



*Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary*

Maryland Commission on Health Equity

## **Request for Applications**

**SFY 2027**

### **Population Health Improvement Fund (PHIF): Produce Prescriptions (Produce Rx)**

Date Issued: June 22, 2026

Informational Webinar: June 29, 2026 from 3-4PM EST via Google Meet

Google Meet joining info

Video call link: <https://meet.google.com/bus-hvwx-xue>

Or dial: (US) +1 475-441-4596 PIN: 980 500 325#

More phone numbers: <https://tel.meet/bus-hvwx-xue?pin=1896524886955>

Letters of Intent (LOI) Due: July 20, 2026 to email

Letters of Intent to Be Sent To: [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov)

Questions Due: August 3, 2026 to email

Questions To Be Sent To: [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov)

Application Due: August 17, 2026 at 5PM to email

Applications To Be Sent To: [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov)

#### **I. Summary**

The Maryland Department of Health (MDH or the Department) Office of Population Health and Strategic Initiatives (OPHSI) is issuing this Request for Applications (RFA).

The anticipated duration of services to be provided is September 15, 2026 - June 30, 2028. Awards will be structured in two separate grant agreements by State Fiscal Year.

The total amount of funding available through this RFA is \$10 million. The Department intends to make multiple awards as a result of this RFA.

## II. Applicant Mandatory Requirements

Applicants must provide proof within the application that the following Mandatory Requirements have been met:

**2.1 Produce Prescription Coalition.** Applicants must apply as a Produce Prescription Coalition, defined as two or more organizations operating together to implement a produce prescription program. Each Coalition must designate a Lead Applicant.

**Examples of Possible Coalition Members:** Community-Based Organizations, Local Health Departments, Hospitals, Food Banks and Pantries, Social Service Providers, Health Systems, Federally Qualified Health Centers (FQHCs), Faith-Based Organizations, Farms and Farming Collectives, Healthcare Providers and Provider Groups, Area Agencies on Aging (AAAs), Universities, Community Coalitions and Resident Leadership Groups, Grocery Stores and Farmers Markets, Schools

**2.2 Service to ENOUGH Communities.** The proposed produce prescription must serve an ENOUGH-eligible community. ENOUGH-eligible communities are defined as communities with at least one U.S. Census tract that has 1) a child poverty rate greater than 30% and 2) intersects a Maryland public school catchment zone of a school with a school poverty rate of 75% or higher. A map of ENOUGH-eligible communities can be found at <https://experience.arcgis.com/experience/8b24a4ffb5ee4670af96d7b174c1933b/>.

**2.3 Eligible Entity Status.** The Lead Applicant must be one of the following:

1. Social Organization: As defined by Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland.
  - a. Social organizations (excluding government or academic entities) must be non-profit organizations classified by the IRS as tax-exempt under Section 501(c)(3).
  - b. Required Documentation: Applicants must provide a copy of their IRS tax-exempt status determination letter (or that of their fiscal sponsor).
2. A Government or Academic Entity: Including local or state government agencies, public colleges, or state universities.

**2.4 Maryland State Standing.** At the time of the award, all members of the Coalition must be:

1. In Good Standing with the Maryland State Department of Assessments and Taxation (SDAT).
2. Tax Compliant, as certified by the Maryland Comptroller's Office, ensuring all state tax payments are current.

## III. Background

The State has signed an agreement with the federal Center for Medicare and Medicaid Innovation ("CMMI") to transition Maryland into the Achieving Healthcare Efficiency through Accountable Design ("AHEAD") model. AHEAD is a total cost of care model that aims to improve statewide health care quality and population health while curbing cost growth.

As part of the AHEAD State Agreement, Maryland was required to create a dedicated fund to support statewide population health improvement initiatives and "address upstream drivers of health." In the 2025 legislative session, HB1104 established a special, nonlapsing source of funds to reduce rates of common preventable health conditions, address health-related social needs, and or reduce or eliminate health

disparities. This fund (the “Population Health Improvement Fund” or “PHIF”) is jointly administered by the Department of Health and the Health Services Cost Review Commission (HSCRC).

The HSCRC Commissioners voted (Dec. 2024) for a one-time, statewide adjustment of rates of \$25 million in CY 2025, designed to advance Maryland’s population health goals and fund the PHIF. The PHIF was established as an interest-earning fund as Fund 3096. The PHIF will be used to implement Food Is Medicine initiatives with the initial allocation of \$25 million, of which \$10 million will be used to support produce prescriptions in ENOUGH-eligible communities. Produce prescriptions are an evidence-based Food Is Medicine tool to improve health outcomes by improving food security and diet. A produce prescription is defined as a program in which a patient is prescribed free produce (fruits and vegetables) by a healthcare provider (examples: doctor, nurse, social worker, community health worker) to treat or prevent a health condition.

