation Lead finalizes Data Sharing/Use Agreements with contracted produce vendors (12/31/26)
Evaluation Lead establishes timed data collection protocol for HRSA required reporting (1/31/27).
Action 6.2: Evaluation Lead begins data collection protocol for enrolled participants (2/28/27).

Objective 7. By 09/30/27, Project Director and Evaluation team (others as needed) regularly participate in HRSA technical assistance calls/meetings/community of practice learning sessions.

Anticipated Year 1 Outcomes: Populate Food Consortium (FC) membership with at least 25% community/enrolled participant representation; execute contracts with produce vendors; minimum of 400 eligible pregnant participants enrolled; Distribution of produce prescriptions; Data collection on knowledge, attitudes, beliefs related to nutrition education; redemption rates for food prescriptions written, and at least monthly feedback loop processes related to quality improvement.

Anticipated Years 2 – 4 Outcomes: Continued engagement with the Food Consortium including the adopted sustainability plan for program components; increase the number of eligible pregnant participants served to 1,120; continue distribution of produce prescriptions and data collection with participants; at least one (1) disseminated report on program processes and outcomes to date. It is reasonably anticipated that screening, enrollment, nutrition education, prescription distribution, voucher redemptions, etc. will continue as described in year 1.

Creating a Produce Prescription Program
The Nashville Strong Families Food Project (NSFFP) **expands existing** produce prescription programs at Nashville General Hospital and Second Harvest Food Bank. The NSFFP supports existing prenatal WIC participants who are less than 16 weeks gestation and experiencing household food insecurity with approximately $50/month to acquire fruits and vegetables through existing food prescription programs. The NSFFP will expand both organizations'

program models to include pregnant and postpartum women for accessing more fruits and vegetables.

A monthly allotment of $50 to purchase fruits and vegetables will be provided throughout the duration of the project and will be in addition to the standard food package prescribed to pregnant women participating in WIC. WIC food packages provide a variety of foods to support the nutritional needs of women during pregnancy and include dairy foods, beans and legumes, whole grains, iron and folate fortified cereals, seafood, eggs, and fruits and vegetables. WIC food packages for pregnant women currently provide $48 a month for purchasing produce. The USDA's Economic Research Service has suggested that fruit and vegetable recommendations can be met at around $3 per day. As a supplemental program, WIC's food package is designed to meet approximately 50% of recommended intakes for nutrition, including those for fruits and vegetables. **Therefore, the additional $50 provided by Second Harvest's produce prescription program, or the weekly produce pick-up through Nashville General Hospital, would enable moms to purchase 100% of their fruit and vegetable needs.** WIC participants already meet one of several federal designations for low-income and high need.

WIC Nutrition Educator(s) will be responsible for screening existing pregnant women less than 16 weeks gestation for food security needs, providing them with nutrition education, writing a monthly food prescription/voucher, and transmitting the voucher to the participants' preferred supplier to redeem the voucher for fruits and vegetables each month. The two (2) available proposed suppliers include:

Site-Based Expansion: Nashville General Hospital's Food Pharmacy (NGH) program was initially established in 2017 to serve as a food-as-medicine nutrition intervention approach supporting patients with cancer and in 2019 expanded to serve patients across the hospital system experiencing both chronic health conditions and food insecurity. In April 2026, the program expanded further to include some pregnant women, however, the program can only refer existing pregnant patients with certain diagnoses to the food pharmacy. Additional funding from this grant would allow for the expansion of their program to serve more low-income pregnant mothers experiencing food insecurity, including those who are not currently patients of NGH. Upon enrollment in this delivery model, participants can visit the food pharmacy up to four times a month to pick up fresh produce from a variety of options that include standing produce offerings (i.e. apples, oranges, bell peppers, cucumbers, etc.) along with seasonal and shelf-stable options as available. A potential benefit of this model to participants is access to prenatal care. One in ten pregnant applicants for the WIC program in Davidson County lack or have inadequate prenatal care. During the initial appointment, WIC provides women with resources to find prenatal care; however, pregnant participants who select this model may benefit from a direct connection to NGH healthcare providers.

Hub-Based Expansion: Second Harvest Food Bank of Middle Tennessee is a community-based electronic voucher model. This produce prescription is issued through an electronic voucher that is limited to purchasing fresh, frozen, and canned fruits and vegetables at numerous local grocery stores within the community. Currently, the program is only able to serve adults living with chronic health conditions referred from partnering healthcare providers. This project would expand the organization's program model to include pregnant and postpartum women living

within Davidson County. This model offers participants increased flexibility by allowing produce to be purchased during routine shopping trips and reducing transportation and scheduling barriers that a fixed location for produce pick-up might create. Participants will be informed of the technology-dependent aspect of this delivery model as electronic benefit vouchers are sent to a cell phone or email in lieu of a tangible voucher.

Additional Formative Research: During the first 6–12 months of the project period, MPHD will conduct formative implementation activities to tailor an existing produce prescription program to the needs of pregnant WIC participants and optimize program delivery. Although the core intervention is based on established evidence supporting produce prescription programs, structured input from WIC participants, healthcare providers, and community partners will be used to adapt the program for the local pregnant and postpartum population. Participant surveys and interviews will explore preferences related to enrollment timing during pregnancy, prenatal nutrition education, produce access, voucher redemption, transportation, communication, and barriers to participation, while partner discussions will assess referral workflows, coordination between WIC and obstetric providers, and opportunities to strengthen implementation. Findings will be incorporated through the project's Continuous Quality Improvement (CQI) process to refine educational materials, enrollment procedures, referral workflows, communication strategies, and produce prescription delivery while maintaining fidelity to the evidence-based intervention.
Because the project will implement two complementary produce prescription delivery models, the formative implementation period will also provide an opportunity to identify operational strengths, participant preferences, and implementation challenges unique to each approach. Lessons learned during the first year will inform ongoing program refinement, strengthen coordination among partners, and support development of a sustainable, scalable maternal produce prescription model that can be replicated within WIC and other maternal health settings.

Plan Reach: The NSFFP plans to recruit pregnant women less than 16 weeks gestation who are enrolled in Davidson County WIC, which serves low-income and nutritionally or medically at-risk pregnant, postpartum, and breastfeeding women, infants, and children (up to 5 years of age) living in Davidson County, Tennessee. It is reasonably anticipated that the NSFFP will serve up to 400 unduplicated food insecure pregnant women in year. In subsequent years, current participants continue food benefits up to 6 months postpartum and up to 240 new pregnant women are added. Remaining in NSFFP until 6 months post-partum supports optimal Healthy People 2030 and current WIC benchmarks for sustained breast-feeding.

Healthcare Partner Role: MPHD is both the lead applicant and healthcare partner for the NSFFP. MPHD provides an array of healthcare services for uninsured, underinsured, and low-income Davidson County and Tennessee residents, including prenatal presumptive insurance coverage navigation for pregnant women, confirmatory pregnancy testing and counseling for pregnant women, home-visiting services for pregnant and postpartum women, and administers WIC. MPHD is responsible for program design and evaluation as well as recruiting eligible pregnant WIC participants to participate. **See Attachment 1_Healthcare Organization Letter of Support** for further details of the organization's role and executive leadership support.

Community Partner Role(s): Both Nashville General Hospital and Second Harvest Food Bank were consulted on this application. While Metro Government procurement processes require

competitive bids for purchases exceeding $50,000 both organizations indicated their commitment to partnering and responding to the competitive bid solicitation to expand their existing food prescription program models to include pregnant women participating in the NSFFP. Additionally, both organizations agree to support the data collection plan, including, but not limited to, executing data-sharing agreements to track individual user redemption rates and usage data. **See Attachment 2_CBO Letter of Support.**

Community Voice: While community resident engagement was limited in the preparation of the application, community organization voice was substantial as evidenced by the letters of support. Community voice plays a substantial role in existing maternal health programs implemented and evaluated by MPHD. For example, the federal healthy start project, Nashville Strong Babies, maintains the Maternal Child Health Collective which includes current and former participants and community residents who inform program operations, implementation and evaluation. It is reasonably anticipated the same structure and process will used to support the NSFFP. Consumers and participants will be invited to serve on the NSFFP Food Consortium to inform ongoing implementation and evaluation.

Non-Duplication: As of the time of proposal submission, the only current federally funded program in the operating area is Healthy Start. The Healthy Start project – Nashville Strong Babies (NSB) – is also administered by MPHD and low-income food insecure pregnant and postpartum women enrolled in NSB are automatically referred for WIC enrollment. It is anticipated that NSB will continue its current referral patterns to WIC. Additionally, the contracted produce vendors will only redeem vouchers for prescriptions in the NSFFP written for current WIC participants, therefore eliminating the possibility of duplication with existing federal efforts. **See Attachment 3_Commitments from Other Entities**.

Building Partnerships

The NSFFP strengthens existing collaborations between local prescription/produce programs operating within regional food systems in Middle Tennessee/Mid-Cumberland Region. The largest food prescription programs are site-based at Nashville General Hospital (NGH) and hub-based through the Second Harvest Food Bank (SHFB). Both organizations will expand their existing models to incorporate prescriptions for pregnant and postpartum participants. It is envisioned that stronger partnerships between the WIC program and NGH will result from this project, streamlining referrals in both directions among prenatal care, pediatric providers, and the WIC program.

Easy Voucher Usage and Community Engagement: Participants will have the option to select which prescription model they prefer to use. Located in the urban core, participants may redeem vouchers at NGH. NGH is centrally located to 1 of 4 WIC clinics in Davidson County and birthing hospitals. SHFB uses a hub-model which may be ideal for participants who live outside the urban core and want the convenience of shopping for fruits and vegetables closer to their neighborhood. Additionally, participants may redeem their vouchers electronically and, when identified as a barrier to participation, access food delivery services to support increased access for transportation-limited participants. Through implementation, community residents and organizations can inform further design modifications through the Food Consortium which will meet bi-monthly.

Strengthening Collaborations: The MPHD Population Health Bureau Director (PHB) works in close collaboration with the State Title V Director. The State Title V Director/designee has historically served on the healthy start MCH Collective informing maternal health program implementation and will continue to inform the Food Consortium. Additionally, the BD serves as an advisor for the state Title V priority-setting stakeholders, attending the quarterly Title V stakeholder meetings, and serves on the Tennessee Infant Mortality Reduction Task Force and Maternal Mortality Reduction (MMR) Task Force. The BD has regular bi-monthly (6 times per year) conference calls with the state Title V office to coordinate strategies to improve infant, women, and family health. The calls also include the Title X office, MMMR staff calls, injury-prevention, WIC, FIMR, Adolescent Health prevention staff, etc. The WIC Director (PD) will also participate in pertinent maternal health collaborations as a community advisor and stakeholder. It is reasonably anticipated that the PD will continue to serve as a conduit for information sharing with state maternal health and regional food systems stakeholders. Additional relevant collaborations for key staff include:

- Healthy Start: The federally funded Healthy Start program in Davidson County is administered by MPHD in the Population Health Bureau. Bureau leaders meet bi-monthly to identify and strengthen internal and external collaborations. WIC has an established bidirectional referral system to ensure pregnant women are connected with both WIC and home-visiting services.
- Central Referral System (CRS): Established in 1999, CRS coordinates evidence-based home-visiting services for Davidson County residents. CRS will continue to process referrals from home-visiting providers to connect pregnant women to WIC for NSFFP enrollment.
- Community Health Workers (CHW): MPHD is a current collaborator with the federally funded CHW program administered by the local housing authority to connect pregnant women to available services. CHWs may continue to refer pregnant women through CRS for WIC and NSFFP enrollment.

Leveraged Partnerships: NSFFP intends to maintain existing collaborations with maternal health stakeholders and leverage the MPHD relationship with the Healthy Nashville Leadership Council (HNLC). The HNLC is the prestigious 18-member mayoral appointed council responsible for drawing attention to important public health concerns and ensuring execution of the Community Health Improvement Plan (CHIP). The 2026 – 2028 CHIP focuses on food access/food insecurity. The HNLC will receive regular updates on implementation and recommendations from the Food Consortium to support additional resources, political and community will.

Identifying, Enrolling, and Retaining Eligible Participants: Recruitment for the project will occur through collaboration with WIC. Initial screening will be conducted by WIC staff during a pregnant applicant's initial WIC certification appointment, and those meeting eligibility criteria will be offered the option to enroll into the project during their visit. While WIC participation will already be met, additional eligibility criteria for screening will include weeks gestation, county of residence, food insecurity, and participation in other food assistance programs at time of enrollment using a standardized screening tool. WIC has strong partnerships with multiple healthcare and community agencies working with low-income families including Ascension's Saint Thomas OB/GYN Resident Clinic, Neighborhood Health, and Vanderbilt's Center for Women's Health Clinic and has existing direct referral programs established with many of its

partners. Before the project begins, community partners serving low-income prenatal clients will receive education about NSFFP and be informed that eligible prenatal referrals will be invited to enroll in the project during their certification visit. WIC enrollment data illustrate **WIC's prowess as the most reliable recruitment source in Davidson County to support the target enrollment, retention and participation goals each year**.

Once screened and enrolled in the project, participants will be provided the option to choose from either of the existing produce delivery models within the project – 1) a site-based direct distribution model, and 2) a community hub-based electronic voucher model. This approach focuses on an implementation study rather than a randomized controlled trial. Therefore, participant preference is intentionally incorporated into the project, allowing women to select a choice that they believe to best meet their needs. Women will receive education on each produce prescription model and will be allowed to select the option they prefer; however, participants will be required to stay with the same produce delivery model throughout their pregnancy. At the time of delivery, participants may continue with the same produce prescription model, or switch to the alternate model for the remaining 6 months if the initial model did not meet their needs.

Providing Nutrition Education: Nutrition education will be standardized, designed around monthly education topics related to healthy eating during pregnancy and postpartum, focusing more specifically on the importance of fruits and vegetables. Education will include topics such as nutrients provided by fruits and vegetables, how to prepare produce, food safety concerns during pregnancy and infancy, how to incorporate more produce into daily meal plans, produce consumption impact on chronic conditions, shopping on a budget, and more. Education will be provided monthly throughout the project and will include both active learning methods (i.e., face-to-face and virtual education sessions) and passive learning activities (i.e., flyers and text messages). Education participation will be tracked alongside a learning assessment. Educational materials will be made available in English, Spanish, and Arabic to adequately engage all participating at-risk women.

Participating in Training and TA Activities: MPHD will ensure participation in all quarterly recipient calls, monthly project officer calls, technical site visits, training, community of practice and all other required/expected grantee participation throughout the 4-year grant period. MPHD currently administers two (2) HRSA-funded grant programs – Healthy Start (2019) and the Ryan White Part A program (2012) – and has ensured completion of 100% for all grantee-related activities since initial funding for both programs. The Project Director of each program is responsible for ensuring all grant-funded, non-grant funded and contractor staff including evaluators are present for related activities as required. It is reasonably anticipated that the same level of diligence and staff availability will continue for MP3.

High-level work plan: The PD is responsible for ensuring all grant-required and related activities occur throughout the grant cycle and will lead the implementation team to ensure that each objective is achieved in a timely manner. The Evaluation Lead (LE) is responsible for ensuring all evaluation objectives are met as well. The Project Manager (PM) ensures coordination with the Food Consortium and the Nutrition Educator Lead ensures nutrition education occurs and suppliers receive technical assistance. develops the nutrition education protocols **See Attachment 4_Workplan** for more details.

RESOLUTION OF CHALLENGES

It is noted and anticipated that there are individual participant and community system factors that impact health to be identified and mitigated. Actions and resources to mitigate challenges are addressed in detail below.

Program participant and transportation barriers: The single primary barrier to successful program implementation and evaluation is lack of participation among enrolled individuals. Nashville lacks an accessible, economical, and affordable public transportation system. Without a comprehensive public transportation system, many women who cannot afford a car or the gas to drive a private vehicle, are left dependent on others to get them to appointments or other places. **Resolution of participant barriers**: All participants will be evaluated for transportation needs. Food delivery services will be deployed as needed to ensure participants receive their monthly produce. Completion of education sessions will be required to receive the food prescription each month and will occur during monthly WIC certification appointments. Finally, additional supply items will be available to participants to encourage and ensure participation in the evaluation activities.

Community systems barriers: Community level barriers continue to limit both early enrollment and sustained participation in the NSFFP program. Participants often encounter system driven obstacles, such as fragmented referral pathways, limited care coordination, and inconsistent access to supportive services, as well as personal barriers that make it difficult to enroll during pregnancy and remain engaged through the late postpartum period. **The systemic issues and the strategies for addressing them are noted below:**

- *Lack of general understanding around the need and benefit of fruit and vegetable intake.* Prevention is the principle theme of this project and the importance of it is woven into all aspects of the program. Nutrition messages are stressed by all team members. These messages are uniform and consistent so participants receive the same information several times. This is done to improve retention and to create a sense that all project team members are on the same page regarding caring for each client. By echoing prevention messages in every aspect of the program and reiterating them multiple times, it is hoped and expected that the community will begin to prioritize health and increase utilization and intake of fruits and vegetables.

- *Communication barriers, especially those related to low literacy.* All material purchased or created for this program will have a readability level at or around 4th grade. Part of the assessment completed for each participant is a functional literacy assessment. For participants who do not score as being functionally literate, referrals will be made to an adult education program, and improving this aspect of life will automatically become part of the client's engagement.

Community Coordination: Another major barrier is assuring that all key stakeholders are at the table. As mentioned earlier, the MCH Collective is established and has representation from many of the key players that work with the impacted community. As the MCH Collective moves forward it will integrate the Food Consortium empower consumers to make key decisions regarding resources, services, and actions. This will be stated in the Memorandum of

Agreement/work agreements that all organizations represented Food Consortium will be asked to sign. Additionally, all other key stakeholders will be asked to attend the meetings at the convenience of community members. Having community and program participants involved in the Food Consortium and training them for leadership positions will ensure decisions are made in the best interest of the group and not individual organizations.

IRB Challenges and Resolution: MPHD will participate in all required HRSA-supported overall process and outcomes evaluations of MP3 programs including but not limited to meeting periodically with HRSA/MCB staff, the Coordinating Center, other grantees as well as providing the Coordinating Center core program data sets to ensure common program tracking. MPHD maintains an independent Institutional Review Board (IRB) within the Division of Epidemiology, Surveillance, Program Planning, and Evaluation (ESPPE) and has established policies and procedures for the ethical review and oversight of public health research and evaluation activities. Since the project primarily involves implementation and evaluation of an evidence-informed produce prescription program, MPHD does not anticipate significant IRB approval challenges. Nonetheless, MPHD will consult with HRSA and work with the appropriate IRB(s), early in the project period to determine whether evaluation activities constitute human subjects research or qualify as program evaluation or quality improvement under applicable federal regulations. If IRB review is required, MPHD will submit protocols, data collection instruments, and supporting materials during the first year of the project to minimize delays in implementation. Participant surveys, interviews, and collection of participant-level administrative or clinical data will not begin until all required IRB approvals and data-sharing agreements are in place. MPHD has extensive experience conducting public health evaluations and will leverage its established IRB processes, data governance procedures, and evaluation expertise to coordinate multi-site review, execute data-sharing agreements, and ensure compliance with ethical standards, participant privacy protections, and all applicable federal, state, and organizational requirements. Typical MPHD expedited IRB reviews take no more than 2 – 6 weeks to complete.

PERFORMANCE REPORTING AND EVALUATION

The NSFFP will implement an integrated monitoring, performance measurement, evaluation, and Continuous Quality Improvement (CQI) framework that is directly aligned with the project's logic model. The evaluation framework is designed to assess each stage of the logic model - from project activities and outputs through short-, intermediate-, and long-term outcomes - to ensure that implementation is effective, outcomes are achieved, and findings are used to strengthen program delivery. Evaluation activities will be guided by the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance), providing a comprehensive approach to assessing program implementation, effectiveness, and sustainability.

Project monitoring will assess implementation fidelity and progress toward the activities and outputs identified in the logic model. Performance measurement will evaluate progress toward the project's short- and intermediate-term outcomes using standardized process and outcome measures aligned with HRSA Maternal Produce Prescription Program (MP3) requirements. Evaluation findings will inform Continuous Quality Improvement (CQI) through routine review of implementation and outcome data, allowing the project team and partners

to identify implementation challenges, refine workflows, strengthen partnerships, and improve participant outcomes throughout the project period.

The project will employ a mixed-methods evaluation that combines administrative data from the MPHD WIC Program, healthcare partners, community-based partners, and voucher redemption systems with participant survey data. Participants will receive nutrition education and enrollment through WIC before being referred to one of two produce prescription delivery pathways: (1) a healthcare partner that provides produce prescriptions through an on-site produce pharmacy, or (2) a community-based organization that distributes vouchers redeemable at participating retail locations. These implementation pathways will be evaluated as separate cohorts to assess differences in program implementation, utilization, participant outcomes, and overall effectiveness. To strengthen the evaluation, the project will also explore the feasibility of using a comparison group consisting of eligible WIC participants not enrolled in the intervention or a historical cohort of WIC participants, as appropriate and data availability allows.

Monitoring

Monitoring activities will ensure that project implementation remains aligned with the logic model and approved work plan. Routine monitoring will track participant recruitment, eligibility screening, enrollment, referrals, voucher issuance and redemption, nutrition education participation, produce distribution, partner participation, and required program outputs. Monthly implementation dashboards will summarize key performance indicators and support timely identification of implementation challenges and opportunities for improvement. Performance data will be reviewed routinely by project leadership and implementation partners to assess progress toward project objectives and inform CQI activities. Findings will be used to improve referral processes, participant engagement, voucher utilization, partner coordination, and implementation fidelity. This continuous feedback loop will ensure that project decisions are guided by timely and actionable data while supporting required HRSA reporting.

Performance Measurement

Performance measurement activities will assess progress toward the outputs and outcomes identified in the project logic model using standardized process and outcome indicators. Process measures will evaluate implementation fidelity, program reach, participant engagement, participation by healthcare and community partners, and the delivery of core program activities. Outcome measures will assess changes in food security, fruit and vegetable consumption, healthy eating behaviors, maternal nutrition, gestational weight gain, maternal physical and mental health, and birth outcomes.

Participant-level data will be collected directly through project implementation and supplemented with administrative and clinical data obtained through formal partnerships with participating organizations. Performance data will be reviewed on an ongoing basis to monitor progress toward project objectives and guide program improvement. The project is committed to collecting all HRSA-required participant-level data and collaborating with the MP3 Coordinating Center to adopt additional standardized measures as needed.

Please see **Attachment 5_Preliminary Evaluation Plan** for a detailed description of the study design, additional information regarding performance measures, data collection procedures, implementation monitoring, and reporting timelines as well as detailed performance measures, indicators, data sources, collection frequency, and analysis methods. Data governance,

participant-level data collection procedures, data-sharing agreements, security protocols, and quality assurance procedures are also described in **Attachment 10_Data Management Plan.**

Evaluation Plan

Evaluation activities will assess both implementation and effectiveness using the RE-AIM framework. Process evaluation will examine participant recruitment and enrollment, referral pathways, implementation fidelity, partnership effectiveness, voucher utilization, nutrition education participation, barriers to implementation, and factors associated with successful program delivery. Outcome evaluation will assess changes in participant food security, dietary behaviors, maternal health, and birth outcomes using baseline and follow-up data collected throughout project participation.

In addition to assessing participant outcomes, the evaluation will compare implementation and outcomes across the project's two referral pathways to better understand the relative strengths and challenges of healthcare-based and community-based produce prescription delivery models. Participant surveys will assess self-reported behaviors, nutrition knowledge, attitudes, confidence in healthy food preparation, barriers to produce utilization, and program satisfaction. Partner surveys and structured discussions will provide qualitative information regarding implementation challenges, partnership effectiveness, workflow improvements, and sustainability planning while informing continuous quality improvement activities.

The Nashville Strong Families Food Project is fully committed to participating in all HRSA-supported impact and outcome evaluations. Project staff will collaborate with HRSA/MCHB, the MP3 Coordinating Center, and fellow MP3 recipients to review evaluation methods, data collection procedures, reporting requirements, and dissemination of findings. The project will participate in technical assistance activities, recipient meetings, cross-site evaluations, and other collaborative learning opportunities while contributing required participant-level data and standardized performance measures.

MPHD has extensive experience conducting process, outcome, and impact evaluations for community-based public health initiatives serving underserved populations. This includes Project Diabetes, which incorporated process evaluation of participant recruitment, education, enrollment, and dissemination activities alongside outcome evaluation of participant health and program effectiveness. MPHD also led evaluation activities for the CDC REACH initiative and Communities Putting Prevention to Work (CPPW), building substantial expertise in community-based evaluation, performance measurement, implementation science, and continuous quality improvement.

Additional information regarding the study design, RE-AIM evaluation questions, comparison cohorts, analysis methods, and evaluation timeline is provided in **Attachment 5_Preliminary Evaluation Plan.**

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is integrated throughout the evaluation framework to ensure that monitoring and evaluation findings are routinely translated into measurable program improvements. Quarterly reviews of implementation dashboards, performance measures, participant survey findings, and partner feedback will identify opportunities to strengthen recruitment, referrals, voucher utilization, nutrition education participation, participant engagement, and partner coordination. Improvement strategies will be implemented using the Plan-Do-Check-Act (PDCA) model and monitored to determine their effectiveness.

Together, monitoring, performance measurement, evaluation, and CQI establish a continuous learning system that supports accountability, evidence-based decision-making, and ongoing refinement of program implementation. This integrated framework ensures that the project remains aligned with the goals and expected outcomes identified in the logic model while contributing meaningful evidence to the growing field of maternal produce prescription programs.

Sustainability Plan: This project supports the expansion of existing produce prescription programs in the community to include more pregnant and postpartum individuals and offers long-term sustainability by building on current workflow processes rather than creating new systems of care. It is reasonably anticipated that additional funds will be sought to sustain the food prescription voucher components. The nutrition education components are consistent with WIC implementation and will continue beyond the grant period. Additionally, a portion of transportation services will be sustained through the Metro *Choose How You Move* initiative, which provides free all-day bus fares to low-income residents for up to 2 years. All NSFFP participants will be automatically enrolled in the transportation initiative to support ongoing access to healthy food options. Participants whose usual source of care (OBGYN or pediatric care) is with a medical provider affiliated with Nashville General Hospital can continue to access the site-based food pharmacy with a qualifying medical diagnosis or need. The focus will be sustaining food access for individuals whose usual source of care is not with NGH. It is anticipated that the Food Consortium will develop the sustainability plan to transition all participants at the end of the 4 years. MPHD has been successful in making the business case for local funding support for programs and services, including a recurring allocation of $250,000 for doula services supporting pregnant women in FY26 and FY27. Findings from the project will inform future organization policies, support additional funding opportunities, and provide evidence for expansion of produce prescription services to pregnant women. **See Attachment 9_Business Plan for more details.**

Dissemination: The NSFFP, in coordination with HRSA Technical Assistance, will complete at least one annual report per year regarding program implementation, quality improvements, adaptations, and outcomes. Reports will be shared with the Metro Board of Health, HNLC, the Food Consortium (who will inform the reports), and community stakeholders. It is reasonably anticipated that key staff will participate in all technical assistance and community of practice dissemination/information sharing sessions with other funded food prescription projects. Finally, when feasible and permissible, the NSFFP will also seek to submit reports and/or abstracts to professional networks and peer-reviewed journals for broader dissemination. The Director of Health currently serves on the editorial board of a public health peer-reviewed journal, creating seamless opportunities for publication when supported.

ORGANIZATIONAL INFORMATION: *RESOURCES AND CAPABILITIES*

The Metro Public Health Department (MPHD) is the existing local health agency that has served the public health needs of Nashville and Davidson County residents for over 154 years. MPHD has 500 employees, 45 programs, and 6 locations, serving Nashville/Davidson County residents and the millions of people who work, worship and play in Davidson County each day. MPHD's mission is to "protect, improve, and sustain the health and well-being of all people in Nashville and Davidson County." MPHD seeks to achieve excellence in personal, environmental, and

community health by providing direct care services, regulatory authority, research, and leading collaborative capacity-building and collective impact initiatives across the city. MPHD is governed by an appointed Board of Health (BOH) and is organized into eight operating units (bureaus): Clinical Services, Environmental Health, Medical Services, Communicable Disease and Emergency Preparedness, Population Health, Finance and Administration, Epidemiology, Strategic Planning, Performance and Evaluation and the Office of the Director of Health. Nearly 60% of the overall MPHD budget is grant funds - federal, state, and local sources. The Finance and Administration Bureau (BA) has proven and reliable systems, policies, and procedures in place for managing funds, equipment, and personnel for grant recipients. Grants management staff complete required federal *Grants Management training.* The BA provides program managers with projected budgets, monthly budget-to-actual statements, and works closely with all grantees to ensure accurate billing and payment. BA also conducts monthly monitoring activities of grant contracts (reporting deadlines, required expenditure tests, etc.) to ensure timely and consistent review of grant activities and to identify and work with program staff to troubleshoot financial and contractual obligations. An additional layer of compliance is offered through the Metropolitan Government of Nashville & Davidson County Finance Department (Finance Department).

The Finance Department oversees all contracts for each of the 55 Metro Government Departments (including MPHD) and includes a Grants Monitoring Division, which conducts fiscal monitoring and annual audits to ensure compliance with federal, state, and local laws, regulations, stated outcomes and results, and specific requirements of the grant program.

Prescription Produce Program Implementation and Evaluation Experience and Capacity:
MPHD takes pride in its approaches to address the needs of Davidson County women and families. MPHD has administered evidence-based home-visiting and perinatal case management programs with fidelity since 1994. Home-visitors and case managers assess client needs/risks, create service plans with families to mitigate risks and reinforce strengths, deliver perinatal and parenting education via evidence-based and evidence-informed curricula, identify and connect families to resources, and advocate for systems changes to prevent poor perinatal outcomes. MPHD will continue to rely on its 29-year track record of consistently delivering high-quality direct and enabling services to maternal populations. Additionally, there are more than 25 programs primarily administered in the Population Health Bureau (PHB) that regularly collaborate to coordinate care for maternal populations. Pregnant women are identified and referred for home-visiting services via the Central Referral System (CRS). CRS has been in existence since 1999 and coordinates referrals for home-visiting services for programs internal and external to MPHD. CRS processes over 7,000 referrals annually for hospitals, OB providers, pediatricians, child protective services, etc. WIC provides individual nutrition counseling and group prenatal and parenting education classes to enrolled WIC participants. WIC also certifies families at hospital discharge and at community sites throughout Davidson County via the mobile WIC service. WIC is the primary enrollment arm and nutrition education provider for the NSFFP. All programs have a track record of implementation fidelity, consistently meeting annual performance goals with zero financial or programmatic audit findings. Additionally **See Attachment 11_Metro Public Health Department Organizational Chart.**

Staffing Plan:

The Population Health Bureau (PHB) has management authority for NSFFP. The PHB Director has over 17 years' experience in public health administration, is an MPHD senior leader, and provides overall grant administrative support to the team of NSFFP implementation team: Project Director, Project Manager, Nutrition Education Lead, and Nutrition Educators. The implementation team represents an experienced and cohesive team of prescription produce program professionals with extensive experience – over 20 years combined - ensuring maternal populations receive nutrition education and have monthly access to healthy foods in the state's second-largest WIC program. Their combined expertise represents the necessary skills to expand prescription produce programs: a). knowledge and skills to define the program population eligibility; b). ability to forge and maintain partnerships with clinical partners, food suppliers and community organizations (ability to secure clear Memorandums of Understanding); c). gauge and select food distribution models and match resources to anticipate and overcome implementation challenges; d). industry mastery of cold chain supply and logistics; e). successful management of federal funds, and; f). understanding and commitment to evaluation collaboration. The Project Director's expertise is key to successful implementation and sustainment.

Project Director: The Project Director (PD) is the WIC Director who has over 20 years of professional experience with 12 years of experience implementing large scale food prescription programs, including produce vendor management and a federal budget exceeding $5.0 million annually. The PD maintains operational control of WIC allowing for seamless integration of NSFFP components at 4 clinic sites throughout Davidson County. The PD will dedicate 10% effort to NSFFP. She is supported by the PHB Director to dedicate additional time as needed as the Assistant WIC Director is available to ensure WIC operations in the PD's absence.

Evaluation Lead: The ESPPE Bureau has evaluation authority. The Evaluation Lead (EL) is the Manager of the Division of Strategic Performance, Policy and Evaluation and brings over a decade of evaluation experience including using RE-AIM and the development of scalable systems for monitoring outcomes and continuous quality improvement.

See Attachment 7_Staffing Plan for position descriptions and **Attachment 8_Biographical Sketches** for additional staff experience and details on other key positions.

Organizations and Communities Involved:

The following organizations have submitted letters of commitment to support the implementation of the Nashville Strong Families Food Project. It is reasonably anticipated that additional community-based organizations (e.g., neighborhood churches, health clinics, and others that also have food pantries) will be onboard in year 1.

Table 1. Partner Involvement

Organizations and Communities	Abbreviated Experience
Nashville General Hospital	Hospital-based food pharmacy that provides tailored nutrition education to patients by Registered Dietitian; current MOU with MPHD WIC to collect data, administer hospital WIC registration and patient referrals to WIC.
Second Harvest Food Bank	Food medicine provider for over 20 years implementing medically tailored groceries and meals; maintains hub of produce vendors/stores to redeem produce vouchers.
Meharry Medical College	Preferred OBGYN and Pediatric medical providers for federal healthy start project, Nashville Strong Babies; refer pregnant patients to WIC.

Workplan

As indicated in the Approach, it is reasonably anticipated that MPHD will contract externally via the produce vendor contracts to provide fruits and vegetables access to enrolled participants. Potential participant outreach, recruitment, and retention will be administered by the WIC program. Process and outcomes evaluation and continuous quality improvement will be administered by the MPHD ESPPE Bureau including securing necessary IRB approvals. The review of the NSFFP model and this funding proposal was developed in consultation with organizations with expertise that corresponds to the expertise sought in the selection of external contractors. **See Attachment 4_Work-Plan** for detailed performance measures.

External Contractor Oversight: MPHD relies on grant-funded partnerships and unfunded collaborations to deliver services and implement system changes for program and community participants. As such, MPHD requires subcontractors to maintain records in accordance with federal guidelines, allow MPHD access to such records, provide MPHD with an annual independent audit report, and adhere to Office of Management and Budget policies. The Administration Bureau (BA) serves as a check and balance for all Metro grants, assuring accuracy of budgets, payments, and charges, as well as internal contract and activity monitoring. The Project Director and NSFFP Finance Officer will meet monthly to review program expenditures and quarterly projected expenses. Contractors are required to submit annual budgets and workplans that must be approved before work can begin. Contractors submit monthly program reports to the Project Director, documenting progress and completion of approved activities. Deviation from approved activities is prohibited unless expressly approved in writing by the Project Director. Annual fiscal and program audits are performed with subcontractors to ensure OMB adherence, HRSA requirement adherence, and satisfactory performance. **The same practices will continue for the performance period 2026-2030.**

The Metro Public Health Department follows the Metro Government of Nashville and Davidson County (Metro) protocols for purchases and contracts to ensure contract bids are competitive, open, and practical. For contract purposes, Metro issues request for proposals (RFP) to procure goods/services from registered vendors for purchases that exceed $50,000.
Process for contract selection: Metro uses the iSupplier System in which businesses and individuals are registered vendors and vetted to do business with Metro Government. The bid process and vendor selection occur in a few steps. The RFP is posted on the Metro Nashville and Davidson County website. Interested businesses that are Metro vendors may respond to the RFP by submitting a proposal in the required format. The proposals are reviewed and scored by a team of Metro employees. The final selection is made by the team, and the contract is established with the selected vendor. It is reasonably anticipated that the RFP for the NSFFP contractors will include a preference for public health expertise, a history of providing similar services to the target population and in the target area, and capacity to deliver services within the contract scope.

4-Year Project Performance Period Timeline (Abbreviated)

The 4-Year project timeline highlights required activity milestones (implementation, reporting, and evaluation) as well as demonstrates the approach to ensure all required activities, including the program performance measures, are completed. Activities that are repeated each year (Ex., visit encounters with enrolled participants, HRSA engagement, etc.) are aggregated as recurring weekly, monthly, quarterly, and annual activities.

Activities specific to Year 1 during the initial 3-month start-up phase include the onboarding of all existing staff, launching the Food Consortium as a work-group of the Maternal Child Health Collective (MCH Collective), developing the Food Consortium action plan, developing and submitting an updated Evaluation Plan, developing and updating the Sustainability plan, beginning participant enrollment, and procuring contracts with existing produce programs and food delivery services. The following required grant administrative activities will also be completed: 1) Submit annual progress and performance reports (December/January annually through 2029); 2) Submit Project Officer Monitoring Reports and Data Reports (as required, monthly through September 2030), and; 3) Complete and submit all administrative forms (Annual based on budget year and calendar year reporting timelines to include program-specific data forms within 90 days from the end of the performance period).

Years 1 – 4 (Performance Period)

Recurring Weekly and Monthly Activities remain the same as Y1 activities. Quarterly activities include MCH Collective meetings, Quality improvement meetings and data review, evaluation and monitoring meetings as well as continuation of engagement with enrolled post-partum participants and their families through 6 months of age. Annual activities include dissemination of Food Consortium plan results and annual evaluation reporting. Year 4 activities include transition and wind-down of program activities and transition to sustainability plan. A sample timeline of recurring activities follows:

Year 1 – 4 (Performance Periods)		**PP Q1 (2026 – 2030)**			**PP Q2 (2026 – 2030)**			**PP Q3 (2026 – 2030)**			**PP Q4 (2026 – 2030)**		
Recurring Weekly Activities	**Lead**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Screen pregnant women in WIC; determine eligibility	Nutrition Educators (NE)												
Enroll pregnant women prior to 16 weeks gestation	NE												
Assess food security needs and voucher type/amount	NE												
Provide participant supplies to support data collection	NE, Project Manager (PM)												
Assess self-reported fruit and vegetable intake at timed intervals	Evaluation Lead (EL)												
Assess household food security: at timed intervals	NE, EL & Evaluation team (ET)												
Assess overall health and mental wellbeing at timed intervals	NE, EL & ET												
Collect self-reported and/or verified health outcomes	EL & ET												

Provide nutrition education to enrolled pregnant participants	NE, Nutrition Education Lead (NEL)												
Provide nutrition education to enrolled postpartum participants	NE, NEL												
Distribute food to participants	Suppliers												
Deliver food to participants with significant transportation barriers	Transportation partners												
Recurring Monthly	**Lead**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Host bi-monthly Food Consortium meetings with program participants and/or community members	PM, Food Consortium members												
Engage with HRSA TA	PD, EL, PM												
Submit project officer reports	PD												
Provide bi-monthly technical assistance and support to produce suppliers	PM, NEL												
Collect voucher redemptions data	EL												
Recurring Quarterly	**Lead**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Surveys: 12 months postpartum	EL												
Initiate and continue Quality Improvement meetings	EL, PD, PM												
Evaluation/monitoring activities/meetings	EL												
Recurring Annual	**Lead**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Update and present annual food security analysis/environmental scan	Division of Epidemiology												
Update and present food consortium program results	PD, PM												
Evaluation, monitoring and assessment reports	EL												
Annual performance and progress report (budget and performance)	PD, PM												
Annual dissemination of program results	PM, EL												

Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Freddie O'Connell, Mayor
Sanmi Areola, Ph.D.
Director of Health

Board of Health
Tené Hamilton Franklin MS, Chair
Carol C. Ziegler DNP, FNP-C., Vice-Chair
Marie R. Griffin MD MPH
Rebecca Anne Whitehead (Munn) MBA
Morgan McDonald MD FACP FAAP
Heather Corum Powell
Jeffrey Stovall MD

July 2, 2026

Re: **Metro Public Health Department of Nashville/Davidson County's Strong Families Initiative**

Maternal Produce Prescription Program Grant Committee:

I am writing on behalf of the Metro Public Health Department (MPHD) to express our unequivocal and enthusiastic support for the Maternal Produce Prescription Program (MP3), funded through the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau. I support the Nashville Strong Families' approach to expanding residents' access to fruits and vegetables for pregnant and postpartum women and their families who are at greatest risk for food insecurity. Across Nashville and Davidson County, food insecurity, limited access to fresh produce, and chronic nutrition-related conditions disproportionately affect pregnant and postpartum individuals. As the primary applicant and an established healthcare organization, MPHD recognizes this funding opportunity as a critical, evidence-informed approach that strengthens maternal health, improves birth outcomes, and increases access to nutritious foods for this population.

MPHD has a history of collaboration with residents and community-based organizations as well as healthcare and public health systems to improve health outcomes for the area's youngest residents. MPHD is one of three funded federal Healthy Start sites in Tennessee ensuring health and social services for women. Of note, among participants in the signature program, Nashville Strong Babies, there have been zero maternal deaths since the program's launch in 2019.

MP3 will build upon the successes of Nashville Strong Babies, and enhance collaborations with the Women, Infant and Children (WIC) program as well as existing local food prescription programs. With dedicated funding and strong leadership across all participating sites, the program will significantly expand its reach to underserved pregnant women in our community, ensuring greater access to nutritious foods and supportive services.

By providing increased access to fruits and vegetables plus tailored nutrition education, this project seeks to reduce household food insecurity, improve maternal health and nutrition, and promote healthier birth outcomes. Investing in improved diet through greater access to nutritious foods aligns with Make America Healthy Again priorities to reduce chronic conditions. The MP3 initiative aligns fully with our department's strategic priorities in maternal health, chronic disease prevention, and community-based partnerships.

Thank you for your consideration of this important program. The Metro Public Health Department is proud to support the MP3 initiative and stands firmly behind its mission and goals.

Sincerely,

Sanmi Areola, Ph.D.
Director of Health

Attachment 2 – Letter of Support Community-Based Organization, Nashville Strong Families Food Project

The Food Pharmacy
Nashville General Hospital

July 2, 2026

Meredith Morrissette, MPH
Division of MCH Workforce Development, Maternal and Child Health Bureau
Attn: Maternal Produce Prescription Program (MP3)
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Metro Public Health Department of Nashville/Davidson County's Strong Families Initiative

Maternal Produce Prescription Program Grant Committee:

I write in support of the Metro Public Health Department of Nashville/Davidson County's (MPHD) application for the HRSA-26-103 Maternal Produce Prescription Program (MP3) grant submission. I support the Nashville Strong Families Project's approach to expanding residents' access to fruits and vegetables for pregnant and postpartum women and their families who are at greatest risk for food insecurity.

MPHD has a history of collaboration with residents and community-based organizations as well as healthcare and public health systems to improve health outcomes for the metro's youngest residents. MPHD is one of three funded federal healthy start sites in Tennessee ensuring health and social services for women. Of note, among participants in the signature program, Nashville Strong Babies, there have been zero maternal deaths since the program's launch in 2019.

MP3 will build upon the successes of Nashville Strong Babies, and enhance collaborations with the Women, Infant and Children (WIC) program as well as existing local food prescription programs. By providing increased access to fruits and vegetables plus tailored nutrition education, this project seeks to reduce household food insecurity, improve maternal health and nutrition, and promote healthier birth outcomes.