The ENOUGH (“Engaging Neighborhoods, Organizations, Unions, Governments, and Households”) Initiative, led by the Governor’s Office for Children (GOC), intends to tackle the root causes of childhood poverty by working with impacted communities to develop local solutions and improve access to quality healthcare, safer communities, good schools, and good jobs. GOC defines ENOUGH-eligible jurisdictions as communities with at least one U.S. Census tract that has a child poverty rate of 30% or higher and intersects a Maryland public school catchment zone of a school with a school poverty rate of 75% or higher. Produce prescriptions can serve as one tool to improve health outcomes in areas of concentrated poverty. Produce prescriptions provide intensive lifestyle change support for a time-limited period. This funding opportunity will also serve to connect community members with longer-term food resources and access to primary care, and support wraparound services that can catalyze health improvement. ENOUGH communities that are currently receiving grant funding from GOC are being prioritized for funding due to existing capacity-building efforts that can help produce prescriptions be more impactful (see *Section IX. Evaluation* for more information).

In addition to immediately funding produce prescriptions in ENOUGH-eligible communities through this RFA, MDH is considering mechanisms to incorporate Food Is Medicine into routine, reimbursable healthcare. The impact of this program will support longer-term sustainability planning.

This RFA was developed in collaboration with the PHIF Subcommittee. PHIF Subcommittee membership includes: subject matter experts in produce prescriptions, hospitals and health systems, insurers, philanthropic funders, healthcare providers, dietitians, community-based organizations, farmers, Federally Qualified Health Centers, Department of Agriculture, Department of Labor, Department of Emergency Management, HSCRC, GOC, and Medicaid. MDH also consulted community organizations serving ENOUGH communities.

## IV. Purpose

The purpose of this RFA is to fund high-quality, culturally appropriate, community-tailored produce prescriptions to improve the health of Marylanders living in high-poverty areas.

## V. Scope of Work

Applicants shall implement a produce prescription program that does the following:

1. The produce prescription should serve **at least one** of the following clinical populations within an ENOUGH-eligible area.
  - a. *Adults with a high-risk pregnancy*: pregnancy with increased risk for complications due to pre-existing conditions such as diabetes, obesity, or hypertension, new pregnancy

- complications (e.g., preeclampsia), maternal factors (e.g., multiple births), and/or fetal conditions (e.g., birth defects)
- b. *Adults with hypertension*: adults who have high blood pressure
- c. *Other populations*: Other populations with nutrition-sensitive conditions (diabetes, prediabetes, obesity, other cardiometabolic diseases) can be proposed by the Applicant.
- 2. Applicants' proposed projects should:
  - a. Identify eligible patients who could benefit from a produce prescription. In addition to meeting the clinical criteria (see above), patients should be screened and identified as nutritionally at-risk (food insecure, nutritionally insecure, low-diet quality) in order to be eligible. Applicants should demonstrate a strong plan for building community trust in the program.
  - b. Prescribe a produce prescription to eligible patients.
  - c. Deliver produce boxes to patients with a prescription for **6 months**.
    - i. Produce boxes should be culturally relevant, allow for patient choice, and inclusive of the whole family and/or household members. Boxes should provide a meaningful amount of produce that can accomplish health improvements. The Applicant should provide support to the patients in using the produce, such as recipe cards.
    - ii. Boxes should be delivered to patients' homes. If the Applicant is proposing a project in which boxes will instead be available for pick-up, the Applicant must justify why this is preferable to the community being served.
    - iii. Applicants should detail strategies that will maximize patient retention over the full 6 month service period.
    - iv. The State will give preference to Applicants who are incorporating produce boxes from Maryland agricultural producers (see [https://mda.maryland.gov/maryland\\_products/pages/certified-local-farm.aspx](https://mda.maryland.gov/maryland_products/pages/certified-local-farm.aspx) for the Maryland Department of Agriculture Certified Local Farm and Fish provider directory).
  - d. Connect patients to primary and/or prenatal care, as needed.
  - e. Provide evidence-based wraparound services to patients with a produce prescription or connect patients to existing wraparound services available in the community. Applicants should demonstrate how the proposed project will provide a warm hand-off to other resources at the close of the 6 month service period. Wraparound services should be culturally appropriate for the population served (e.g., nutrition education classes should be offered in the language of the participants).
    - i. Evidence-based wraparound services may include, but are not limited to:
      - 1. Nutrition education through experiential learning and cooking demonstrations or classes.
      - 2. Popular education approaches to nutrition education, including leadership opportunities or training for participants to become peer educators around nutrition topics.
      - 3. Kitchen equipment.
      - 4. Peer navigators who provide personalized support.
      - 5. Connection and referral to State benefits and resources.
      - 6. Opportunities for social connection between participating patients.
- 3. Applicants must participate in the evaluation of the PHIF Food Is Medicine program.