The Food Pharmacy is committed to supporting MP3 by connecting referred pregnant and postpartum patients and their families to medically tailored produce, nutrition education, and support through our Community Care Team. This partnership aligns with our food-as-medicine mission to reduce food insecurity and support healthier pregnancy and postpartum outcomes.

Sincerely,

Marc Lightford, MBA
Program Manager, Food Pharmacy

Attachment 3 – Agreements with Other Entities, Nashville Strong Families Food Project

The Food Pharmacy
Nashville General Hospital

July 2, 2026

Meredith Morrissette, MPH
Division of MCH Workforce Development, Maternal and Child Health Bureau
Attn: Maternal Produce Prescription Program (MP3)
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Metro Public Health Department of Nashville/Davidson County's Strong Families Initiative

Maternal Produce Prescription Program Grant Committee:

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The Food Pharmacy is committed to supporting MP3 by connecting referred pregnant and postpartum patients and their families to medically tailored produce, nutrition education, and support through our Community Care Team. This partnership aligns with our food-as-medicine mission to reduce food insecurity and support healthier pregnancy and postpartum outcomes.

Sincerely,

Marc Lightford, MBA
Program Manager, Food Pharmacy

Attachment 3 - Agreements with Other Entities, Nashville Strong Families Food Project

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
701 SOUTH SIXTH STREET * NASHVILLE, TENNESSEE 37206 * TELEPHONE (615) 252-8400
TELEPHONE DEVICE FOR DEAF (615) 252-8599

Dr. Troy D. White
President and CEO

Mailing Address: P. O. Box 846
Nashville, TN 37202

July 10, 2026

Sanmi Areola, Ph.D.
Director of Health
Metro Public Health Department
2500 Charlotte Ave.
Nashville, TN 37209

Dear Dr. Areola:

On behalf of the Metropolitan Development and Housing Agency (MDHA), I am pleased to provide this letter of support for Metro Public Health Department's application to the U.S. Department of Health and Human Services (HHS) Maternal and Child Health Bureau Maternal Produce Prescription Program (HRSA-26-103) grant opportunity. Funding will support a produce prescription intervention program that promotes access to healthy foods for pregnant and post-partum women and their families.

MDHA is Nashville's public housing authority, which manages federal housing program and serves 30,000 individuals throughout Davidson County. Its mission is to create quality affordable housing opportunities, support neighborhoods, strengthen communities and help build a greater Nashville. MDHA and Metro Public Health Department regularly collaborate to improve maternal and family health outcomes. Most recently, our agencies have partnered through the HHS Office of Minority Health Community Level Innovations for Improving Health Outcomes initiative to reduce household food insecurity and increase access to prenatal care. This collaboration reflects our shared commitment to improving health outcomes for families in Davidson County.

Metro Public Health Department is a trusted community partner with extensive experience serving families earning low incomes and administering federally funded programs. We are confident in its ability to successfully implement the Maternal Produce Prescription Program.

While MDHA is also applying for this funding opportunity, we believe awards to both agencies would strengthen Nashville's capacity to serve eligible participants. Together, we can reach a broader population by leveraging our complementary programs and referral networks. If both applications are funded, we are committed to coordinating implementation to maximize community impact and ensure there is no duplication of services.

Thank you for the opportunity to support this application. If you have any questions regarding our support, please contact me at twhite@nashville-mdha.org or 615-252-8412.

Sincerely,

Troy D. White, DPA
President and CEO

MEHARRY®
MEDICAL COLLEGE

SCHOOL OF MEDICINE
Department of Pediatrics

July 2, 2026

Meredith Morrissette, MPH
Division of MCH Workforce Development, Maternal and Child Health Bureau
Attn: Maternal Produce Prescription Program (MP3)
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Metro Public Health Department of Nashville/Davidson County's Strong Families Initiative

Maternal Produce Prescription Program Grant Committee:

I write in support of the Metro Public Health Department of Nashville/Davidson County's (MPHD) application for the HRSA-26-103 *Maternal Produce Prescription Program (MP3)* grant submission. I support the Nashville Strong Families Project's approach to expanding residents' access to fruits and vegetables for pregnant and postpartum women and their families who are at greatest risk for food insecurity.

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The Meharry Pediatrics Clinic is committed to engaging in the MP3 program by referring our families who have food insecurity and parents who have a chronic disease diagnosis of hypertension, cancer or diabetes to the food pharmacy for medically tailored produce, nutrition education from our registered dietician and any wrap-around services they may require supporting their continued journey to a healthy home environment.

Sincerely,

Dontal Johnson, MD
Pediatrician
Meharry Medical Group

1005 DR. D.B. TODD JR. BOULEVARD
NASHVILLE, TENNESSEE 37208-3599
T:615.327.6332 | F:615.327.5989 | www.mmc.edu

Attachment 3 - Agreements with Other Entities, Nashville Strong Families Project

July 2, 2026

Meredith Morrissette, MPH

Division of MCH Workforce Development, Maternal and Child Health Bureau

Attn: Maternal Produce Prescription Program (MP3)

Health Resources and Services Administration

5600 Fishers Lane

Rockville, MD 20857

Re: Metro Public Health Department of Nashville/Davidson County's Strong Families Initiative

Maternal Produce Prescription Program Grant Committee:

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MPHD has a history of collaboration with residents and community-based organizations as well as healthcare and public health systems to improve health outcomes for the metro's youngest residents. MPHD is one of three funded federal healthy start sites in Tennessee ensuring health and social services for women. Of note, among participants in the signature program, Nashville Strong Babies, there have been zero maternal deaths since the program's launch in 2019.

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The Women's Health Services group at Nashville General Hospital Nashville Healthcare Center is committed to engaging in the MP3 program by referring our pregnant patients and those in the community who are in their 2nd trimester to the food pharmacy for medically tailored produce, nutrition education from our registered dietician and any wrap-around services they may require supporting a healthy pregnancy.

Sincerely,

Melan Smith-Francis, DNP, CNM, FNP-C

Clinical Director, Women's Services

Traci Hicks, CNM

Certified Nurse Midwife

615-341-4400
1818 ALBION STREET
NASHVILLE, TENNESSEE 37208

NASHVILLEGENERAL.ORG

MEMORANDUM OF UNDERSTANDING BETWEEN THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METRO PUBLIC HEALTH DEPARTMENT AND METROPOLITAN NASHVILLE HOSPITAL AUTHORITY

This Memorandum of Understanding ("MOU") is made and entered into on the 1st day of November, 2021 by and between the Metro Public Health Department ("MPHD") and Metropolitan Nashville Hospital Authority ("MNHA"), both of which are departments of The Metropolitan Government of Nashville and Davidson County ("Metropolitan Government"), a governmental, municipal and public corporation created and existing under and by virtue of the Constitution and Laws of the State of Tennessee.

The Parties hereby agree as follows:

MPHD commits to:

A. To restrict the use or disclosure of information obtained from applicants or participant's files to persons directly connected with the administration and operation of the Women, Infant & Children ("WIC") Program.

B. To provide professional WIC staff who will comply with all WIC Program operational requirements pursuant to USDA Food and Nutrition Services guidelines and instructions.

C. To provide these services at hours/days mutually agreed upon by MNHA and MPHD.

D. To comply with all the rules, regulation, policies and procedures of MNHA while located on MNHA premises.

E. To be responsible for directing and supervising its officers, agents, or employees in the performance of this agreement.

Facility commits to:

A. To make available to potentially eligible individuals who receive inpatient or outpatient prenatal or postpartum services or accompany a child under the age of five who receives pediatric services, information about WIC program benefits and how to apply for those benefits.

B. To collect required data from prenatal, postpartum, and infant patients and their medical records, for the purposes of obtaining information needed for determination of eligibility of WIC Program services. Information for the mother must include, at a minimum, height, weight, and hematocrit or hemoglobin levels. Information for the infant must include, at a minimum, weight and height/length.

C. To generate a list, each day, of WIC eligible women who have delivered in the previous day(s) and infants in the neonatal intensive care unit with anticipated discharge within two or three days and provide that list to WIC staff.

D. To coordinate hospital patient services with WIC staff so that WIC Program services can be provided to participants in accordance with State and Federal requirements, including but not limited to:

1. Identification of hospital patients who are potentially eligible for WIC services
2. Nutrition Education
3. Breastfeeding Promotion
4. Benefit Issuance.

E. To coordinate with WIC staff in assisting WIC mothers who wish to breastfeed their infants.

F. To provide WIC staff with hospital employee parking access and proper identification as required by hospital rules.

G. To provide physical space for WIC staff to issue benefits on site and an area that can be locked for staff to house WIC equipment.

Term. The term of this MOU shall be for five years commencing on the date described above.

Compensation. No compensation is required for this MOU.

Amendments. This Memorandum of Understanding may be amended at any time by mutual written agreement of the parties.

Termination. Any party to this Memorandum of Understanding may terminate this agreement by providing the other party with written notice of their intent to do so thirty (30) days prior to the date of termination. Termination discussions will take into consideration the budgetary shift that accompanied the departmental responsibility shifts.

Notices and Designation of Agent for Service of Process.

Metro Public Health Department
Director
2500 Charlotte Avenue
Nashville, TN 37209

Nashville General Hospital at Meharry
Chief Executive Officer
1818 Albion Street
Nashville, TN 37208

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

APPROVED:

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...
Director of Health

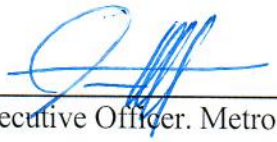
4/18/2022
Date

APPROVED:

DocuSigned by:
Tenné Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Metropolitan Board of Health

4/18/2022
Date

APPROVED:


Chief Executive Officer. Metro Hospital Authority

3-31-2022
Date

Attachment 3 - Agreements with Other Entities, Nashville Strong Families Food Project

RESOLUTION NO. RS2022-1623

A resolution approving a contract for services by and between The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and Vanderbilt University Medical Center's Pediatric Primary Care Clinic to communicate with individuals and families to increase WIC program benefits to increase WIC program participation.

WHEREAS, Metropolitan Charter Section 10.104 provides that the Board of Health has the duty to contract for such services as will further the program and policies of the board, subject to confirmation by Resolution of Council; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, wishes to contract with Vanderbilt University Medical Center's Pediatric Primary Care Clinic to communicate with individuals and families about WIC program benefits to increase WIC program participation.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the contract by and between The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and Vanderbilt University Medical Center's Pediatric Primary Care Clinic to communicate with individuals and families about WIC program benefits to increase WIC program participation, a copy of which is attached hereto and incorporated herein, is hereby approved.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILTY OF FUNDS:

Kelly Flannery/mjw

Kelly Flannery, tje
Director of Finance

APPROVED AS TO FORM AND LEGALITY:

Matthew Garth

Assistant Metropolitan Attorney

INTRODUCED BY:

Member(s) of Council

CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND VANDERBILT UNIVERSITY MEDICAL CENTER

This Agreement is entered into by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH,** a municipal corporation of the State of Tennessee (hereinafter referred to as "**METRO**") and **VANDERBILT UNIVERSITY MEDICAL CENTER** (hereinafter referred to as "**Contractor**" OR "**VUMC**").

WHEREAS, METRO plans to provide data elements about Women, Infant & Children (hereinafter referred to as "WIC") participants to the Contractor as further defined in the Terms and Conditions;

WHEREAS, Contractor operates a Pediatric Primary Care Clinic and METRO desires to utilize the location to communicate with individuals and families to increase WIC program participation.

NOW THEREFORE, in consideration of the mutual benefits, the parties agree as follows:

1. TERMS AND CONDITIONS:

1.1. Duties and Responsibilities

Contractor agrees:

A. To incorporate WIC eligibility screening at all patient visits based on screening guidelines provided by METRO.

B. To fax WIC enrollment forms containing patient information incorporated as Exhibit A, provided that such patients have agreed that Contractor may share such information with METRO.

C. To provide phone support with any needed translation for WIC enrollment in clinic.

METRO agrees:

A. To provide relevant participant information to Contractor for each referral so that WIC pre-screening services provided by the Contractor may be measured and quantified. The data elements provided are attached and incorporated as Exhibit B.

2. CONTRACT TERM

2.1. Contract Term

The term of this contract will begin on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk. The initial contract term will end sixty (60) months from the beginning date.

3. COMPENSATION

3.1. Contract Value

A. There shall be no cost to METRO for the performance of services under this contract as described in Section 1 of this contract.

4. TERMINATION

4.1. Breach

If either party fails to fulfill in a timely and proper manner its obligations under this contract, or if either party violates any terms of this contract, the non-breaching party shall have the right to immediately terminate the contract. Notwithstanding the above, the breaching party shall not be relieved of any liability to the non-breaching party for damages sustained by virtue of any breach of this contract.

4.2. Notice

Either party may terminate this contract at any time, without cause for any reason, upon thirty (30) days written notice to the other party. Said termination shall not be deemed a breach of contract by the other party. Upon such termination, neither party shall have any right to actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

4.3 Funding

Contractor acknowledges that Metro has no liability or obligation to compensate Contractor for services provided pursuant to this contract. Contractor shall not seek payment from Metro for any service Contractor provides pursuant to this contract. Should funding be discontinued for the federal grant being administered by the State of Tennessee that is the source for compensating Contractor for the services set out in paragraph 1.1 in this Agreement , Metro shall have the right to terminate the contract immediately upon written notice to Contractor.

5. NONDISCRIMINATION

5.1. Metro's Nondiscrimination Policy

It is the policy of the METRO not to discriminate on the basis of age, race, sex, color, national origin, sexual orientation, gender identity, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities.

5.2. Nondiscrimination Requirement

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in METRO's contracted programs or activities, on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with METRO or in the employment practices of METRO's Contractors.

Contractor certifies and warrants that it will comply with this nondiscrimination requirement.Accordingly, all Proposers entering into contracts with METRO shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places that are available to all employees and applicants, notices of nondiscrimination.

5.3. Americans with Disabilities Act

Contractor assures METRO that all services provided through this Contract shall be completed in full compliance with the Americans with Disabilities Act (ADA) and Architectural and Transportation Barriers Compliance Board, Federal Register 36 CFR Parts 1190 and 1191, Accessibility Guidelines for Buildings and Facilities; Architectural Barriers Act (ABA) Accessibility Guidelines; proposed rule, published in the Federal Register on July 23, 2004, as has been adopted by the Metropolitan Government of Nashville and Davidson County. Contractor will ensure that participants with disabilities will have communication access that is equally effective as that provided to people without disabilities. Information shall be made available in accessible formats, and auxiliary aids and services shall be provided upon the reasonable request of a qualified person with a disability.

6. INSURANCE

6.1. Proof of Insurance

During the term of this Contract, for any and all awards, Contractor shall, at its sole expense, obtain and maintain in full force and effect for the duration of this Contract, including any extension, the types and amounts of insurance identified below. This insurance may also be provided through an actuarially sound program of self-insurance. Proof of insurance shall be required naming MPHD as additional insured.

6.2. General Liability Insurance

Contractor shall provide General Liability Insurance in the amount of one million ($1,000,000) dollars each occurrence/three million ($3,000,000) dollars aggregate.

6.3. Cyber Liability Insurance

Contractor shall provide Cyber Liability Insurance in the amount of one million ($1,000,000) dollars per occurrence.

6.4. Worker's Compensation Insurance

Contractor shall provide Worker's Compensation Insurance with statutory limits required by the State of Tennessee or other applicable laws and Employer's Liability Insurance with limits of no less than one hundred thousand ($100,000.00) dollars, as required by the laws of Tennessee.

6.5. Other Insurance Requirements

Prior to commencement of services, Contractor shall furnish METRO with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on thirty (30) days' prior written notice to:

DEPARTMENT OF LAW
INSURANCE AND RISK MANAGEMENT
METROPOLITAN COURTHOUSE, SUITE 108
PO BOX 196300
NASHVILLE, TN 37219-6300

In addition to the provisions above, Contractor shall:

Provide certified copies of endorsements and policies if requested by METRO in lieu of or in addition to certificates of insurance.

Place such insurance with insurer licensed to do business in Tennessee and having A.M. Best Company ratings of no less than A-.

Any deductibles and/or self-insured retentions greater than $10,000.00 must be disclosed to and approved by METRO **prior to the commencement of services.**

7. GENERAL TERMS AND CONDITIONS

7.1. Taxes

METRO shall not be responsible for any taxes that are imposed on Contractor. Furthermore, Contractor understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to METRO.

7.2. Maintenance of Records

Contractor shall maintain documentation for all charges against METRO and all services performed for METRO. The books, records, and documents of Contractor, insofar as they relate to work performed or money received under the contract, shall be maintained for a period of three (3) full years from the date of final payment and will be subject to audit, at any reasonable time and upon reasonable notice by METRO or its duly appointed representatives. The records shall be maintained in accordance with generally accepted accounting principles. In the event of litigation, working papers and other documents shall be produced in accordance with applicable laws and/or rules of discovery. Breach of the provisions of this paragraph is a material breach of this Contract.

All documents and supporting materials related in any manner whatsoever to the contract or any designated portion thereof, which are in the possession of Contractor or any subcontractor or sub-consultant shall be made available to METRO for inspection and copying upon written request from METRO. Said documents shall also be made available for inspection and/or copying by any state, federal or other regulatory authority, upon request from METRO. Said records include, but are not limited to, all drawings, plans, specifications, submittals, correspondence, minutes, memoranda, tape recordings, videos or other writings or things which document the procurement and/or performance of this contract. Said records expressly include those documents reflecting the cost, including all subcontractors' records and payroll records of Contractor and subcontractors.

7.3. Monitoring

The Contractor's activities conducted and records maintained pursuant to this Contract shall be

subject to monitoring and evaluation by METRO, the Department of Finance, the Division of Internal Audit, or their duly appointed representatives.

7.4. METRO Property

Any METRO property, including but not limited to books, records and equipment that is in Contractor's possession shall be maintained by Contractor in good condition and repair, and shall be returned to METRO by Contractor upon termination of the contract. All goods, documents, records, and other work product and property produced during the performance of this contract are deemed to be METRO property.

7.5. Modification of Contract

This contract may be modified only by written amendment executed by all parties and their signatories hereto.

7.6. Partnership/Joint Venture

This Contract shall not in any way be construed or intended to create a partnership or joint venture between the Parties or to create the relationship of principal and agent between or among any of the Parties. None of the Parties hereto shall hold itself out in a manner contrary to the terms of this paragraph. No party shall become liable for any representation, act or omission of any other party contrary to the terms of this Contract.

7.7. Waiver

No waiver of any provision of this contract shall affect the right of any party to enforce such provision or to exercise any right or remedy available to it.

7.8. Employment

Contractor shall not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal or laying off of any individual due to race, creed, color, national origin, age, sex, or which is in violation of applicable laws concerning the employment of individuals with disabilities.

Contractor shall not knowingly employ, permit, dispatch, subcontract, or instruct any person who is an undocumented and/or unlawful worker to perform work in whole or part under the terms of this contract.

Violation of either of these contract provisions may result in suspension or debarment if not resolved in a timely manner, not to exceed ninety (90) days, to the satisfaction of METRO.

7.9. Compliance with Laws

Contractor agrees to comply with all applicable federal, state and local laws and regulations.

7.10. Taxes and Licensure

Contractor shall have all applicable licenses and be current on its payment of all applicable gross receipt taxes and personal property taxes.

7.11. Ethical Standards

Contractor hereby represents that Contractor has not been retained or retained any persons to solicit or secure a METRO contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards, which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under METRO contracts.

7.12. Indemnification and Hold Harmless

A. Contractor shall indemnify and hold harmless Metro, its officers, agents and employees from:

   i. Any third-party claims, damages, costs and attorney fees for injuries or damages arising from the negligent or intentional acts or omissions of Contractor, its officers, employees and/or agents, including its sub or independent contractors, in connection with the performance of the contract; and,

   ii. Any third-party claims, damages, penalties, costs and attorney fees arising from any failure of Contractor, its officers, employees and/or agents, including its sub or independent contractors, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

B. In any and all claims against Metro, its officers, agents, or employees, by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Contractor or any subcontractor under workers' compensation acts, disability acts or other employee benefit acts.

C. Metro will not indemnify, defend or hold harmless in any fashion the Contractor from any claims arising from the Contractor's negligence or intentional misconduct, regardless of any language in any attachment or other document that either party may provide.

7.13. [INTENTIONALLY OMITTED]

7.14. Assignment--Consent Required

The provisions of this contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto, provided that neither this contract nor any of the rights and obligations of Contractor hereunder shall be assigned or transferred in whole or in part without the prior written consent of METRO.

7.15. Entire Contract

This contract sets forth the entire agreement between the parties with respect to the subject matter hereof and shall govern the respective duties and obligations of the parties.

7.16. Force Majeure

No party shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by *force majeure*, meaning any act of God, storm, fire, casualty, unanticipated work stoppage, strike, lockout, labor dispute, civil disturbance, riot, war, national emergency, act of Government, act of public enemy, or other cause of similar or dissimilar nature beyond its control.

7.17. Governing Law

The validity, construction and effect of this contract and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that the Contractor may provide.

7.18. Venue

Any action between the parties arising from this agreement shall be maintained in the courts of Davidson County, Tennessee.

7.19. Severability

Should any provision of this contract be declared to be invalid by any court of competent jurisdiction, such provision shall be severed and shall not affect the validity of the remaining provisions of this contract.