## VI. Requirements

### 6.1 Fiscal Requirements:

- The grantee shall **not** use this award for the following:
  - To support the costs of operating clinical trials of investigational agents, equipment or treatments;
  - To make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State activities;
  - To pay property taxes;
  - Alcoholic beverages;
  - Bonuses or Commissions;
  - Construction/Capital Expenses/Land Acquisition;
  - Corporate Formation (costs associated with incorporation fees, brokers' fees, fees to promoters, organizers or management consultants, attorneys, accountants, or investment counselor in connection with establishment or reorganization of an organization);
  - Fundraising;
  - Staff Meals (exception to consider food consumed by population served and for staff travel pursuant to the Grantee's meal reimbursement policy);
  - Previous Debt Obligations;
  - Promotional Items not directly tied to project activities (items such as hats, mugs, portfolios, shirts, and gift bags);
  - To supplant personnel costs and/or other activities;
  - To prepare, distribute, or use any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.
- The grantee will comply with all MDH fiscal requirements for timely submission of detailed budgets and budget modifications, including monthly invoice requirements.
- The grantee will return any unspent and unobligated funds to MDH and provide the necessary supporting documentation.

**6.2 The Americans with Disabilities Act:** The Americans with Disabilities Act (<https://www.ada.gov/>) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion of diverse populations are essential to reduce health disparities for vulnerable populations. Contractors must comply with all ADA requirements in their work to ensure the needs of persons with disabilities and other vulnerable populations are met. This includes, but is not limited to:

- facilities and any venues used for meetings/conferences are accessible.
- requested accommodations are provided in a timely manner; and
- written and printed materials developed in accessible formats (easy to read, large print, etc.), or providing access to alternative formats.

For contracts which include direct patient care or service delivery through a program, the ADA requires entities provide full and equal access for people with disabilities. This includes, but is not limited to:

- reasonable modifications of policies, practices, and procedures.
- effective communication; and
- accessible facilities.

## VII. Letter of Intent (LOI) Format

Applicants who intend to apply for funding will include the following elements in their Letter of Intent:

1. **ENOUGH-Eligible Geography.** The Applicant will indicate the geographic area(s) that will be served by the proposed project.
2. **Produce Prescription Coalition Members.** The Applicant will indicate the intended members of the Coalition and brief background around the capacity of the Coalition to implement a produce prescription. The membership does not need to be finalized at the time of the LOI.

## VIII. Application Format

Applicants must include a project narrative, budget forms, and supporting materials.

### 8.1 Project Narrative

Applicants must limit the **Project Narrative** to 15 pages single spaced, with 1 inch margins and 12 point Calibri or Times New Roman font. The following elements are excluded from the 15 page limit: Transmittal Letter, Data Control Plan, Quality Control & Customer Service Resolution Plan, Business Plan, and Workplan.

1. **Transmittal Letter:** Include the below information in your letter.
  - a. Lead Applicant;
  - b. Solicitation Title and Solicitation Number that the Proposal is in response to;
  - c. Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal;
  - d. Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
  - e. Applicant's eMMA number;
  - f. Applicant's MBE certification number (if applicable);
  - g. Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you do not know your number.
  - h. Statement of acknowledgment of the requirements under this RFA.
2. **Scope of Work**
  - a. **Summary Statement:** Provide a concise, three-sentence summary of the proposed project.
  - b. **ENOUGH-Eligible Geography:** Identify the geographic region that will be served and provide an overview of the community (demographics, history, other relevant information).
  - c. **Needs Statement:** Describe the need for a produce prescription in the geographic area using the best available, timely data.
  - d. **Produce Prescription Coalition:** Identify the members of the Coalition, the governance structure of the Coalition, how the Coalition will work productively together, the roles of each organization in the Coalition, and the organizational expertise of the Coalition (including any past history of implementing produce prescription or other related programs, managing multiple programs, or working in partnership). Demonstrate that the Coalition has the capacity and expertise to implement a high-quality produce prescription.
  - e. **Target Population & Anticipated Number of Patients:** Describe the target population (see *Section V. Scope of Work* for allowable target populations). Estimate the number of patients that will be served and justify how you calculated this estimate.
  - f. **Intended Activities:** Describe how the proposed project will implement each of the required project elements from *Section V. Scope of Work*. Demonstrate an effective approach for identifying patients and prescribing, delivering boxes to patients, and connecting patients to primary care and wraparound services. Describe the amount of

food that will be provided (and if this varies by family size) and how often boxes will be delivered (the “dose” of the prescription). Describe any wraparound services that will be provided to patients and/or existing wraparound services that the patients will be referred to. Discuss how the proposed project will be culturally relevant, incorporate patient choice and whole-family design, and if the proposed program will include any local produce.

- g. **Community and Stakeholder Involvement:** Proposals should describe mechanisms and activities for meaningfully engaging community members and key stakeholders, including people and partners organizations with experiences aligned with the chosen topic. How were/will the community be engaged in project development? How will input be obtained from relevant stakeholders and the affected community? How will project results be shared back with the community and partners?
- h. **Capacity Building Request:** If the Applicant is including a request for funds for capacity building in the proposal, the Applicant should detail the specifics of the request and why it is necessary. Examples may include funds for data security upgrades and HIPAA compliance.
- i. **Barriers & Mitigation Strategies:** Proposals should identify internal and/or external anticipated barriers and potential solutions to address them.
3. **Data Security Plan:** Describe how patient data will be protected.
4. **Quality Control & Customer Service Resolution Plan:** Detail how the proposed program will ensure quality and meet the needs of participants. Describe how the proposed program will address complaints or requests from participants. Define the minimum quality and minimum responsiveness that community members will be able to expect from the program.
  - a. Minimum quality standards may include the following:
    - i. *Value of the box:* The Applicant can define the retail value of the box and how the value will change based on the number of household members. The Applicant can describe if the box is intended to fulfill all of a household’s produce needs (see *Appendix* for serving sizes) or a portion of the household’s needs, and provide a rationale for why the amount of produce offered is appropriate and sufficient to support improved health outcomes.
    - ii. *Types of produce:* The Applicant can specify the number of fruits, greens, and other vegetables that each box will contain, in order to provide variety. The Applicant can specify if only fresh and frozen produce will be provided, or if canned foods may also be offered, and under what circumstances (e.g., canned products without added sugars, salt, or fats). The Applicant can detail to what extent local produce will be included.
    - iii. *Quality of the produce and food safety:* The Applicant can detail their compliance with food safety regulations and how they will ensure minimum quality (eg, no excessive bruising or expired foods) and dignity in the food provided to participants.
    - iv. *Patient choice:* The Applicant can discuss how family dietary preferences and allergies will be incorporated into the program.
    - v. *Reliable delivery:* The Applicant can discuss the cadence of delivery (weekly or biweekly), including the rationale for the selected delivery frequency. The Applicant can describe how much choice families will have in defining their preferred delivery times, expectations around on-time deliveries, and how rescheduling, missed or stolen deliveries, and complaints will be handled. If relationship building between the delivery staff and the family is important for the model (eg, addressing social isolation or providing ideas on how to use the produce), the Applicant can detail this information.

5. **Business Plan:** Describe how the Applicant will scale and enroll larger numbers of patients over the course of the grant. Discuss sustainability avenues for after the end of the grant, including but not limited to how the Applicant would transition to payer-reimbursement.
6. **Work Plan**
  - a. Identification of the programmatic activities, deliverables, metrics, and timeframe in a **Work Plan**, to be submitted as a separate document with your application. Work Plans should include:
    - i. Proposed Activities
    - ii. Deliverables and Key Milestones
    - iii. Person(s) responsible
    - iv. Metrics of Effectiveness
    - v. Timeframe and/or due date

## 8.2 Budget Forms

Applicants must complete and submit the two budget forms. The price per box (*Budget Form 1*) should be a realistic price that includes costs associated with prescribing boxes and delivering boxes. If there are significant start-up and capacity-building costs, those costs should not be included in the price per box and should instead be included in *Budget Form 2*, which includes costs in addition to the produce boxes. If the proposal includes a significant budget for wraparound services and/or navigating patients to primary care, these costs may also be broken out and included in *Budget Form 2* rather than bundled into the price per box.