7.20. Notices and Designation of Agent for Service of Process

All notices to METRO shall be mailed or hand delivered to:

Metro Public Health Department
Director
2500 Charlotte Avenue
Nashville, Tennessee 37209

Notices to Contractor shall be emailed, mailed, or hand delivered to:

Vanderbilt University Medical Center
Suite 100
3319 West End Avenue
Nashville, TN 37203

7.21. Effective Date

This contract shall not be binding upon the parties until it has been signed first by the Contractor and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. The date upon which this contract is filed with the Metro Clerk shall be referred to as the "Effective Date."

7.22. Iran Divestment Act

In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Contractor certifies that to the best of its knowledge and belief, neither the Contractor nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

7.23. Health Insurance Portability and Accountability Act Compliance

METRO and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

A. Contractor warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.

B. Contractor warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.

C. Contractor agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep MPHD and Contractor in compliance with HIPAA. This provision shall not apply if information received by the Contractor from MPHD under this Agreement is not "protected health information" as defined by HIPAA, or if HIPAA permits Contractor and MPHD to receive such information without entering into a Business Associate agreement or signing another such document.

Signature page follows.

IN WITNESS WHEREOF, the parties hereto have executed this Contract:

Contractor: Vanderbilt University Medical Center

Read and Acknowledged

Rosemary Hunter, MD

Rosemary Hunter
Date: 5/4/2022

By: John Plummer for Libby Salberg 05/04/2022
John Plummer for Libby Salberg (May 4, 2022 12:43 CDT)
Libby Salberg
Director, Office of Contracts Management

Sworn to and subscribed to before me, a Notary Public this _____ day of _____, 2021, by _____, the _____ of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: _____

My Commission Expires: _____

Read and acknowledged

Rosemary Hunter, MD

Rosemary Hunter

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC24E4CC498...
Director, Metro Public Health Department — 5/25/2022 — Date

DocuSigned by:
Tenné Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health — 5/26/2022 — Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
kelly flannery
CF313D4D0D3F42B...
Director, Department of Finance — DS BB DS TE — 5/26/2022 — Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
688048F12FD741C...
Director of Risk Management Services — 5/27/2022 — Date

APPROVED AS TO FORM AND LEGALITY:

Matthew Garth
Metropolitan Attorney — 6/16/2022 — Date

FILED:

Austin Kyle
Metropolitan Clerk — JUL 07 2022 — Date

Exhibit A

Vanderbilt Pediatric Primary Care Clinic will generate the following data elements for each WIC participant referred to MPHD:

- Name
- Date of Birth
- Phone number
- Caregiver name
- Primary language
- Height, weight and Hgb level

Exhibit B

MPHD will generate the following data elements for each WIC participant referred by Vanderbilt Pediatric Primary Care Clinic (not all required):

- Non-Identifying Unique Client ID
- Applicant Status (New Participant, Previous Participant, or Current Participant)
- Referral Certification Status
- Participant History

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	**CONTACT NAME:** Willis Towers Watson Certificate Center **PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378 **E-MAIL ADDRESS:** certificates@willis.com
INSURED Vanderbilt University Medical Center 3322 West End Ave, Suite 11000 Nashville, TN 37203	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** Lloyd's Syndicate 2623 (Beazley Furlong Li — C2166 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** W24810329 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) N / A If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess Workers Compensation			AGC4065252	07/01/2021	07/01/2022	Each Accident	$1,000,000
	State of Tennessee						Each Employee	$1,000,000
	$750,00 SIR						Disease Policy Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: VUMC94565

SEE ATTACHED

CERTIFICATE HOLDER

Metropolitan Government of Nashville and Davidson County

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Southeast, Inc.	Vanderbilt University Medical Center 3322 West End Ave, Suite 11000 Nashville, TN 37203
POLICY NUMBER See Page 1	
CARRIER / **NAIC CODE** See Page 1 / See Page 1	**EFFECTIVE DATE:** See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Lloyd's Syndicate 2623 (Beazley Furlong Limited) NAIC#: C2166

POLICY NUMBER: W2F6FB210101 EFF DATE: 07/01/2021 EXP DATE: 07/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Cyber Liability (Primary)	Each Claim	$1,000,000
	Aggregate	$1,000,000
	Retention	$1,000,000

ORIGINAL

METROPOLITAN COUNTY COUNCIL

Resolution No. RS2022-1623

A resolution approving a contract for services by and between The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, and Vanderbilt University Medical Center's Pediatric Primary Care Clinic to communicate with individuals and families to increase WIC program benefits to increase WIC program participation.

Introduced JUL 05 2022

Amended _____

Adopted JUL 05 2022

Approved _____

By JUL 07 2022

Metropolitan Mayor

Attachment 4 - Work Plan, Nashville Strong Families Food Project

The work plan reflects participant recruitment, retention, nutrition education, produce distribution, and food consortium coordination to expand existing food prescription services for pregnant women.

Focus 1. Eligible Pregnant Participant Enrollment

By 9/30/2030, increase number of eligible pregnant women participating in maternal prescription produce program to 1,120.

Project Period Objectives	PP	Goal	Actions	Responsible
By 9/30/2027, increase the proportion of pregnant women receiving WIC services who are less than 16 weeks gestation and experiencing food insecurity who are enrolled in NSFFP from 0 to 400.	**PP1**	**400**	▪ Conduct monthly recruitment and screening of pregnant WIC participants at all enrollment locations; ▪ Identify pregnant participants who are less than 16 weeks gestation; ▪ Screen pregnant women less than 16 weeks gestation for food insecurity; ▪ Offer and enroll eligible and interested pregnant women in NSFFP.	▪ WIC Program Clerks ▪ WIC Nutrition Education Lead (NEL)
By 9/30/2028, increase pregnant WIC participant enrollment to 640.	**PP2**	**640**	Same as above	Same as above
By 9/30/2029, increase pregnant WIC participant enrollment to 880.	**PP3**	**880**	Same as above	Same as above
By 9/30/2030, increase pregnant WIC participant enrollment to 1,120.	**PP4**	**1,120**	Same as above	Same as above

Focus 2. Nutrition Education for Enrolled Participants

By 9/30/2030, increase number of eligible women participating in maternal prescription produce program who receive nutrition education to 1,120.

Project Period Objectives	PP	Goal	Actions	Responsible
By 9/30/2027, increase proportion of unduplicated eligible women receiving at least 7 prenatal nutrition education sessions and 6 postpartum nutrition education sessions from 0 to 400.	**PP1**	**400**	▪ Provide initial 1:1 nutrition education at program enrollment; ▪ Create maternal food prescriptions based on individual participant needs; ▪ Provide at least 6 additional nutrition education sessions (3 active and 3 passive) for pregnant participants; ▪ Provide at least 6 nutrition education sessions after pregnancy ends (postpartum education, 3 active and 3 passive). ▪ Document pre/post knowledge; ▪ Maintain roster of education sessions attended and completed	▪ NEL ▪ WIC Nutrition Educators ▪ Evaluation Lead
By 9/30/2028, increase proportion of eligible women receiving at least 7 prenatal nutrition education sessions and 6 postpartum nutrition education sessions 640.	**PP2**	**640**	Same as above	Same as above

By 9/30/2029, increase proportion of eligible women receiving at least 7 prenatal nutrition education sessions and 6 postpartum nutrition education sessions 880.	**PP3**	**880**	Same as above	Same as above
By 9/30/2030, increase proportion of eligible women receiving at least 7 prenatal nutrition education sessions and 6 postpartum nutrition education sessions 1,120.	**PP4**	**1120**	Same as above	Same as above

Focus 3. Produce Prescription Voucher and Food Distribution

By 9/30/2030, increase number of eligible women participating in maternal prescription produce program who receive and redeem prescribed produce vouchers to 1,120.

Project Period Objectives	PP	Goal	Actions	Responsible
By 9/30/2027, increase proportion of unduplicated eligible women who receive and redeem at least 12 monthly produce prescription boxes from 0 to 400.	**PP1**	**400**	▪ Receive prescription voucher; ▪ Prepare food box with prescribed fruits and veggies based on individual participant needs; ▪ Contact (phone and text) participant with pick-up/delivery window; ▪ Document participant retrieved/accepted delivery of food box; ▪ Transmit monthly report of vouchers redeemed including dollar amount and types of produce redeemed.	▪ Contracted produce vendors ▪ Transportation providers ▪ Food delivery services
By 9/30/2028, increase proportion of unduplicated eligible women who receive and redeem at least 12 monthly produce prescription boxes to 640.	**PP2**	**640**	Same as above	Same as above
By 9/30/2029, increase proportion of unduplicated eligible women who receive and redeem at least 12 monthly produce prescription boxes to 880.	**PP3**	**880**	Same as above	Same as above
By 9/30/2030, increase proportion of unduplicated eligible women who receive and redeem at least 12 monthly produce prescription boxes to 1,120.	**PP4**	**1120**	Same as above	Same as above

Focus 4. Consumer and Community Voice in the Food Consortium

By 9/30/2030, increase consumer and community buy-in and leadership to sustain the maternal prescription produce program.

Project Period Objectives	PP	Goal	Actions	Responsible
By September 30, 2027, obtain community buy-in for Food Consortium plan that has at least 2 performance measures related	**PP1**	**2 community performance**	▪ Host bi-monthly food consortium meetings as a committee of the existing MCH Collective; ▪ Conduct a food systems analysis/environmental scan to assess annual food access for	▪ Program Manager (PM)

to increasing access to fruits and vegetables for maternal populations.		**measures plan**	maternal child populations; ▪ Develop at least 2 community performance measures to increase food access for maternal child populations ▪ Submit performance measures to Nashville Health and Well-being Leadership Council Healthy Nashville Leadership Council.	▪ Evaluation Lead (EL), ▪ NSFFP consumers ▪ NSFFP stakeholders ▪ NHWLC
a). By 9/30/2028, convene Food Consortium (FC) and begin performance measure Action Plan development. b). By 7/31/2028, Food Consortium (FC) membership is at least 25% community member representation. c). By 9/30/2029, increase FC meetings to 6 per year. d). By 7/15/2030, begin implementation of sustainability plan.	**PP2**	**6 meetings/ year**	▪ Facilitate bi-monthly FC meetings ▪ Track and report on implementation progress and performance measure benchmarks; ▪ Review NS FFP project performance; ▪ Disseminate annual implementation report; ▪ Create and adopt project sustainability plan	▪ PM ▪ Participant Representatives (PR) ▪ NSFFP stakeholders ▪ NHWLC

Attachment 5 - Preliminary Evaluation Plan, Nashville Strong Families Food Project

Evaluation Overview

The Nashville Strong Families Food Project will implement a comprehensive evaluation to determine whether the project is implemented as intended, achieves the outputs and outcomes identified in the project logic model, and informs continuous quality improvement throughout the four-year project period. The evaluation is designed to support project management, demonstrate accountability, fulfill HRSA Maternal Produce Prescription Program (MP3) reporting requirements, and contribute to the evidence base for maternal produce prescription programs.

The evaluation is directly aligned with the project logic model and organized using the RE-AIM implementation science framework, which evaluates Reach, Effectiveness, Adoption, Implementation, and Maintenance. Monitoring activities will assess implementation of project activities and outputs; performance measurement will evaluate progress toward short-, intermediate-, and long-term outcomes; and evaluation findings will inform Continuous Quality Improvement (CQI) to strengthen implementation throughout the project period.

A mixed-methods, quasi-experimental implementation evaluation will integrate administrative program data, participant surveys, and partner feedback to evaluate both implementation and participant outcomes. The evaluation will compare two implementation pathways:

- Healthcare Cohort: Participants receive produce prescriptions through the healthcare partner and redeem benefits through an on-site grocery store.
- Community Cohort: Participants receive produce vouchers through the community-based organization for redemption at participating retail grocery stores.

Subject to final data-sharing agreements and data availability, participant outcomes will also be compared with a planned comparison group of eligible WIC participants who do not participate in the intervention or an appropriate historical WIC cohort.

Study Population and Evaluation Design

The Metro Public Health Department WIC Program serves approximately 300 unduplicated pregnant women each month (approximately 3,600 annually) in a county with approximately 9,000 births each year. Approximately 193 pregnant WIC participants each month are less than 16 weeks gestation, representing approximately 40% of pregnant participants and providing an opportunity for early enrollment into the intervention. Approximately 2,316 pregnant WIC participants are expected to meet project eligibility criteria during the project period. Assuming approximately 50% participation, the potential intervention population is estimated at 1,158 participants per year. The project will target enrollment of 400 pregnant participants in year one, adding 240 new pregnant women each year while retaining women participants until 6 months postpartum. This approach will provide sufficient representation to evaluate implementation across both delivery models while generating meaningful estimates of participant outcomes. The evaluation is designed to assess implementation effectiveness under real-world conditions. Comparisons between delivery models and the planned comparison cohort will estimate program effects, identify successful implementation strategies, and inform future scale-up rather than establish definitive causal relationships.

RE-AIM Evaluation Questions and Data Collection

Evaluation data will be collected from four complementary sources to support monitoring, performance measurement, evaluation, and CQI. Tables 1 and 2 illustrate formative questions and the data collection plan.

Table 1. RE-AIM Evaluation Questions

Domain	Primary Evaluation Questions
Reach	Is the intended WIC population being reached? What proportion of eligible participants enroll and remain engaged?
Effectiveness	Does participation improve food security, fruit and vegetable consumption, nutrition knowledge, maternal health, and birth outcomes? Are outcomes different between implementation models?
Adoption	Are providers and partner organizations implementing referrals and program activities as intended?
Implementation	Is the intervention delivered with fidelity? What implementation barriers and facilitators influence success?
Maintenance	Which implementation model demonstrates the greatest sustainability? Which program components should be maintained after grant funding?

Table 2. Data Collection Plan

Data Source	Measures	Timing
WIC & Administrative Records	Eligibility, enrollment, referrals, nutrition education participation, implementation pathway	Ongoing
Healthcare & Community Partners	Produce prescriptions issued, voucher redemption, produce purchases, maternal and birth outcomes (when available)	Ongoing
Participant Surveys	Food security, fruit and vegetable intake, nutrition knowledge, self-efficacy, healthy eating behaviors, barriers, satisfaction	Baseline & Follow-up
Partner Surveys/Discussions	Implementation barriers, workflow, partnership effectiveness, sustainability, CQI recommendations	Annually

Validated instruments will be used whenever appropriate, including the USDA Six-Item Household Food Security Survey Module and the National Cancer Institute Fruit and Vegetable Screener (or comparable validated measures). Additional project-developed questions will assess participant satisfaction, implementation experiences, and barriers to produce utilization.

Performance Measurement

Table 3 illustrates the performance measurement matrix. Additional HRSA performance measures and standardized MP3 Coordinating Center indicators will be incorporated as required.

Table 3. Performance Measurement Matrix

Logic Model Component	Indicator	Target	Data Source	Frequency	Whom
Activities	Participants enrolled	400 participants	WIC	Ongoing	NE
Activities	Nutrition education completion	≥85%	WIC	Monthly	NE
Activities	Referral completion	≥90%	WIC/Partners	Monthly	Partners
Outputs	Produce prescriptions issued	100% of enrolled participants	Program records	Monthly	NE
Outputs	Voucher redemption rate	≥80%	Vendor reports	Monthly	Suppliers
Outputs	Retail produce purchases	Increase over time	Vendor reports	Monthly	Suppliers
Outputs	Partner participation	100% quarterly participation	Meeting records	Quarterly	LE, PM, PD
Outputs	Follow-up survey completion	≥75%	Survey database	Quarterly	LE
Short-Term Outcomes	Nutrition knowledge	≥20% improvement	Survey	Baseline/Follow-up	LE
Short-Term Outcomes	Fruit & vegetable intake	Mean increase ≥1 serving/day	Survey	Baseline/Follow-up	LE
Short-Term Outcomes	Healthy eating self-efficacy	≥15% improvement	Survey	Baseline/Follow-up	LE
Intermediate Outcomes	Household food security	≥20% improvement	USDA Survey	Baseline/Follow-up	LE
Intermediate Outcomes	Maternal health indicators	Improvement from baseline	EHR	Ongoing	LE
Long-Term Outcomes	Birthweight	Comparable or improved vs comparison	EHR	Delivery	LE
Long-Term Outcomes	Gestational age	Reduced preterm birth	EHR	Delivery	LE

Role Legend: ▪NE (Nutrition Educators); ▪LE (Lead Evaluator); ▪PD (Project Director); ▪PM (Project Manager); ▪Produce Suppliers; ▪Referral Partners

Analysis Plan

The evaluation will integrate quantitative and qualitative analyses to assess implementation, participant outcomes, and comparative effectiveness across implementation pathways. Baseline participant characteristics will first be compared across cohorts to assess comparability. Descriptive statistics will summarize enrollment, referrals, implementation measures, voucher utilization, and participant characteristics. Participant outcomes will be evaluated using paired analyses comparing baseline and follow-up survey responses. Comparative analyses will examine differences between the healthcare and community implementation pathways using regression models or other appropriate statistical methods that adjust for participant characteristics when appropriate. Planned comparison group analyses will estimate the relative effectiveness of the intervention under real-world implementation conditions. Qualitative information from partner discussions and open-ended participant responses will undergo thematic analysis to identify implementation barriers, facilitators, and opportunities for improvement. Quantitative and qualitative findings will be triangulated to provide a comprehensive understanding of implementation and effectiveness.

Attachment 5 - Logic Model, Nashville Strong Families Food Project

Theory of Change: *By integrating healthcare referrals, produce prescriptions, nutrition education, and community partnerships, the project will improve fruit and vegetable intake, household food security, maternal health, and birth outcomes for pregnant and postpartum families living in Davidson County, TN.*

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM *(1 TO 2 YR.)* OUTCOMES	INTERMEDIATE *(2 TO 5 YR.)* OUTCOMES	IMPACT
Project Staff - 0.10 FTE Project Director - 0.10 FTE Nutrition Educator - Implementation Staff & Leadership Support Implementation - WIC participants < 16 weeks gestation - Nutrition curriculum - Community partner(s) - Health partner(s) - Produce vendors - Produce (fruits/veggies, FV) - Participant educational supplies - Program supplies - MCH Collective Food consortium Evaluation and Data Management Data systems - Evaluator - RE-AIM tools - Data systems - Data use agreements - HRSA TA	- Build partnerships - Contract produce vendors - Create referral workflows - Screen/enroll eligible WIC participants - Assess food security among eligible WIC participants - Provide 1:1 nutrition education (NE) - Write food prescription - Distribute vouchers - Redeem vouchers for FV - Provide passive and active group nutrition education - Convene MCH Collective -Establish food consortium - Host food consortium meetings with consumers Evaluation/CQI - Establish baseline data collection protocols - Train partners on collection protocols - Implement follow-up data protocols - Monitor improvements - Complete HRSA reports	- ↑ partners - 2 contract vendors - 400 active participants (yr)* - 400 food prescriptions (yr) - 4,800 vouchers distributed (yr)* - 4,800 food boxes retrieved/delivered (yr)* - ~$240,000 FV (yr)* - min. 1:1 enrollment NE/participant - min. of 6 active NE sessions/participant - min. of 6 passive NE sessions/participant - min. 4 food consortium mtgs. (yearly) - min. 6 CQI mtgs. - min. 6 timed[1] data collection deployment - min. 12 monthly redemption rate reports (yearly) - min. 2 evaluation reports[2] (yearly)	↑ Participant knowledge of importance of FV intake during pregnancy ↑ Participant knowledge of importance of FV intake after birth ↑ Participant awareness of household FV intake ↑ FV access ↑ FV Voucher redemption above baseline ↑ FV intake ↑ Partnerships above baseline ↑ Participant engagement (program & evaluation) ↑ Referral processes above baseline ↑ Partner awareness of FV intake in maternal population	↑ Household food security ↑ Maternal healthy eating ↑ Postpartum healthy eating ↑ Household healthy eating ↑ Healthy gestational weight gain ↑ Self-reported maternal physical & mental health	↑ Improved birth outcomes ↓ Nutrition insecurity ↑ Maternal & infant health ↑ Community food system - Replicable evidence-based model - Sustainable partnerships - Sustainable maternal produce prescription program

Cross-cutting Elements

1. HRSA Required Timed data collection deployment: a. Enrollment; b. 3rd Trimester; c. 6-12 wks. PP; d. 6 mo. PP; e. Every 6 mo. during project period
2. Community members/consumers engaged in planning, implementation, evaluation, and CQI. → Continuous Quality Improvement informs program refinement. → Sustainability planning and dissemination occur throughout the project period.

***External Factors and Assumptions**

3. External: state and local legislation promotes model efficacy of $50/month FV voucher
4. Assume RE-AIM evaluation framework accurately measure true attitudes, behaviors and intentions of participants
5. Assume data collection activities detect real-time changes in attitudes, knowledge and beliefs
6. Assume no more than 10% attrition rate for enrolled participants

Attachment 5 - Logic Model, Nashville Strong Families Food Project

Theory of Change: *By integrating healthcare referrals, produce prescriptions, nutrition education, and community partnerships, the project will improve fruit and vegetable intake, household food security, maternal health, and birth outcomes for pregnant and postpartum families living in Davidson County, TN.*

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM *(1 TO 2 YR.)* OUTCOMES	INTERMEDIATE *(2 TO 5 YR.)* OUTCOMES	IMPACT
Project Staff - 0.10 FTE Project Director - 0.10 FTE Nutrition Educator - Implementation Staff & Leadership Support Implementation - WIC participants < 16 weeks gestation - Nutrition curriculum - Community partner(s) - Health partner(s) - Produce vendors - Produce (fruits/veggies, FV) - Participant educational supplies - Program supplies - MCH Collective Food consortium Evaluation and Data Management Data systems - Evaluator - RE-AIM tools - Data systems - Data use agreements - HRSA TA	- Build partnerships - Contract produce vendors - Create referral workflows - Screen/enroll eligible WIC participants - Assess food security among eligible WIC participants - Provide 1:1 nutrition education (NE) - Write food prescription - Distribute vouchers - Redeem vouchers for FV - Provide passive and active group nutrition education - Convene MCH Collective -Establish food consortium - Host food consortium meetings with consumers Evaluation/CQI - Establish baseline data collection protocols - Train partners on collection protocols - Implement follow-up data protocols - Monitor improvements - Complete HRSA reports	- ↑ partners - 2 contract vendors - 400 active participants (yr)* - 400 food prescriptions (yr) - 4,800 vouchers distributed (yr)* - 4,800 food boxes retrieved/delivered (yr)* - ~$240,000 FV (yr)* - min. 1:1 enrollment NE/participant - min. of 6 active NE sessions/participant - min. of 6 passive NE sessions/participant - min. 4 food consortium mtgs. (yearly) - min. 6 CQI mtgs. - min. 6 timed[1] data collection deployment - min. 12 monthly redemption rate reports (yearly) - min. 2 evaluation reports[2] (yearly)	↑ Participant knowledge of importance of FV intake during pregnancy ↑ Participant knowledge of importance of FV intake after birth ↑ Participant awareness of household FV intake ↑ FV access ↑ FV Voucher redemption above baseline ↑ FV intake ↑ Partnerships above baseline ↑ Participant engagement (program & evaluation) ↑ Referral processes above baseline ↑ Partner awareness of FV intake in maternal population	↑ Household food security ↑ Maternal healthy eating ↑ Postpartum healthy eating ↑ Household healthy eating ↑ Healthy gestational weight gain ↑ Self-reported maternal physical & mental health	↑ Improved birth outcomes ↓ Nutrition insecurity ↑ Maternal & infant health ↑ Community food system - Replicable evidence-based model - Sustainable partnerships - Sustainable maternal produce prescription program

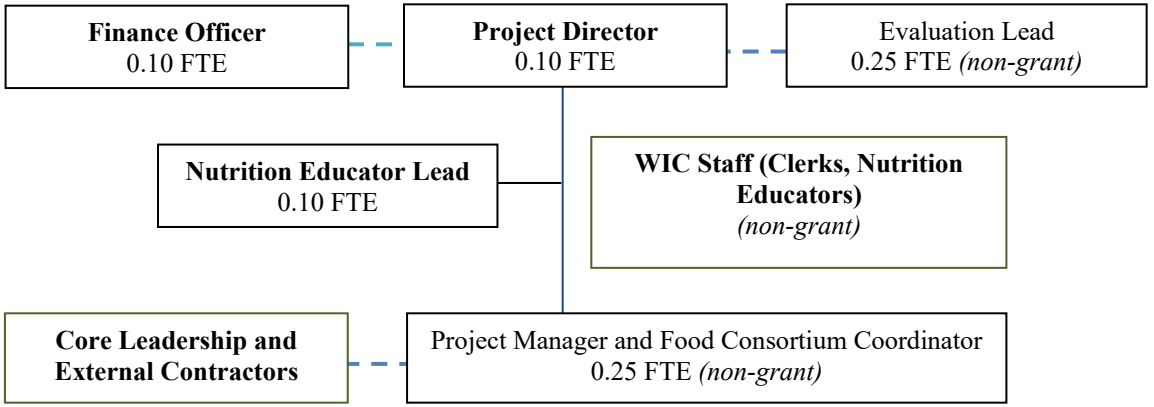
Cross-cutting Elements

1. HRSA Required Timed data collection deployment: a. Enrollment; b. 3rd Trimester; c. 6-12 wks. PP; d. 6 mo. PP; e. Every 6 mo. during project period
2. Community members/consumers engaged in planning, implementation, evaluation, and CQI. → Continuous Quality Improvement informs program refinement. → Sustainability planning and dissemination occur throughout the project period.

***External Factors and Assumptions**

3. External: state and local legislation promotes model efficacy of $50/month FV voucher
4. Assume RE-AIM evaluation framework accurately measure true attitudes, behaviors and intentions of participants
5. Assume data collection activities detect real-time changes in attitudes, knowledge and beliefs
6. Assume no more than 10% attrition rate for enrolled participants

Attachment 6 - Project Organizational Chart, Nashville Strong Families Food Project



To ensure organizational leadership support and alignment, the Women Infant and Children Director (WIC) serves as the Project Director (PD). The PD (10% effort) supervises the Project Manager and the Nutrition Education Lead. Additionally, the PD provides administrative oversight, leadership, and systems leverage for the grant activities. The Project Manager provides overall program management, including oversight for the Maternal Food Systems Community Consortium and external contractors (Existing produce suppliers and new food pantry partners) who support distribution of produce to enrolled participants. The Nutrition Educator Lead provides technical assistance and guidance to external contractors currently operating produce programs who will integrate the maternal health component and education. Additionally, the Nutrition Educator Lead will ensure nutrition education is provided to enrolled participants and their families via WIC Nutrition Educators and Nutritionists. The PM (25% effort is non-grant funded) is responsible for facilitating the quarterly full consortium meetings and monthly food consortium meetings, ensuring program participants are engaged in consumer voice and leadership roles. Project Management coordination for fiscal, program implementation, monitoring and evaluation with be coordinated by the PD in conjunction with appropriate MPHD systems (Bureau of Finance and Administration, Division of Epidemiology, Performance Management System, etc.). The Evaluation Lead is responsible for ensuring process, CQI and outcomes evaluation activities occur using the RE-AIM framework and serves as the evaluation point of contact for HRSA and external contractors. Finally, the Finance Officer (FO) is responsible for the review and fiscal approval of contractor payments, review of approved and allocable expenses and review and forecast expenditures and internal controls. The PD will be the primary communication linkage between internal MPHD processes and systems, external contractors and partners and program management. It is reasonably anticipated that all positions will be filled with existing staff. In project years 2 – 4, percent effort for the Nutrition Educator Lead and Project Manager reduces to 5% respectively. It is reasonably anticipated that more effort is needed in the startup/expansion phase, providing more technical assistance, close monitoring and direct training and implementation of services with contractors. Once processes are established, effort shifts from intensive start-up focus to maintenance and continuous quality improvement. Contractor engagement is expected to increase in years 2 - 4 as they demonstrate model efficacy.

MPHD utilizes the enterprise business system, **Oracle Cloud**, for accurate employee timekeeping. Electronic timeclocks are located at all Metro government sites throughout Davidson County and are specifically located near the employee elevators at MPHD sites. The MPHD Bureau of Finance and Administration maintains the Oracle timekeeping system and is responsible for ensuring allocable time is accurately recorded and reviewed each pay period (26 annual pay periods) via time studies of allocable time. An employee whose time is dedicated in part to a specific project (any time less 100% effort) is reviewed via the pay period time study to prepare monthly invoices. The same time entry and review process will be utilized for the Nashville Strong Families Food Project (NSFFP).

Staffing: The NSFFP Project includes the following **grant staffing plan**: Project Director (0.10 FTE); Finance Officer (0.10 FTE) and Nutrition Educator Lead (0.10 FTE). NSFFP also includes **the following non-grant key staff positions**: The Evaluation Lead (0.25 FTE) in the Bureau of Epidemiology, Strategic Planning Performance and Evaluation; Program Manager (0.25 FTE) in the Population Health Bureau. Additionally, Women Infant and Children (WIC) Nutrition Educators will provide nutrition education to enrolled participants. It is reasonably anticipated that all key positions will utilize existing staff. See **Attachment 6_NSFFP Project Organizational Chart**.

Project Director (0.10 FTE): ***Lauren Cromer***

Position Description: This position is responsible for the overall management of the Nashville Strong Families Food Project (NSFFP) in the Population Health Bureau with overall program oversight and staff supervision responsibilities. Serves as grantor point of contact, submits required grant reports, participates in required grantee activities to include but not limited to community of practice, project officer monitoring calls, quarterly technical assistance calls, etc. Ensures all aspects of project are implemented and evaluated according to approved grantor plan. This position supervises the Nutrition Education Lead, serves as the team lead with the Project Manager and Finance Officer; reports to the Population Health Bureau Director.
Specific responsibilities include: Provides supervision, performance monitoring and coaching of the Nutrition Education Lead; Oversees grant related activities, ensuring compliance and reporting. Provides fiscal oversight of external contractors as well as prepares and submits monthly, quarterly, and annual reports as required per grant contract; Ensures staff and contractor supports during the project performance periods. **Relevant Experience:** Existing employee has served as the Davidson County WIC Director since March 2021.

Nutrition Educator Lead (0.10 FTE): ***TBD***

Position Description: This position is responsible for ensuring health education sessions – 6 active and 6 passive – occur for each enrolled participant; selects evidence-informed nutrition curricula; ensures standardized delivery for each education module. Works collaboratively with the Evaluation Lead and Nutrition Educators. Reports to the Project Director.
Specific responsibilities include: Ensures health education sessions – 6 active and 6 passive – occur for each enrolled participant; selects evidence-informed nutrition curricula; ensures standardized delivery for each education module. Works collaboratively with the Evaluation Lead and Nutrition Educators; Participates in HRSA community of practice and technical assistance trainings/meetings accordingly. May identify and recommend consumers to serve on the Food Consortium. Ensures Nutrition Educators have relevant training on curricula and improvements provided by HRSA. **Relevant Experience**: At least 1 year of nutrition related

experience or completion of a supervised accredited dietetic internship. Requires Bachelor's or Master's Degree in Nutrition or Dietetics.

Finance Officer (0.10 FTE): *Terrica Burns*

Position Description: The Grants Management Finance Officer is responsible for the fiscal operations of the NSFFP grant program. **Specific responsibilities include:** Prepare monthly budget-to-actual reports, review and prepare budgeting documents or forecasting needed by programmatic staff. Meet monthly to review budget-to-actual, upcoming expenses, unexpended budget, and expected changes. Review contractor budgets, review invoice payables, complete annual contractor audit. Prepare quarterly expenditure reports submit drawdown requests. Complete all required federal financial reports. **Relevant Experience**: The existing employee serves as the Finance Officer for the Behavioral Health and Wellness Division in the Population Health Bureau and has 4 years of federal grant financial management experience in local government. The employee is currently matriculating towards a Bachelor's Degree (candidate) in Business Management, Marketing and Administration.

Non-Grant Funded Staff Positions

Nutrition Educators x 15 (1.0 FTE):

Position Description: Provides diet assessment and nutrition counseling to enrolled NSFFP participants. Completes appropriate documentation for nutrition education encounters in a timely manner. Uses evidence-informed curricula to deliver education on a variety of nutrition and food management topics from prenatal through parenting. **Specific responsibilities include:** Completes documentation and periodic assessments as indicated and appropriate. Teaches basic principles of nutrition and food management. Assess diet and screens for food insecurity; may refer special nutrition problems to a Nutritionist for follow up as needed. Uses evidence-informed curricula to deliver education on a variety of nutrition and food management topics from prenatal through parenting. **Relevant Experience**: At least 1 year of nutrition related experience or completion of a supervised accredited dietetic internship. Requires Bachelor's or Master's Degree in Nutrition or Dietetics.

Project Manager (0.25 FTE): *Alexandra Bird*

Position Description: This position is responsible for oversight external contractor monitoring including quality of produce services provided to enrolled participants. Coordinates the Food Consortium ensuring consumer and community representation in the development of action plans and the overall sustainability plan. **Specific responsibilities include:** Oversees external contractor activities; Reviews participant retention strategies to maximum participation through 6 months postpartum; Reviews assessment documentation for accuracy and completeness; Collaborates with the Evaluation Lead to ensure thorough data are collected according to schedule. Provides contractor technical assistance as needed. May act in lieu of Project Director (PD) for grants management purposes in PD absences. **Relevant Experience:** Ali Bird has demonstrated success coordinating multidisciplinary public health initiatives, developing evidence-based strategies, and fostering collaboration among healthcare and community partners. Her strengths in program planning, evaluation, and quality improvement make her well suited to oversee implementation of this complex, multi-partner initiative.

Evaluation Lead (0.25 FTE): ***Bobby Kopp***

Position Description: This position is responsible for the programmatic management of Strategic Performance, Policy and Evaluation functions in the Bureau of Epidemiology and Strategic Performance, Policy and Evaluation with overall program oversight and staff supervision responsibilities. Also oversees the activities of program evaluation, performance management, community health assessment and improvement, policy analysis, and health equity initiatives across Metro Public Health Department. Supervises staff working in grant development, evaluation, performance management, and community health improvement, and reports to the Bureau Director. **Specific responsibilities include:** Provides supervision, performance management, grant development, and community health improvement staff; Leads the development and implementation of the department's evaluation and performance management strategy, including program evaluation design, methodology, and dissemination of findings to inform policy and practice; Guides performance management processes, including key performance indicators (KPIs) and regular reporting, while promoting a culture of continuous quality improvement across all divisions; Oversees evaluation of public health programs, policies, and initiatives to assess effectiveness, efficiency, and equity impact, ensuring performance metrics align with strategic priorities, grant requirements, and accreditation standards; Fosters collaborative efforts with community organizations, academic institutions, and other government agencies to address community health and resilience needs. **Relevant Experience:** Brings extensive experience designing and leading program evaluations across federal, state, and local public health initiatives, including mixed-method evaluations combining stakeholder interviews, focus groups, literature reviews, and performance measure analysis to assess program impact and inform policy. Skilled in translating complex qualitative and quantitative data into actionable findings for executive and government leadership, and experienced in supervising and mentoring research and evaluation staff. Holds a Master's Degree in Public Health, Health Systems and Policy, from Johns Hopkins University.

Attachment 8 - Biographical Sketches, Nashville Strong Families Food Project

NAME **Lauren Cromer, MS, RDN, LDN, CLC** PROJECT POSITION TITLE **Project Director**	ORGANIZATIONAL POSITION TITLE **Nutrition Services Director, WIC Program Director** Metro Public Health Department of Nashville and Davidson County

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Carson-Newman College, Jefferson City	B.S.	2002	Food and Nutrition, Dietetics emphasis
University of Illinois, Urbana-Champaign	M.S	2004	Nutrition Sciences Thesis: Lycopene Consumption and Preventing CVD
Vanderbilt University Medical Center		2005	Dietetic Internship

Lauren Cromer is a Registered Dietitian with over 20 years of professional experience, including 12 years with Metro Public Health Department's WIC Program and 5 years as the program's director.

RELEVANT WORK EXPERIENCE

Director of Nutrition Services / WIC March 2021 to present
Metro Public Health Department

Director for WIC program within Metro Public Health Department, overseeing all operations, strategic planning, policy and procedures, personnel organization (60 FTEs), and federal grant expenditures ($5 million annually). The WIC program's caseload has experienced a 60% increase over the last five years through strategic development of community referral partnerships, applicant self-referral online tools, and the development of a co-located WIC clinic within the community's largest pediatric primary care clinic. In 2021, the WIC program and Vanderbilt Children's Hospital launched a 2-year study project to improve enrollment rates of eligible pediatric patients into the WIC program. In 2024, Lauren presented the project's ongoing results at the National WIC Association's Annual Conference, and study results were recently submitted to the journal *Academic Pediatrics*.

WIC Nutritionist 4 / Clinic Supervisor July 2014 to March 2021
Metro Public Health Department

Managed daily operations of 18-person standalone WIC clinic including staffing, training, and building maintenance. Provideda nutrition and breastfeeding counseling to WIC participants, including those at high medical or nutrition risk.

Attachment 8 - Biographical Sketches, Nashville Strong Families Food Project

NAME **Robert Kopp** PROJECT POSITION TITLE **Evaluator**	ORGANIZATIONAL POSITION TITLE **Manager, Division of Strategic Performance, Policy, and Evaluation** Metro Public Health Department of Nashville and Davidson County

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Syracuse University	B.S./B.A.	2013	Public Health & Policy Studies
Johns Hopkins University	MPH	2016	Policy & Management

Robert Kopp has extensive experience leading program evaluation, mixed-methods research, and performance measurement for federal, healthcare, and community-based initiatives. His work emphasizes rigorous evaluation frameworks, including RE-AIM, and the development of scalable systems for monitoring outcomes and continuous quality improvement.

RELEVANT WORK EXPERIENCE

Division Lead, Bureau of Epidemiology & Strategic Performance, Policy, and Evaluation — Metro Public Health Department (May 2026-Present)

• Lead development and implementation of the department's evaluation and performance management strategy, including program evaluation design, methodology, and dissemination of findings.
• Guide performance management processes such as KPI development, regular reporting, and data-driven decision-making to improve outcomes and advance health equity.
• Oversee evaluation of public health programs, policies, and initiatives to assess effectiveness, efficiency, and equity impact.
• Promote continuous quality improvement, support accreditation activities, and ensure alignment with national standards and grant requirements.
• Facilitate development and use of data systems and evidence-informed analytics to monitor progress, strengthen strategic planning, and communicate results.
• Foster collaborative efforts with community organizations, academic partners, and government agencies to address community health needs and expand use of evidence-based practices.

Senior Researcher / Evaluation Lead — Williams Consulting (Nov 2021–Jan 2025)

• Led evaluations and policy analyses for HHS OMH, including environmental scans, Community of Practice facilitation, and a health-equity policy research framework.
• Directed qualitative and quantitative data collection and analysis (NVivo, STATA, ArcGIS) for community-based and federal contracts.
• Conducted focus groups and stakeholder interviews for hard-to-reach maternal and community populations, translating findings into actionable recommendations for health systems.

Senior Consultant — Atlas Research (Nov 2018–Nov 2021)

• Developed evaluation strategies, metrics, dashboards, and data systems for federal health programs, including VHA Suicide Prevention Program; Conducted retrospective mixed-methods evaluations for HRSA Emergency Medical Services for Children.
• Managed teams conducting research, stakeholder interviews, and strategic analyses supporting clinical quality measurement and innovation pilots.

Attachment 8 - Biographical Sketches, Nashville Strong Families Food Project

NAME **Alexandra Bird** PROJECT POSITION TITLE **Project Manager**	ORGANIZATIONAL POSITION TITLE **Maternal and Child Health Strategist** Metro Public Health Department of Nashville and Davidson County

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
Southern New Hampshire University	B.S.	2023	Public Health
East Tennessee State University	MPH	2025	Public Health-Epidemiology & Biostatistics

Alexandra Bird has experience leading collaborative public health initiatives that integrate program planning, implementation, evaluation, and community partnerships. Her background in maternal and child health, epidemiology, and quality improvement provides the multidisciplinary expertise needed to coordinate implementation of the Nashville Strong Families Food Project across healthcare, public health, and community partners.

RELEVANT WORK EXPERIENCE

Maternal & Child Health Strategist, Population Health — Metro Public Health Department (March 2026-Present)

• Leads strategic maternal and child health initiatives to improve maternal and infant health outcomes.
• Coordinates cross-sector partnerships among healthcare providers and community organizations
• Supports implementation of Maternal and Child Health Collective and Central Referral System.
• Supports development of implementation strategies, and program planning documents.
• Uses data to support continuous quality improvement, performance monitoring, and strategic decision-making.

Public Health Infrastructure Grant (PHIG) Evaluator –Metro Public Health Department (June 2025-March 2025)

• Lead evaluation and performance monitoring activities for the CDC-funded PHIG.
• Developed evaluation frameworks, performance measures, dashboards, and reporting tools to support program improvement.
• Monitored organizational and workforce development initiatives using data-informed performance management practices.
• Supported Public Health Accreditation Board (PHAB) accreditation efforts through evaluation and quality improvement activities.

Epidemiologist Internship, Family Health and Wellness — Tennessee Department of Health (April 2024- Sept 2024)

• Conducted syndromic surveillance using ESSENCE to identify emerging public health trends.
• Developed epidemiologic reports, dashboards, and data visualizations to support program planning and resource allocation.
• Supported surveillance protocols and reporting processes aligned with CDC standards.

Attachment 9 Business Plan, Nashville Strong Families Food Project

Project Director: Lauren Cromer, MS, RDN, CLC
Federal Seed Funding: $500,000
Project Period: 09/30/2026 – 09/29/2030

EXECUTIVE SUMMARY

The proposed Metro Public Health Department of Nashville & Davidson County (MPHD) Nashville Strong Families Food Project (NSFFP) is a maternal nutrition intervention designed to improve pregnancy outcomes by addressing food insecurity as a critical social driver of maternal health. Food insecurity contributes to poor maternal nutrition, chronic disease, pregnancy complications, and adverse birth outcomes. The program will engage pregnant women who report food insecurity. NSFFP addresses these barriers through an evidence-informed, community-integrated intervention that improves access to produce while strengthening connections between nutrition assistance programs and community resources.

TARGET POPULATION & PROJECTED REACH

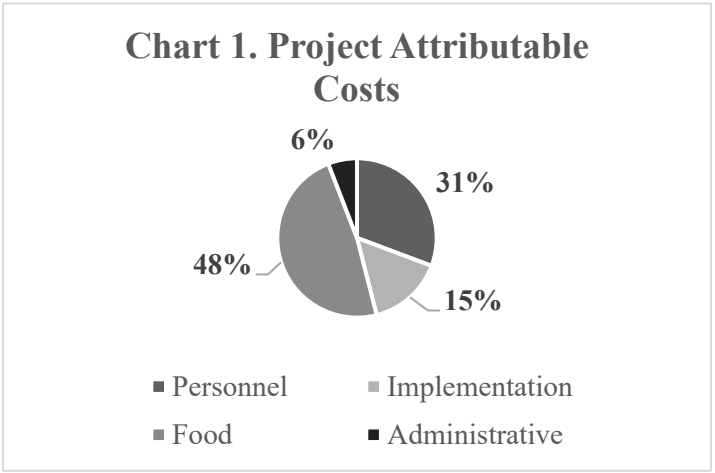
Service area: Davidson County, TN
Year 1 enrollment goal: 400 participants | **Cost per participant:** $1,250/year

Attributable Project Costs: The NSFFP single highest attributable cost is for the point of purchase for fruits and vegetables, representing nearly half of project costs. Implementation costs (15%) include data tracking software, licensing fees associated with data use agreements, and participant supplies to support timely and thorough data collection. Personnel costs for staff time represent 31% of the attributable costs and administrative overhead represents only 6% of costs. The NSFFP approach is sustainable food prescription program due to the following features:

1). The NSFFP uses existing experienced staff whose time and effort can easily transition to existing sustainable funding sources (e.g. WIC). In fact, attributable staff time progressively decreases after the first year as the project moves from initial start-up to maintenance phases.

2). Initial implementation costs associated with data collection, tracking and analysis represent nominal costs ($76,500 - $97,800/year) which are absorbable in the overall MPHD operating budget of $62 million.

3). Similarly administrative costs associated with staff time, travel, project supplies and language access services are also absorbable in the overall MPHD operating budget. See Chart 1 for attributable costs.



Overall, 52% of attributable project costs are absorbable and sustainable in the MPHD operating budget at the end of grant funding period. The primary costs to transition to other funding sources is the cost of produce.

MARKET ANALYSIS (5C Situation Analysis Framework)

Attachment 9 Business Plan, Nashville Strong Families Food Project

Company: MPHD is uniquely positioned to implement and sustain the NSFFP through its established maternal and child health infrastructure, trusted community partnerships, and experience delivering evidence-based public health programs. MPHD administers WIC, Nashville Strong Babies, the Maternal and Child Health Collective, and the Central Referral System (CRS), providing a strong foundation for participant recruitment and department operating budget able to absorb nominal operating costs.
Consumers: Low-income pregnant women will still have access to food prescriptions available through WIC participation. WIC already contributes approximately $42 per month in food vouchers to low-income pregnant women each month. NSFFP enhances and expands food access for WIC participants.
Competitors: Davidson County offers a strong network of nutrition and maternal health resources, including SNAP, food pantries, and community food assistance programs. While these services provide critical support, none integrate produce prescriptions into prenatal care through coordinated nutrition counseling and longitudinal follow-up. Additionally, there are no comparable competitors to WIC who serve more than 1,000 low-income pregnant women per year. NSFFP complements WIC services and expands access by filling this gap, strengthening connections between healthcare, nutrition services, and community resources to improve maternal and infant health outcomes. Additionally, MPHD is in a unique position to seek operating budget enhancements to support food access beyond grant funds. For example, MPHD successfully transitioned $125,000 grant-funded operating costs for doula services for pregnant women to a recurring $500,000 municipal funded budget cost center in less than 2 years.
Collaborators: Current NSFFP collaborators include Nashville General Hospital and Second Harvest Food Bank of Middle Tennessee. Both partners run existing food prescription programs and NFFSP will support the expansion of services to engage pregnant and postpartum women.
Climate/Context: MPHD is bolstered by the FY2027 city budget that includes a 22% cut to the local grocery sales tax, that is estimated to save families about $72 annually or an additional $6/month available to support fruit and vegetable intake. Combined with other social services – housing, employment assistance, childcare vouchers – designed to help keep residents healthy and maintain self-sufficiency, the context is ideal to expand fruit and vegetable access for pregnant women who are enrolled in WIC.

SUSTAINABILITY

MPHD will build a sustainable infrastructure by embedding NSF workflows into existing maternal health services, strengthening cross-sector partnerships, leveraging outcome data to pursue future federal, state, healthcare, and philanthropic funding opportunities, and exploring long-term reimbursement strategies that support food as medicine interventions. The Harvard Center for Health Law and Policy Innovation estimates that sustainable costs for a food prescription program typically range from $10 to $80 per week per participant. At less than $14 per week per participant, NSFFP is already in range of sustainable long-term costs. Additional steps will be taken to absorb operating costs and transition food costs to other funding sources to maintain services for pregnant women.

Purpose: The Nashville Strong Families Food Project (NSFFP) will implement a comprehensive data management system to support participant enrollment, program implementation, reporting, and evaluation. These data management systems/procedures are designed to ensure confidentiality, quality, and integrity of participant information while simultaneously complying with HRSA, HIPAA, Metro Public Health Department of Nashville & Davidson County (MPHD) and federal requirements. The Project Director and Project Manager and other staff will monitor data completeness, oversee compliance with data-sharing agreements, and ensure project data are available for evaluation and required HRSA reporting. This plan applies to all participant-level data generated throughout implementation of the NSFFP.

Data Collection Sources: Participant data will be collected through REDCap, a secure, streamlined platform for managing public health research data, WIC records, healthcare partners, and participating produce vendors in accordance with executed Data Use Agreements.

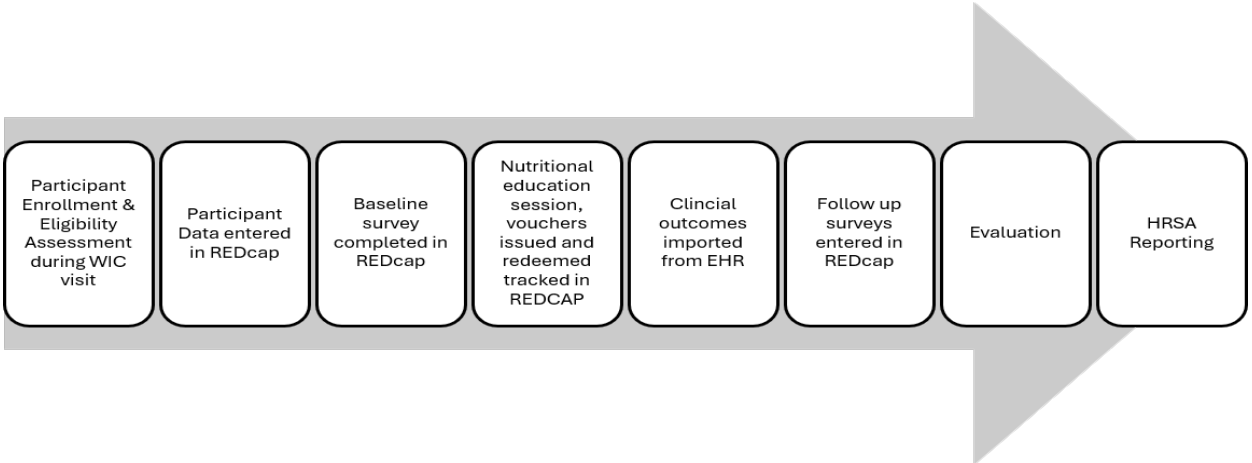
Data Management Workflow: REDCap will serve as the centralized database for all participant-level program data. Participants will be screened for eligibility during WIC or other approved referral encounters. Eligible participants who provide informed consent will be assigned a unique participant identification number and enrolled into REDCap. Unique participant identification numbers will be used to link information across data sources while minimizing the use of personally identifiable information during analysis and reporting.

Baseline demographic, health, and nutrition information will be collected directly within REDCap using standardized electronic forms with built-in validation rules, required fields, and branching logic to improve data quality.

Throughout program participation, nutrition education encounters, produce prescription issuance, voucher redemption, participant communications, and follow-up assessments will be documented within REDCap.

Clinical outcome data obtained from participating healthcare partners' electronic health record (EHR) systems, as permitted through executed Data Use Agreements (DUAs). Only the minimum necessary information required for program evaluation and HRSA reporting will be imported.

Project evaluators will export de-identified datasets from REDCap for statistical analysis and HRSA reporting.



Data Storage & Protection: REDCap will serve as the secure, centralized database for all project data. Access to identifiable participant information will be restricted to authorized project personnel, and data shared by partner organizations will be transferred and stored in accordance with executed DUAs, HIPAA, and Metro Public Health Department policies.

Data Governance: The Project Director and co-Project Directors will oversee implementation of the Data Management Plan, review data quality and completeness throughout the project, ensure compliance with Data Use Agreements and applicable regulations, and authorize access to project data based on staff responsibilities.

Data Sharing Agreements: Participant-level data shared between MPHD and collaborating organizations will be governed by formal DUAs. These agreements establish the terms for data collection, transfer, storage, access, protection, and permitted use in accordance with HIPAA and applicable federal, state, and local requirements. An example of a current, executed DUA is included in **Attachment 3: Agreements with Other Entities (pp. 8 – 24).**

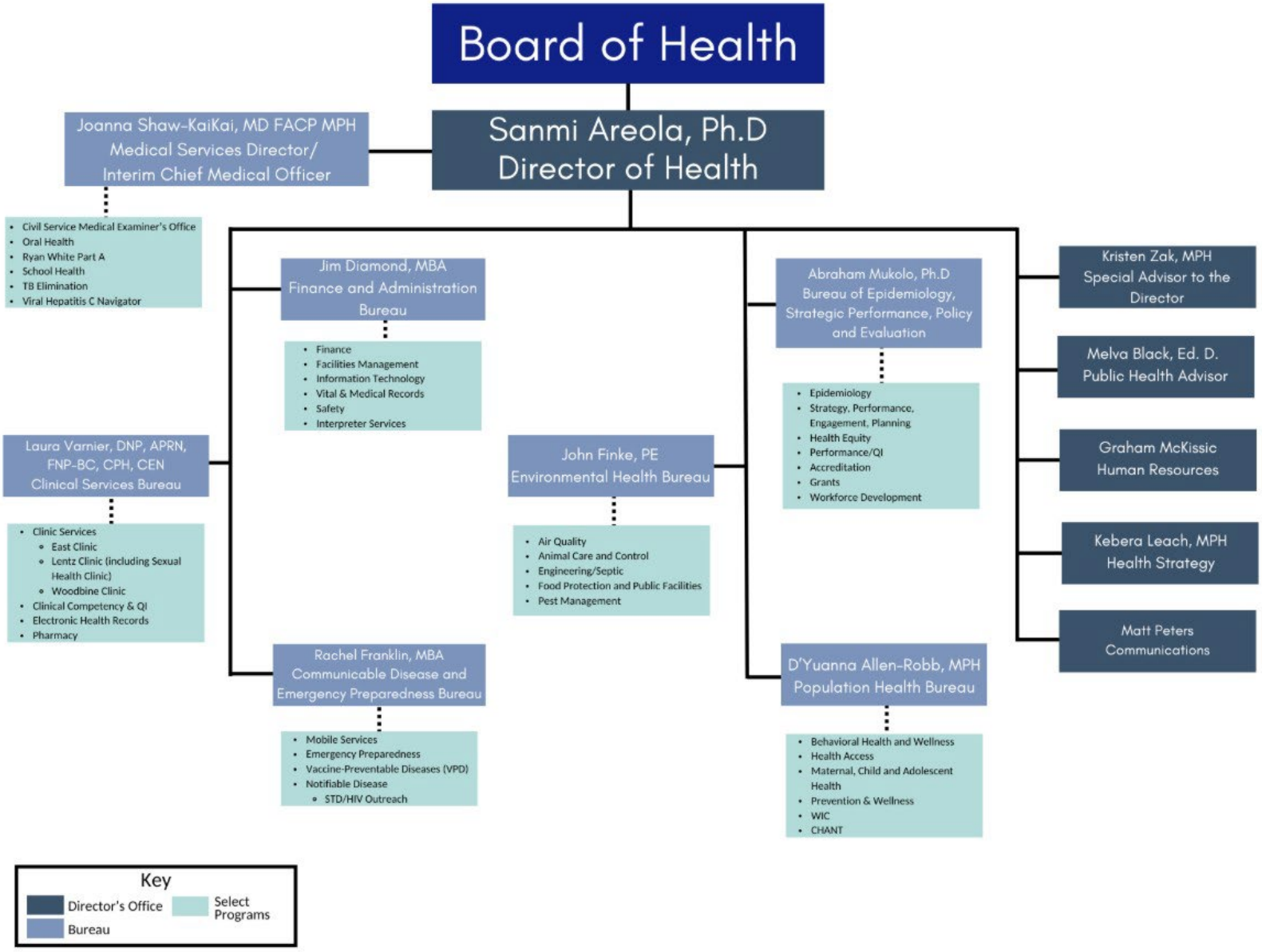
Only the **minimum necessary data** required for program implementation and evaluation will be exchanged.

Data Access: Access to identifiable project data will be limited to authorized personnel whose responsibilities require access. Project evaluators will receive de-identified datasets for analysis and reporting whenever feasible.

Roles & Responsibilities:

Role	**Responsibility**
Project Director	Oversight
Project Manager	Participant tracking and data entry
Nutrition Educator	Data entry
MPHD Bureau of Epidemiology, Strategic Performance, Policy, and Evaluation	REDCap forms and database architects; project evaluation support
Evaluator	Data analysis and reporting
MPHD Information Technology	REDCap administration
Clinical Partners	Clinical outcome reporting

Attachment 11 - Organizational Chart, Metro Public Health Department of Nashville and Davidson County



Indirect Cost Rate Proposal
Metro Public Health Department
Nashville-Davidson County, Tennessee

FY 2027
Indirect Cost Rate Proposal

Based on actual expenditures for the
Fiscal Year ended June 30, 2025

Indirect Cost Rate Proposal
Metro Public Health Department
Nashville-Davidson County, Tennessee

FY 2027
Indirect Cost Rate Proposal

Based on actual expenditures for the
Fiscal Year ended June 30, 2025

Certificate of Indirect Costs

METROPOLITAN GOVERNMENT OF NASHVILLE/DAVIDSON COUNTY

Metro Public Health Department

Fiscal Year July 1, 2026 through June 30, 2027

This is to certify that I have reviewed the indirect cost proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish cost allocation or billing rates for FY 2027 (July 1, 2026 through June 30, 2027 based on actual costs for the fiscal year ending June 30, 2025 (July 1, 2024 through June 30, 2025) are allowable in accordance with the requirements of the Federal/State/Local award(s) to which they apply and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Unallowable costs have been adjusted for in allocating costs as indicated in the indirect cost rate proposal.

(2) All costs included in this proposal are properly allocable to Federal/State/Local awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Government Unit: Metropolitan Government Nashville Davidson County, TN

Signature: _____

Name of Official: Tim Diamond

Title: Director of Finance + Administration

Date of Execution: 6/18/26

MAXCAP
5/4/2026 4:22:25 PM

NASHVILLE-DAVIDSON COUNTY, TENNESSEE
METRO PUBLIC HEALTH DEPARTMENT ~ ICRP
FOR THE FISCAL YEAR ENDED JUNE 30, 2025
Schedule F - Indirect Cost Rate Proposal

NASHVILLE (TN) ~ HEALTH v1
2025 Version 1.0003
Level: Detail

Receiving Departments	Central Service Costs	Dept Admin Personnel Costs	Dept Admin Other Costs	Total Indirect Costs	Indirect Cost Rate Base	Indirect Cost Rate
Communicable Dis & Emergency Prepare	1,314,407	0	0	1,314,407	5,067,050	25.9400%
Population Health	4,711,349	0	0	4,711,349	22,043,561	21.3700%
Environmental Health	2,534,122	0	0	2,534,122	9,325,443	27.1700%
Clinic Services	1,565,104	0	0	1,565,104	6,505,246	24.0600%
Medical Services	4,934,609	0	0	4,934,609	21,644,156	22.8000%
Health Equity	338,621	0	0	338,621	1,985,593	17.0500%
Finance & Administration	302,927	0	0	302,927	1,368,287	22.1400%
Executive Management	227,610	0	0	227,610	1,039,071	21.9100%
Medical Examiner	43,552	0	0	43,552	6,734,968	0.6500%
Composite Rate	15,972,302	0	0	15,972,302	75,713,375	21.0957%

Federal Maternal Produce Prescription Program (MP3)					
SF424A Federal Budget					
Object Class Codes	**Year 1**	**Year 2**	**Year 3**	**Year 4**	
Budget	**$ 500,000**	**$ 500,000**	**$ 500,000**	**$ 500,000**	
a. Salaries & Wages					
Full-time	35,775	19,946	20,285	20,630	
Part-time	-	-	-	-	
Total Salaries & Wages	**$ 35,775**	**$ 19,946**	**$ 20,285**	**$ 20,630**	
b. Fringe Benefits	**$ 13,424**	**$ 7,192**	**$ 7,309**	**$ 7,427**	
c. Total Personnel Costs	**$ 49,200**	**$ 27,138**	**$ 27,593**	**$ 28,056**	
d. Consultant Costs	**$ -**	**$ -**	**$ -**	**$ -**	
e. Equipment					
Items < $5000	-	-	-	-	
Items > $5000	-	-	-	-	
Total Equipment	**$ -**	**$ -**	**$ -**	**$ -**	
f. Supplies	**$ 7,403**	**$ 3,662**	**$ 4,406**	**$ 3,943**	
g. Travel					
Local travel	870	870	870	870	
National travel	5,000	5,000	5,000	5,000	
Total Travel	**$ 5,870**	**$ 5,870**	**$ 5,870**	**$ 5,870**	
h. Construction	**$ -**	**$ -**	**$ -**	**$ -**	
i. Other	**$ 76,500**	**$ 99,000**	**$ 97,800**	**$ 97,800**	
j. Contractual	**$ 331,710**	**$ 335,710**	**$ 335,710**	**$ 335,710**	
k. Total Direct Charges	**$ 138,973**	**$ 135,670**	**$ 135,669**	**$ 135,669**	
l. Indirect Charges	**$ 29,317**	**$ 28,621**	**$ 28,620**	**$ 28,620**	
m. TOTALS (j+k+l)	**$ 500,000**	**$ 500,000**	**$ 500,000**	**$ 500,000**	
Remaining Budget	***$ (0)***	***$ (0)***	**$ 0**	**$ 0**	

Budget Justification Narrative and Line-Item Detail Narrative, Nashville Strong Families Food Project

(All figures rounded unless otherwise indicated)

4-Year Federal Project Budget	*Year 1*	*Year 2*	*Year 3*	*Year 4*
a. Personnel	$35,775	$19,946	$20,285	$20,630
b. Fringe Benefits (45.0%)	$13,424	$7,192	$7,309	$7,427
c. Travel	$5,870	$5,870	$5,870	$5,870
d. Equipment	$0	$0	$0	$0
e. Supplies	$7,403	$3,662	$4,406	$3,943
f. Contractual	$331,710	$335,710	$335,710	$335,710
g. Construction	$0	$0	$0	$0
h. Other	$76,500	$99,000	$97,800	$97,800
i. Total Direct Charges (a-h)	$459,932	$460,629	$460,629	$460,629
j. Indirect Charges (21.0957%)	$29,317	$28,620	$28,620	$28,620
k. TOTALS (i. + j.)	**$500,000**	**$500,000**	**$500,000**	**$500,000**

The budget detail and justification provided is for Year 1 (Y1) and each subsequent year is noted.

***KEY PERSONNEL & ALL GRANT FUNDED POSITIONS* (Year One)**				
1. NAME AND POSITION TITLE	**2. ANNUAL SALARY**	**3. NO. MONTHS BUDGET**	**4. % TIME**	**5.TOTAL $ SALARY**
Finance Officer – Existing Staff	$84,061.40	12	10%	$8,406
Project Director – Existing Staff	$125,720.39	12	15%	$18,858
Nutrition Educator Lead – Existing Staff	$56,741.46	12	15%	$8,511
			Total Federal Salaries	**$35,775**
			FRINGE BENEFIT	**$13,424**
			TOTAL FEDERAL PERSONNEL	**$49,200**

a. Personnel **$35,775**

See Attachment 7 for a complete description of grant-funded positions, time effort and how each position contributes to the project objectives and required performance measures. Years 2-4 reflect a 1.7% salary increase that is most often realized by MPHD staff.

b. Fringe Benefits **$13,424**

Fringe benefits include OASDI, SSMed, insurance (health and life) as well as retirement (pension) benefits. The overall fringe benefit rate is applied as **1.0 FTE federally funded** staff. The 49.95% fringe benefit rate is calculated as follows in the Fringe Benefit Table. Years 2 – 4 reflect a 1.50% increase in the benefit rate that often occurs each calendar year.

Benefit	FY27 Rates	Notes/Comments
OASDI 501172	6.20%	6.2% of the first $142,800 of salary
SSMed 501173	1.45%	1.45% of total salary
Group Health 501174	$13,800	Rate depends on plan; Rates change January 1.
Dental 501175	$500	Rate depends on plan; Rates change January 1.
Life 501176	$300	Rate depends on plan; Rates change January 1.
Pension 501177	13.550%	Employer covers 100% of pension contribution.

c. Travel **$5,870**

Travel includes both local travel to support outreach, recruitment, and intake activities, in-person staff and contractor meetings as well as out-of-town travel for mandatory MCHB sponsored meetings and/or dissemination meetings. Local travel mileage is based on the CY2026 Office of Management and Budget (OMB) local mileage rate of $0.725 per mile. MPHD follows the

published OMB local mileage rate. Out-of-town travel includes accounting in accordance with the Metropolitan Government of Nashville/Davidson County travel policy for the most economical and efficient form of travel (e.g. economy-class airline). Out-of-town travel is capped to not exceed $5,000 per year for up to 3 staff to attend required MCHB grantee meetings, applicable training and dissemination meetings.

Local* *$870*

Local mileage is reflected for the Project Director and Nutrition Educator Lead positions to conduct in-person meetings, conduct outreach, complete participant enrollment and screenings and host nutrition education groups.

2 staff x 50 miles/mo. at 725 mi X 12 months.

*Average amounts computed from current home visiting program staff usage.

Out of town **Required MCHB Grantee Meetings (annual)** *$5,000***

Airfare – [$700 roundtrip economy airfare x 3 staff]	$2,100
Lodging – [$250/night x 3 nights] x 3 staff	$2,250
Per Diem – [$79/day x 2 days + $59.25 x 1 day] x 3 staff	$652

**Out-of-town travel is reduced by $2.00 to not exceed a maximum of $5,000 per year for 3 staff.

d. Equipment (None)

e. Supplies $**7,403**

Supplies include general office supplies (pens, paper, notebooks, filing folders, staples, etc.) for staff to use and the estimate for general office supplies is based on current outreach and case management program expenditures related to WIC. Staff have laptop computers/workstations and have access to network printing. Each staff member involved in the project has a cell phone that includes a monthly data and text messaging plan to facilitate ease of communication with participants as well as tracking staff in the field. Funding will be used for general office supplies, staff cell phone and Wi-Fi hot spot service, educational and brochures/information hand-outs for all relevant nutrition and maternal health topics.

Cell phone and Wi-Fi hot spot service *$2,400*

Metro Government of Nashville/Davidson County has a negotiated contract with Verizon Wireless to provide cell phone coverage for Metro employees. The negotiated rate includes all applicable data and text messaging plans. [$100/month x 12 months x 2 staff]

I-Pads *$3,600*

Metro Government of Nashville/Davidson County has a negotiated contract with Verizon to provide hot-spot services. I-Pads are used in the 4 WIC clinic locations throughout Davidson County for potential participants to enroll, complete data collection tools, surveys and complete educational modules during WIC appointments.

[$450/I-Pad bundle w/hot spot service x 2 I-Pads/clinic location x 4 clinic locations]

Educational Supplies *$500*

(All figures rounded unless otherwise indicated)

March of Dimes and other evidence-informed educational and outreach materials for pregnant and postpartum participants and their families, focused reinforcing nutrition education. Brochures sold in bundles of 50 handouts per bundle on relevant health topics. [$50 bundles x 10 bundles]

Office Supplies *$903*
General office supplies include pens, file folders, staples, printing paper, participant charts and records for 400 pregnant participants. [$75/month x 12 months] + $3 for paper clips

f. Contractual **$331,710**
The following list of contractors are **proposed** contracts as Metro Government Procurement policy requires a bid process for contracts that exceed $50,000 in funding scope. This list of proposed contractors is based on the organization's expertise, capacity, or current contract to provide services related to the Strong Families Food Project.

Interpreter Services $960
MPHD maintains a contract for interpreter services for eligible individuals. Interpreter services are a flat rate. [$80/month x 12 months].

Existing Produce Suppliers $330,750
Existing Produce Suppliers (scaled prescription-based or voucher-based programs) include produce costs for fruits and vegetables via digital vouchers as well as administrative costs. Administrative costs may include negotiated indirect rate of 10% or less as well as staffing costs. It is reasonably anticipated that at least 2 scaled produce suppliers will incorporate maternal health vouchers in their existing infrastructure plus additional community-based organizations with neighborhood level food pantries.

Supplier #1 *$165,375*
- Personnel $18,000

10% of Salaries and benefits for staff up to $180,000 in total personnel supporting maternal prescriptions
- Food Costs $120,000

$50 voucher/month x 12 months x 200 participants
- Supplies $10,000

Associated office supplies, voucher printing costs, data collection reporting systems
$50/participant x 200 participants
- Indirect/Administrative Costs $17,375

Allowable indirect costs are limited to the lessor of 12% or $17,375 per year.

Supplier #2 *$165,375*
- Personnel $18,000

10% of Salaries and benefits for staff up to $180,000 in total personnel supporting maternal prescriptions
- Food Costs $120,000

$50 voucher/month x 12 months x 200 participants

(All figures rounded unless otherwise indicated)

- Supplies $10,000

Associated office supplies, voucher printing costs, data collection reporting systems $50/participant x 200 participants

- Indirect/Administrative Costs $17,375

Allowable indirect costs are limited to the lessor of 12% or $17,375 per year.

g. Construction (None)

h. Other **$76,500**

Participant Supplies *$52,500*

Participant supplies to assist with data collection and reporting during the project period. $75 restricted gift voucher for baby/household items (tobacco, firearm, lottery tickets and alcohol purchases prohibited). Assume at least 75% response rate per year and at least 5 data collection events in which gift vouchers will be offered: 3rd trimester, 6-12 weeks postpartum, 6 months postpartum, every 6 months throughout project period (x 2).

[140 participants x $75 gift voucher/data collection event x 5 data collection events.]

Food Delivery Services *$12,000*

Food delivery services are reserved for enrolled participants experiencing significant transportation barriers, serious physical or mental health concerns and/or enrolled participants experiencing emergencies. Food delivery services will be implemented on a case-by-case basis utilizing the most economical means and negotiated rates with available suppliers. [$1,000/month x 12 months]

Data Tracking Software *$12,000*

Includes licensing agreements and individual user accounts for up to 10 users (staff and contractors) to collect participant level data, produce distribution, point-of-distribution data and participant surveys. [$1,000/month x 12 months]

j. Indirect **$29,317**

The Metro Government indirect rate is 21.0957% of all direct charges: $138,973 [Total Personnel + Supplies + Travel + Other]

Budget Changes: Year 2 - Year 4 Justification

a. Personnel: As previously noted, there is a 1.7% salary increase for federally funded positions reflecting the projected and historical Metro government employee salary increase.

- Project Director percent effort reduces to 10% as project moves from the initial start-up phase to maintenance phase in Year 2 and remains constant through Year 4.
- Nutrition Educator Lead and Finance Officer roles reduce to 5% each as project moves from the initial start-up phase to maintenance phase in Year 2 and remains constant through Year 4.

b. Fringe Benefits: Increases 1.5% to reflect projected and historical Metro benefits increases.

(All figures rounded unless otherwise indicated)

c. Travel: No change

e. Supplies: Supplies cost change as follows:
i. Year 2: Cost reduces to **$3,662**:
- General Office Supplies reduce to $762 [$63.5/month x 12 months] for supplies and printing costs for data collection as the project moves from the initial startup phase.
- Cell phone ($2,400) and educational supplies ($500) remain constant

ii. Year 3: Cost increases to **$4,406**:
- General Office Supplies increases to $1,506 [$125.50/month x 12 months] for printing costs for data collection, filing supplies, dissemination printing, etc. as the project includes longitudinal follow-up with families at 12 months interconception.
- Cell phone ($2,400) and educational supplies ($500) remain constant

iii. Year 4: Cost decreases to **$3,943**:
- General Office Supplies remain decreases to $1,043 [$86.92/month x 12 months] for printing costs for data collection, filing supplies, dissemination printing, etc. as the project continues longitudinal follow-up with families at 12 months interconception.
- Cell phone ($2,400) and Educational supplies ($500) remain constant

f. Contractual: **$335,710**

Contractual costs increase to $335,710 in year 2 and remain constant in years 3 and 4.

- Interpreter Services: Unchanged and constant years 2-4: $960/year
- Produce Supplier Services: Increases to $324,750 [$167,375/contracted produce supplier x 2 suppliers]: A $2,000 increase in administrative cost per contracted suppliers is anticipated as the supplier supports an increasing number of participants and data reporting requirements and frequency increase.

j. Indirect: The Indirect Amount includes the indirect rate of 21.095% applied to direct costs (Total Personnel, Supplies, Travel, Other). The Indirect Amount for Years 2-4 remains constant:

Year 2 - 4: **$28,620**
$28,620 [21.095% x $135,669 direct costs] rounded)

APPLICATION SIGNATURE PAGE
FOR
Maternal Produce Prescription Program (MP3)

This application is contingent upon approval of the application by the metropolitan council, by resolution.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____	7/13/2026
Director, Metro Public Health Department	_____ Date

Certificate Of Completion

Envelope Id: 3F1F4D49-365D-8FA7-83A8-794ED617BCC0
Status: Completed
Subject: Complete with Docusign: Health-Maternal Produce Prescription Program 27-30 App Ready.pdf
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Document Pages: 120
Signatures: 4
Certificate Pages: 16
Initials: 3
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Envelope Originator:
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730 2nd Ave. South 1st Floor
Nashville, TN 37219
Juanita.Paulsen@nashville.gov
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Electronic Record and Signature Disclosure: Not Offered via Docusign		
Aaron Pratt Aaron.Pratt@nashville.gov Security Level: Email, Account Authentication (None)	AP Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.191	Sent: 7/14/2026 2:28:28 PM Viewed: 7/15/2026 8:51:26 AM Signed: 7/15/2026 8:51:37 AM
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Jenneen Reed/mjw MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication (None)	Jenneen Reed/mjw Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100	Sent: 7/15/2026 8:51:40 AM Viewed: 7/15/2026 5:33:56 PM Signed: 7/15/2026 5:34:45 PM
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Balogun Cobb balogun.cobb@nashville.gov Insurance Division Manager Security Level: Email, Account Authentication (None)	Balogun Cobb Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 7/15/2026 5:34:47 PM Viewed: 7/16/2026 6:31:07 AM Signed: 7/16/2026 6:31:14 AM
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Abby Greer Abby.Greer@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 7/16/2026 6:31:18 AM Viewed: 7/16/2026 8:37:29 AM Signed: 7/16/2026 8:37:48 AM
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Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/14/2026 1:54:13 PM
Certified Delivered	Security Checked	7/16/2026 8:59:11 AM
Signing Complete	Security Checked	7/16/2026 8:59:32 AM

Envelope Summary Events	Status	Timestamps
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Service Plan without notice. Subscriber's usage under a Service Plan is measured based on the actual number of Seats as described in the Service Plan on the Site. Once a per-Seat Service Plan is established, the right of the named Authorized User to access and use the Subscription Service is not transferable; any additional or differently named Authorized Users must purchase per-Seat Service Plans to send Envelopes. Extra seats, users and/or per use fees will be charged as set forth in Subscriber's Service Plan if allowed by such Service Plan. If a Services Plan defines a monthly Envelope Allowance (i.e. # Envelopes per month allowed to be sent), all Envelopes sent in excess of the Envelope Allowance will incur a per-Envelope charge. Any unused Envelope Allowances will expire and not carry over from one billing period to another under a Service Plan. Subscriberâ€™s Account will be deemed to have consumed an Envelope at the time the Envelope is sent by Subscriber, regardless of whether Envelopes were received by recipients, or whether recipients have performed any actions upon any eContract in the Envelope. Powerforms are considered Envelopes within an Envelope Allowance Service Plan, and will be deemed consumed at the time they are â€œclickedâ€? by any end user regardless of whether or not any actions are subsequently performed upon such Envelope. For Service Plans that specify the Envelope Allowance is â€œUnlimited,â€? Subscriber is allowed to send a reasonable number of Envelopes from the number of Seats purchased. If DocuSign suspects that the number of Envelopes sent from a particular Seat or a group of Seats is abusive and/or unduly burdensome, DocuSign will promptly notify Subscriber, discuss the use-case scenario with Subscriber and any continued monitoring, additional discussions and/or information required to make a final determination on the course of action based on such information. In the event Subscriber exceeds, in DocuSignâ€™s sole discretion, reasonable use restrictions under a Service Plan, DocuSign reserves the right to transfer Subscriber into a higher-tier Service Plan without notice. If you misrepresent your eligibility for any Service Plan, you agree to pay us the additional amount you would have been charged under the most favorable pricing structure for which you are eligible. DocuSign may discontinue a Service Plan at any time, and with prior notice to you, may migrate your Account to a similar Service Plan that may carry a different fee. You agree to allow us to charge your credit card for the fees associated with a substitute Service Plan, even if those fees are higher than those you agreed to when you registered your Account. Optional asures, are measured at the time of use, and such charges are specific to the number of units of the service(s) used during the billing period. Optional services subject to periodic charges, such as additional secure storage, are charged on the same periodic basis as the Service Plan fees for the Subscription Service. 7. SUBSCRIBER SUPPORT DocuSign will provide Subscriber support to Subscriber as specified in the Service Plan selected by Subscriber, and that is further detailed on DocuSignâ€™s website. 8. STORAGE DocuSign will store eContracts per the terms of the Service Plan selected by Subscriber. For Service Plans that specify the Envelope storage amount is â€œUnlimited,â€? DocuSign will store an amount of Envelopes that is not abusive and/or unduly burdensome, in DocuSignâ€™s sole discretion. Subscriber may retrieve and store copies of eContracts for storage outside of the System at any time during the Term of the Service Plan when Subscriber is in good financial standing under these Terms and Conditions, and may delete or purge eContracts from the System at its own discretion. DocuSign may, at its sole discretion, delete an uncompleted eContract from the System immediately and without notice upon earlier of: (i) expiration of the Envelope (where Subscriber has established an expiration for such Envelope, not to exceed 365 days); or (ii) expiration of the Term. DocuSign assumes no liability or responsibility for a party's failure or inability to electronically sign any eContract within such a period of time. DocuSign may retain Transaction Data for as long as it has a

business purpose to do so. 9. BUSINESS AGREEMENT BENEFITS You may receive or be eligible for certain pricing structures, discounts, features, promotions, and other benefits (collectively, "Benefits") through a business or government Subscriber's agreement with us (a "Business Agreement"). Any and all such Benefits are provided to you solely as a result of the corresponding Business Agreement and such Benefits may be modified or terminated without notice. If you use the Subscription Service where a business or government entity pays your charges or is otherwise liable for the charges, you authorize us to share your account information with that entity and/or its authorized agents. If you are enrolled in a Service Plan or receive certain Benefits tied to a Business Agreement with us, but you are liable for your own charges, then you authorize us to share enough account information with that entity and its authorized agents to verify your continuing eligibility for those Benefits and the Service Plan. 10. FEES AND PAYMENT TERMS The Service Plan rates, charges, and other conditions for use are set forth in the Site. Subscriber will pay DocuSign the applicable charges for the Services Plan as set forth on the Site. If you add more Authorized Users than the number of Seats you purchased, we will add those Authorized Users to your Account and impose additional charges for such additional Seats on an ongoing basis. Charges for pre-paid Service Plans will be billed to Subscriber in advance. Charges for per use purchases and standard Service Plan charges will be billed in arrears. When you register for an Account, you will be required to provide DocuSign with accurate, complete, and current credit card information for a valid credit card that you are authorized to use. You must promptly notify us of any change in your invoicing address or changes related to the credit card used for payment. By completing your registration for the Services Plan, you authorize DocuSign or its agent to bill your credit card the applicable Service Plan charges, any and all applicable taxes, and any other charges you may incur in connection with your use of the Subscription Service, all of which will be charged to your credit card. Each time you use the Subscription Service, or allow or cause the Subscription Service to be used, you reaffirm that we are authorized to charge your credit card. You may terminate your Account and revoke your credit card authorization as set forth in the Term and Termination section of these Terms and Conditions. We will provide you with one invoice in a format we choose, which may change from time to time, for all Subscription Service associated with each Account and any charges of a third party on whose behalf we bill. Payment of all charges is due and will be charged to your credit card upon your receipt of an invoice. Billing cycle end dates may change from time to time. When a billing cycle covers less than or more than a full month, we may make reasonable adjustments and/or prorations. If your Account is a qualified business account and is approved by us in writing for corporate billing, charges will be accumulated, identified by Account identification number, and invoiced on a monthly basis. You agree that we may (at our option) accumulate charges incurred during your monthly billing cycle and submit them as one or more aggregate charges during or at the end of each cycle, and that we may delay obtaining authorization from your credit card issuer until submission of the accumulated charge(s). This means that accumulated charges may appear on the statement you receive from your credit card issuer. If DocuSign does not receive payment from your credit card provider, you agree to pay all amounts due upon demand. DocuSign reserves the right to correct any errors or mistakes that it makes even if it has already requested or received payment. Your credit card issuer's agreement governs your use of your credit card in connection with the Subscription Service, and you must refer to such agreement (not these Terms and Conditions) with respect to your rights and liabilities as a cardholder. You are solely responsible for any and all fees charged to your credit card by the issuer, bank, or financial institution including, but not limited to, membership,

overdraft, insufficient funds, and over the credit limit fees. You agree to notify us about any billing problems or discrepancies within 20 days after they first appear on your invoice. If you do not bring them to our attention within 20 days, you agree that you waive your right to dispute such problems or discrepancies. We may modify the price, content, or nature of the Subscription Service and/or your Service Plan at any time. If we modify any of the foregoing terms, you may cancel your use of the Subscription Service. We may provide notice of any such changes by e-mail, notice to you upon log-in, or by publishing them on the Site. Your payment obligations survive any termination of your use of the Subscription Service before the end of the billing cycle. Any amount not paid when due will be subject to finance charges equal to 1.5% of the unpaid balance per month or the highest rate permitted by applicable usury law, whichever is less, determined and compounded daily from the date due until the date paid. Subscriber will reimburse any costs or expenses (including, but not limited to, reasonable attorneysâ€™ fees) incurred by DocuSign to collect any amount that is not paid when due. DocuSign may accept any check or payment in any amount without prejudice to DocuSignâ€™s right to recover the balance of the amount due or to pursue any other right or remedy. Amounts due to DocuSign under these Terms and Conditions may not be withheld or offset by Subscriber for any reason against amounts due or asserted to be due to Subscriber from DocuSign. Unless otherwise noted and Conditions are denominated in United States dollars, and Subscriber will pay all such amounts in United States dollars. Other than federal and state net income taxes imposed on DocuSign by the United States, Subscriber will bear all taxes, duties, VAT and other governmental charges (collectively, â€œtaxesâ€?) resulting from these Terms and Conditions or transactions conducted in relation to these Terms and Conditions. Subscriber will pay any additional taxes as are necessary to ensure that the net amounts received and retained by DocuSign after all such taxes are paid are equal to the amounts that DocuSign would have been entitled to in accordance with these Terms and Conditions as if the taxes did not exist. 11. DEPOSITS, SERVICE LIMITS, CREDIT REPORTS, AND RETURN OF BALANCES You authorize us to ask consumer reporting agencies or trade references to furnish us with employment and credit information, and you consent to our rechecking and reporting personal and/or business payment and credit history if, in our sole discretion, we so choose. If you believe that we have reported inaccurate information about your account to a consumer reporting agency, you may send a written notice describing the specific inaccuracy to the address provided in the Notices section below. For you to use the Subscription Service, we may require a deposit or set a service limit. The deposit will be held as a partial guarantee of payment. It cannot be used by you to pay your invoice or delayed payment. Unless otherwise required by law, deposits may be mixed with other funds and will not earn interest. We reserve the right to increase your deposit if we deem appropriate. You may request that we reevaluate your deposit on an annual basis, which may result in a partial or total refund of the deposit to you or credit to your account. If you default or these Terms and Conditions are terminated, we may, without notice to you, apply any deposit towards payment of any amounts you owe to us. After approximately 90 days following termination of these Terms and Conditions, any remaining deposit or other credit balance in excess of amounts owed will be returned without interest, unless otherwise required by law, to you at your last known address. You agree that any amounts under $15 will not be refunded to cover our costs of closing your account. If the deposit balance is undeliverable and returned to us, we will hold it for you for one year from the date of return and, during that period, we may charge a service fee against the deposit balance. You hereby grant us a security interest in any deposit we require to secure the performance of your obligations under these Terms and

Conditions. 12. TERM AND TERMINATION The term of these Terms and Conditions for each Account begins on the date you register for an Account and continues for the term specified by the Service Plan you purchase (the â€œTermâ€?). You may terminate your Account at any time upon 10 days advance written notice to DocuSign following the Notice procedures set forth in these Terms and Conditions. Unless you terminate your Account or you set your Account to not auto renew, your Service Plan will automatically renew at the end of its Term (each a â€œRenewal Termâ€?), and you authorize us (without notice) to collect the then-applicable fee and any taxes for the renewed Service Plan, using any credit card we have on record for you. Service Plan fees and features may change over time. Your Service Plan for a Renewal Term will be the one we choose as being closest to your Service Plan from the prior Term. For any termination (including when you switch your Account), you will be responsible for payment of all fees and charges through the end of the billing cycle in which termination occurs. If you terminate your annual Service Plan Account within the first 30 days of the Term, you may submit written request to DocuSign following the Notice procedures set forth in these Terms and Conditions, for a full refund of the prepaid fees paid by you to DocuSign. You will be limited to one refund. You agree that termination of an annual Service Plan after the first 30 days will not entitle you to any refund of prepaid fees. You will be in default of these Terms and Conditions if you: (a) fail to pay any amount owed to us or an affiliate of ours or any amount appearing on your invoice; (b) have amounts still owing to us or an affiliate of ours from a prior account; (c) breach any provision of these Terms and Conditions; (d) violate any policy applicable to the Subscription Service; (e) are subject to any proceeding under the Bankruptcy Code or similar laws; or (f) if, in our sole discretion, we believe that your continued use of the Subscription Service presents a threat to the security of other users of the Subscription Service. If you are in default, we may, without notice to you, suspend your Account and use of the Subscription Service, withhold refunds and terminate your Account, in addition to all other remedies available to us. We may require reactivation charges to reactivate your Account after termination or suspension. The following provisions will survive the termination of these Terms and Conditions and your Account: Sections 3, 9-11, and 15-23. 13. SUBSCRIBER WARRANTIES You hereby represent and warrant to DocuSign that: (a) you have all requisite rights and authority to use the Subscription Service under these Terms and Conditions and to grant all applicable rights herein; (b) the performance of your obligations under these Terms and Conditions will not violate, conflict with, or result in a default under any other agreement, including confidentiality agreements between you and third parties; (c) you will use the Subscription Service for lawful purposes only and subject to these Terms and Conditions; (d) you are responsible for all use of the Subscription Service in your Account; (e) you are solely responsible for maintaining the confidentiality of your Account names and password(s); (f) you agree to immediately notify us of any unauthorized use of your Account of which you become aware; (g) you agree that DocuSign will not be liable for any losses incurred as a result of a third party's use of your Account, regardless of whether such use is with or without your knowledge and consent; (h) you will not use the Subscription Service in any manner that could damage, disable, overburden or impair the System, or interfere with another's use of the Subscription Service by others; (i) any information submitted to DocuSign by you is true, accurate, and correct; and (j) you will not attempt to gain unauthorized access to the System or the Subscription Service, other accounts, computer systems, or networks under the control or responsibility of DocuSign through hacking, cracking, password mining, or any other unauthorized means. 14. DOCUSIGN WARRANTIES DocuSign represents and warrants that: (a) the Subscription Service as delivered to Subscriber

and used in accordance with the Specifications will not infringe on any United States patent, copyright or trade secret; (b) the Subscription Service will be performed in accordance with the Specifications in their then-current form at the time of the provision of such Subscription Service; (c) any DocuSign Products that are software shall be free of harmful or illicit code, trapdoors, viruses, or other harmful features; (d) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract not involving any consumer will be sufficient under the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. Â§Â§ 7001 et seq. (the â€œESIGN Actâ€?) to ESIGN Act; (e) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract involving a consumer will be sufficient under the ESIGN Act to support the validity of such formation, to the extent provided in the ESIGN Act, so long as and provided that Subscriber complies with all special requirements for consumer eContracts, including and subject to those referenced in Section 4.(f) and (g) above; and (f) DocuSign has implemented information security policies and safeguards to preserve the security, integrity, and confidentiality of eContracts and to protect against unauthorized access and anticipated threats or hazards thereto, that meet the objectives of the Interagency Guidelines Establishing Standards for Safeguarding Subscriber Information as set forth in Section 501 (b) of the Gramm-Leach-Bliley Act. 15. DISCLAIMER OF WARRANTIES EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES EXPRESSLY PROVIDED IN SECTION 14 OF THESE TERMS AND CONDITIONS, THE SUBSCRIPTION SERVICE AND THE SITE ARE PROVIDED â€œAS IS,â€? AND DOCUSIGN: (a) MAKES NO ADDITIONAL REPRESENTATION OR WARRANTY OF ANY KIND WHETHER EXPRESS, IMPLIED (EITHER IN FACT OR BY OPERATION OF LAW), OR STATUTORY, AS TO ANY MATTER WHATSOEVER; (b) EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, QUALITY, ACCURACY, AND TITLE; AND (c) DOES NOT WARRANT THAT THE SUBSCRIPTION SERVICE OR SITE ARE OR WILL BE ERROR-FREE, WILL MEET SUBSCRIBERâ€™S REQUIREMENTS, OR BE TIMELY OR SECURE. SUBSCRIBER WILL BE SOLELY RESPONSIBLE FOR ANY DAMAGE RESULTING FROM THE USE OF THE SUBSCRIPTION SERVICE OR SITE. SUBSCRIBER WILL NOT HAVE THE RIGHT TO MAKE OR PASS ON ANY REPRESENTATION OR WARRANTY ON BEHALF OF DOCUSIGN TO ANY THIRD PARTY. USE OF THE SUBSCRIPTION SERVICE AND SITE ARE AT YOUR SOLE RISK. Because some states and jurisdictions do not allow limitations on implied warranties, the above limitation may not apply to you. In that event, such warranties are limited to the minimum warranty period allowed by the applicable law. 16. SUBSCRIBER INDEMNIFICATION OBLIGATIONS You will defend, indemnify, and hold us, our affiliates, officers, directors, employees, suppliers, consultants, and agents harmless from any and all third party claims, liability, damages, and costs (including, but not limited to, attorneys' fees) arising from or related to: (a) your use of the Subscription Service; (b) your violation of these Terms and Conditions; (c) your infringement, or infringement by any other user of your Account, of any intellectual property or other right of any person or entity; or (d) the nature and content of all materials, works, data, statements, and other visual, graphical, written, or audible communications of any nature submitted by any Authorized User of your Account or otherwise processed through your Account. 17. LIMITATIONS OF LIABILITY NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THESE TERMS AND CONDITIONS, DOCUSIGN WILL NOT, UNDER ANY CIRCUMSTANCES, BE LIABLE TO SUBSCRIBER

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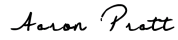
Aaron Pratt Aaron.Pratt@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100	Sent: 8/3/2026 10:34:23 AM Viewed: 8/3/2026 12:28:53 PM Signed: 8/3/2026 12:29:02 PM
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Jenneen Reed/mjw MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100	Sent: 8/3/2026 12:29:04 PM Viewed: 8/4/2026 10:57:30 AM Signed: 8/4/2026 10:59:20 AM
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Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/4/2026 11:01:15 AM ID: c688f3bb-e35e-40e5-9b6b-422e9b06bae4	COPIED	Sent: 8/4/2026 11:22:25 AM Viewed: 8/4/2026 11:24:18 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/3/2026 9:56:36 AM
Certified Delivered	Security Checked	8/4/2026 11:21:52 AM
Signing Complete	Security Checked	8/4/2026 11:22:22 AM
Completed	Security Checked	8/4/2026 11:22:25 AM

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Service Plan without notice. Subscriber's usage under a Service Plan is measured based on the actual number of Seats as described in the Service Plan on the Site. Once a per-Seat Service Plan is established, the right of the named Authorized User to access and use the Subscription Service is not transferable; any additional or differently named Authorized Users must purchase per-Seat Service Plans to send Envelopes. Extra seats, users and/or per use fees will be charged as set forth in Subscriber's Service Plan if allowed by such Service Plan. If a Services Plan defines a monthly Envelope Allowance (i.e. # Envelopes per month allowed to be sent), all Envelopes sent in excess of the Envelope Allowance will incur a per-Envelope charge. Any unused Envelope Allowances will expire and not carry over from one billing period to another under a Service Plan. Subscriberâ€™s Account will be deemed to have consumed an Envelope at the time the Envelope is sent by Subscriber, regardless of whether Envelopes were received by recipients, or whether recipients have performed any actions upon any eContract in the Envelope. Powerforms are considered Envelopes within an Envelope Allowance Service Plan, and will be deemed consumed at the time they are â€œclickedâ€? by any end user regardless of whether or not any actions are subsequently performed upon such Envelope. For Service Plans that specify the Envelope Allowance is â€œUnlimited,â€? Subscriber is allowed to send a reasonable number of Envelopes from the number of Seats purchased. If DocuSign suspects that the number of Envelopes sent from a particular Seat or a group of Seats is abusive and/or unduly burdensome, DocuSign will promptly notify Subscriber, discuss the use-case scenario with Subscriber and any continued monitoring, additional discussions and/or information required to make a final determination on the course of action based on such information. In the event Subscriber exceeds, in DocuSignâ€™s sole discretion, reasonable use restrictions under a Service Plan, DocuSign reserves the right to transfer Subscriber into a higher-tier Service Plan without notice. If you misrepresent your eligibility for any Service Plan, you agree to pay us the additional amount you would have been charged under the most favorable pricing structure for which you are eligible. DocuSign may discontinue a Service Plan at any time, and with prior notice to you, may migrate your Account to a similar Service Plan that may carry a different fee. You agree to allow us to charge your credit card for the fees associated with a substitute Service Plan, even if those fees are higher than those you agreed to when you registered your Account. Optional asures, are measured at the time of use, and such charges are specific to the number of units of the service(s) used during the billing period. Optional services subject to periodic charges, such as additional secure storage, are charged on the same periodic basis as the Service Plan fees for the Subscription Service. 7. SUBSCRIBER SUPPORT DocuSign will provide Subscriber support to Subscriber as specified in the Service Plan selected by Subscriber, and that is further detailed on DocuSignâ€™s website. 8. STORAGE DocuSign will store eContracts per the terms of the Service Plan selected by Subscriber. For Service Plans that specify the Envelope storage amount is â€œUnlimited,â€? DocuSign will store an amount of Envelopes that is not abusive and/or unduly burdensome, in DocuSignâ€™s sole discretion. Subscriber may retrieve and store copies of eContracts for storage outside of the System at any time during the Term of the Service Plan when Subscriber is in good financial standing under these Terms and Conditions, and may delete or purge eContracts from the System at its own discretion. DocuSign may, at its sole discretion, delete an uncompleted eContract from the System immediately and without notice upon earlier of: (i) expiration of the Envelope (where Subscriber has established an expiration for such Envelope, not to exceed 365 days); or (ii) expiration of the Term. DocuSign assumes no liability or responsibility for a party's failure or inability to electronically sign any eContract within such a period of time. DocuSign may retain Transaction Data for as long as it has a

business purpose to do so. 9. BUSINESS AGREEMENT BENEFITS You may receive or be eligible for certain pricing structures, discounts, features, promotions, and other benefits (collectively, "Benefits") through a business or government Subscriber's agreement with us (a "Business Agreement"). Any and all such Benefits are provided to you solely as a result of the corresponding Business Agreement and such Benefits may be modified or terminated without notice. If you use the Subscription Service where a business or government entity pays your charges or is otherwise liable for the charges, you authorize us to share your account information with that entity and/or its authorized agents. If you are enrolled in a Service Plan or receive certain Benefits tied to a Business Agreement with us, but you are liable for your own charges, then you authorize us to share enough account information with that entity and its authorized agents to verify your continuing eligibility for those Benefits and the Service Plan. 10. FEES AND PAYMENT TERMS The Service Plan rates, charges, and other conditions for use are set forth in the Site. Subscriber will pay DocuSign the applicable charges for the Services Plan as set forth on the Site. If you add more Authorized Users than the number of Seats you purchased, we will add those Authorized Users to your Account and impose additional charges for such additional Seats on an ongoing basis. Charges for pre-paid Service Plans will be billed to Subscriber in advance. Charges for per use purchases and standard Service Plan charges will be billed in arrears. When you register for an Account, you will be required to provide DocuSign with accurate, complete, and current credit card information for a valid credit card that you are authorized to use. You must promptly notify us of any change in your invoicing address or changes related to the credit card used for payment. By completing your registration for the Services Plan, you authorize DocuSign or its agent to bill your credit card the applicable Service Plan charges, any and all applicable taxes, and any other charges you may incur in connection with your use of the Subscription Service, all of which will be charged to your credit card. Each time you use the Subscription Service, or allow or cause the Subscription Service to be used, you reaffirm that we are authorized to charge your credit card. You may terminate your Account and revoke your credit card authorization as set forth in the Term and Termination section of these Terms and Conditions. We will provide you with one invoice in a format we choose, which may change from time to time, for all Subscription Service associated with each Account and any charges of a third party on whose behalf we bill. Payment of all charges is due and will be charged to your credit card upon your receipt of an invoice. Billing cycle end dates may change from time to time. When a billing cycle covers less than or more than a full month, we may make reasonable adjustments and/or prorations. If your Account is a qualified business account and is approved by us in writing for corporate billing, charges will be accumulated, identified by Account identification number, and invoiced on a monthly basis. You agree that we may (at our option) accumulate charges incurred during your monthly billing cycle and submit them as one or more aggregate charges during or at the end of each cycle, and that we may delay obtaining authorization from your credit card issuer until submission of the accumulated charge(s). This means that accumulated charges may appear on the statement you receive from your credit card issuer. If DocuSign does not receive payment from your credit card provider, you agree to pay all amounts due upon demand. DocuSign reserves the right to correct any errors or mistakes that it makes even if it has already requested or received payment. Your credit card issuer's agreement governs your use of your credit card in connection with the Subscription Service, and you must refer to such agreement (not these Terms and Conditions) with respect to your rights and liabilities as a cardholder. You are solely responsible for any and all fees charged to your credit card by the issuer, bank, or financial institution including, but not limited to, membership,

overdraft, insufficient funds, and over the credit limit fees. You agree to notify us about any billing problems or discrepancies within 20 days after they first appear on your invoice. If you do not bring them to our attention within 20 days, you agree that you waive your right to dispute such problems or discrepancies. We may modify the price, content, or nature of the Subscription Service and/or your Service Plan at any time. If we modify any of the foregoing terms, you may cancel your use of the Subscription Service. We may provide notice of any such changes by e-mail, notice to you upon log-in, or by publishing them on the Site. Your payment obligations survive any termination of your use of the Subscription Service before the end of the billing cycle. Any amount not paid when due will be subject to finance charges equal to 1.5% of the unpaid balance per month or the highest rate permitted by applicable usury law, whichever is less, determined and compounded daily from the date due until the date paid. Subscriber will reimburse any costs or expenses (including, but not limited to, reasonable attorneysâ€™ fees) incurred by DocuSign to collect any amount that is not paid when due. DocuSign may accept any check or payment in any amount without prejudice to DocuSignâ€™s right to recover the balance of the amount due or to pursue any other right or remedy. Amounts due to DocuSign under these Terms and Conditions may not be withheld or offset by Subscriber for any reason against amounts due or asserted to be due to Subscriber from DocuSign. Unless otherwise noted and Conditions are denominated in United States dollars, and Subscriber will pay all such amounts in United States dollars. Other than federal and state net income taxes imposed on DocuSign by the United States, Subscriber will bear all taxes, duties, VAT and other governmental charges (collectively, â€œtaxesâ€?) resulting from these Terms and Conditions or transactions conducted in relation to these Terms and Conditions. Subscriber will pay any additional taxes as are necessary to ensure that the net amounts received and retained by DocuSign after all such taxes are paid are equal to the amounts that DocuSign would have been entitled to in accordance with these Terms and Conditions as if the taxes did not exist. 11. DEPOSITS, SERVICE LIMITS, CREDIT REPORTS, AND RETURN OF BALANCES You authorize us to ask consumer reporting agencies or trade references to furnish us with employment and credit information, and you consent to our rechecking and reporting personal and/or business payment and credit history if, in our sole discretion, we so choose. If you believe that we have reported inaccurate information about your account to a consumer reporting agency, you may send a written notice describing the specific inaccuracy to the address provided in the Notices section below. For you to use the Subscription Service, we may require a deposit or set a service limit. The deposit will be held as a partial guarantee of payment. It cannot be used by you to pay your invoice or delayed payment. Unless otherwise required by law, deposits may be mixed with other funds and will not earn interest. We reserve the right to increase your deposit if we deem appropriate. You may request that we reevaluate your deposit on an annual basis, which may result in a partial or total refund of the deposit to you or credit to your account. If you default or these Terms and Conditions are terminated, we may, without notice to you, apply any deposit towards payment of any amounts you owe to us. After approximately 90 days following termination of these Terms and Conditions, any remaining deposit or other credit balance in excess of amounts owed will be returned without interest, unless otherwise required by law, to you at your last known address. You agree that any amounts under $15 will not be refunded to cover our costs of closing your account. If the deposit balance is undeliverable and returned to us, we will hold it for you for one year from the date of return and, during that period, we may charge a service fee against the deposit balance. You hereby grant us a security interest in any deposit we require to secure the performance of your obligations under these Terms and

Conditions. 12. TERM AND TERMINATION The term of these Terms and Conditions for each Account begins on the date you register for an Account and continues for the term specified by the Service Plan you purchase (the â€œTermâ€?). You may terminate your Account at any time upon 10 days advance written notice to DocuSign following the Notice procedures set forth in these Terms and Conditions. Unless you terminate your Account or you set your Account to not auto renew, your Service Plan will automatically renew at the end of its Term (each a â€œRenewal Termâ€?), and you authorize us (without notice) to collect the then-applicable fee and any taxes for the renewed Service Plan, using any credit card we have on record for you. Service Plan fees and features may change over time. Your Service Plan for a Renewal Term will be the one we choose as being closest to your Service Plan from the prior Term. For any termination (including when you switch your Account), you will be responsible for payment of all fees and charges through the end of the billing cycle in which termination occurs. If you terminate your annual Service Plan Account within the first 30 days of the Term, you may submit written request to DocuSign following the Notice procedures set forth in these Terms and Conditions, for a full refund of the prepaid fees paid by you to DocuSign. You will be limited to one refund. You agree that termination of an annual Service Plan after the first 30 days will not entitle you to any refund of prepaid fees. You will be in default of these Terms and Conditions if you: (a) fail to pay any amount owed to us or an affiliate of ours or any amount appearing on your invoice; (b) have amounts still owing to us or an affiliate of ours from a prior account; (c) breach any provision of these Terms and Conditions; (d) violate any policy applicable to the Subscription Service; (e) are subject to any proceeding under the Bankruptcy Code or similar laws; or (f) if, in our sole discretion, we believe that your continued use of the Subscription Service presents a threat to the security of other users of the Subscription Service. If you are in default, we may, without notice to you, suspend your Account and use of the Subscription Service, withhold refunds and terminate your Account, in addition to all other remedies available to us. We may require reactivation charges to reactivate your Account after termination or suspension. The following provisions will survive the termination of these Terms and Conditions and your Account: Sections 3, 9-11, and 15-23. 13. SUBSCRIBER WARRANTIES You hereby represent and warrant to DocuSign that: (a) you have all requisite rights and authority to use the Subscription Service under these Terms and Conditions and to grant all applicable rights herein; (b) the performance of your obligations under these Terms and Conditions will not violate, conflict with, or result in a default under any other agreement, including confidentiality agreements between you and third parties; (c) you will use the Subscription Service for lawful purposes only and subject to these Terms and Conditions; (d) you are responsible for all use of the Subscription Service in your Account; (e) you are solely responsible for maintaining the confidentiality of your Account names and password(s); (f) you agree to immediately notify us of any unauthorized use of your Account of which you become aware; (g) you agree that DocuSign will not be liable for any losses incurred as a result of a third party's use of your Account, regardless of whether such use is with or without your knowledge and consent; (h) you will not use the Subscription Service in any manner that could damage, disable, overburden or impair the System, or interfere with another's use of the Subscription Service by others; (i) any information submitted to DocuSign by you is true, accurate, and correct; and (j) you will not attempt to gain unauthorized access to the System or the Subscription Service, other accounts, computer systems, or networks under the control or responsibility of DocuSign through hacking, cracking, password mining, or any other unauthorized means. 14. DOCUSIGN WARRANTIES DocuSign represents and warrants that: (a) the Subscription Service as delivered to Subscriber

and used in accordance with the Specifications will not infringe on any United States patent, copyright or trade secret; (b) the Subscription Service will be performed in accordance with the Specifications in their then-current form at the time of the provision of such Subscription Service; (c) any DocuSign Products that are software shall be free of harmful or illicit code, trapdoors, viruses, or other harmful features; (d) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract not involving any consumer will be sufficient under the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. Â§Â§ 7001 et seq. (the â€œESIGN Actâ€?) to ESIGN Act; (e) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract involving a consumer will be sufficient under the ESIGN Act to support the validity of such formation, to the extent provided in the ESIGN Act, so long as and provided that Subscriber complies with all special requirements for consumer eContracts, including and subject to those referenced in Section 4.(f) and (g) above; and (f) DocuSign has implemented information security policies and safeguards to preserve the security, integrity, and confidentiality of eContracts and to protect against unauthorized access and anticipated threats or hazards thereto, that meet the objectives of the Interagency Guidelines Establishing Standards for Safeguarding Subscriber Information as set forth in Section 501 (b) of the Gramm-Leach-Bliley Act. 15. DISCLAIMER OF WARRANTIES EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES EXPRESSLY PROVIDED IN SECTION 14 OF THESE TERMS AND CONDITIONS, THE SUBSCRIPTION SERVICE AND THE SITE ARE PROVIDED â€œAS IS,â€? AND DOCUSIGN: (a) MAKES NO ADDITIONAL REPRESENTATION OR WARRANTY OF ANY KIND WHETHER EXPRESS, IMPLIED (EITHER IN FACT OR BY OPERATION OF LAW), OR STATUTORY, AS TO ANY MATTER WHATSOEVER; (b) EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, QUALITY, ACCURACY, AND TITLE; AND (c) DOES NOT WARRANT THAT THE SUBSCRIPTION SERVICE OR SITE ARE OR WILL BE ERROR-FREE, WILL MEET SUBSCRIBERâ€™S REQUIREMENTS, OR BE TIMELY OR SECURE. SUBSCRIBER WILL BE SOLELY RESPONSIBLE FOR ANY DAMAGE RESULTING FROM THE USE OF THE SUBSCRIPTION SERVICE OR SITE. SUBSCRIBER WILL NOT HAVE THE RIGHT TO MAKE OR PASS ON ANY REPRESENTATION OR WARRANTY ON BEHALF OF DOCUSIGN TO ANY THIRD PARTY. USE OF THE SUBSCRIPTION SERVICE AND SITE ARE AT YOUR SOLE RISK. Because some states and jurisdictions do not allow limitations on implied warranties, the above limitation may not apply to you. In that event, such warranties are limited to the minimum warranty period allowed by the applicable law. 16. SUBSCRIBER INDEMNIFICATION OBLIGATIONS You will defend, indemnify, and hold us, our affiliates, officers, directors, employees, suppliers, consultants, and agents harmless from any and all third party claims, liability, damages, and costs (including, but not limited to, attorneys' fees) arising from or related to: (a) your use of the Subscription Service; (b) your violation of these Terms and Conditions; (c) your infringement, or infringement by any other user of your Account, of any intellectual property or other right of any person or entity; or (d) the nature and content of all materials, works, data, statements, and other visual, graphical, written, or audible communications of any nature submitted by any Authorized User of your Account or otherwise processed through your Account. 17. LIMITATIONS OF LIABILITY NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THESE TERMS AND CONDITIONS, DOCUSIGN WILL NOT, UNDER ANY CIRCUMSTANCES, BE LIABLE TO SUBSCRIBER

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