| Budget Form 1: Price Per Box  |                  |                                           |
|-------------------------------|------------------|-------------------------------------------|
| Expense Category              | Budget Narrative | Anticipated Contribution to Price Per Box |
| Personnel (Salary and Fringe) |                  |                                           |
| Food                          |                  |                                           |
| Delivery                      |                  |                                           |
| Consultants                   |                  |                                           |
| Operating Costs               |                  |                                           |
| Other                         |                  |                                           |
| <b>TOTAL COST PER BOX</b>     |                  |                                           |

| Budget Form 2: Total Budget Summary |                                                                                         |       |
|-------------------------------------|-----------------------------------------------------------------------------------------|-------|
| Expense Category                    | Justification                                                                           | Total |
| Produce Boxes                       | <i>Insert calculation (price per box x total number of boxes that will be provided)</i> |       |



|                                                            |                                                                                                                                                                                                 |  |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Personnel Costs Not Included In the Price Per Box</b>   | <i>Justify why this additional personnel cost is necessary and not included in the per-box price (examples: initial start-up costs; wraparound service costs not included in per-box price)</i> |  |
| <b>Travel Costs Not Included In the Price Per Box</b>      | <i>Justify why this additional travel cost is necessary and not included in the per-box price</i>                                                                                               |  |
| <b>Equipment Costs Not Included in the Price Per Box</b>   | <i>Justify why this additional equipment cost is necessary and not included in the per-box price</i>                                                                                            |  |
| <b>Supplies Costs Not Included in the Price Per Box</b>    | <i>Justify why this additional supplies cost is necessary and not included in the per-box price</i>                                                                                             |  |
| <b>Contractual Costs Not Included in the Price Per Box</b> | <i>Justify why this additional contractual cost is necessary and not included in the per-box price</i>                                                                                          |  |

### 8.3 Mandatory Supporting Materials

- IRS non-profit designation letter
- Letter of support.
  - If the Coalition will serve a current ENOUGH community, the Applicant must submit a letter of support from the quarterback organization. The list of quarterback organizations is available at <https://goc.maryland.gov/Pages/ENOUGH-Grantees.aspx>. See *Section IX. Evaluation* for the list of current ENOUGH communities (Priority 1).
  - If the Coalition is serving an ENOUGH-eligible community that is not currently receiving GOC ENOUGH grant funding, the Applicant must submit a letter of support from an organization in the community that is not a member of the Coalition. See *Section IX. Evaluation* for the list of eligible ENOUGH communities that are not currently receiving GOC funding (Priority 2).
- Resumes for key staff
- Signed W-9
- Certificate of Good Standing as proof of good standing with the Maryland State Department of Assessments & Taxation (SDAT). [Visit https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx](https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx) for additional information.
- Documentation outlining the plan for how the Produce Prescription Coalition will operate, such as letters of support from all members of the Coalition, a Memorandum of Understanding (MOU), or By-Laws. The documentation should help make clear each Coalition member's role and level of participation.

### 8.4 Optional Supporting Materials

- Customer Service Level Agreement (SLA)
- Documents demonstrating the capacity of the Applicant to implement a produce prescription, including but not limited to annual organizational budgets and project examples.

## IX. Evaluation of Applications

1. Evaluation of Applications will be performed by the PHIF Subcommittee and MDH based on the evaluation criteria set forth below. The subcommittee will review and rank the applications of eligible Applicants. The Department reserves the right to utilize the services of individuals outside of the established Subcommittee for advice and assistance, as deemed appropriate.
2. Some ENOUGH-eligible communities are currently receiving ENOUGH grant funding from the Governor's Office for Children (GOC) to implement anti-poverty programs. In order to build upon this existing capacity-building work in high-poverty communities, funding will be prioritized using a two-tier review process:
  - a. **Priority 1 (Highest):** Proposals that are currently receiving GOC ENOUGH grant funding. The list of these prioritized communities is the following:
    - i. **Allegany:** South Penn and John Humbird
    - ii. **Anne Arundel County:** Pumphrey / Brooklyn Park, Bay Ridge Gardens
    - iii. **Baltimore City:** Cherry Hill, Park Heights, Greater Greenmount, Sandtown - Winchester, Waverly, Druid Heights, Upton, Westend, Greater Mondawmin, Brooklyn, Curtis Bay, McElderry Park, Perkins Somerset Oldtown, Northeast Baltimore / Belair-Edison
    - iv. **Baltimore County:** Essex
    - v. **Caroline:** Federalsburg
    - vi. **Charles:** Waldorf
    - vii. **Dorchester:** Cambridge / South Dorchester
    - viii. **Frederick:** Route 40 The Golden Mile
    - ix. **Harford:** Edgewood
    - x. **Montgomery:** Long Branch, Central Gaithersburg
    - xi. **Prince George's:** East Riverdale / Adelphi, Langley Park, District Heights, Suitland, Hillcrest Heights, Marlow Heights, Greater Landover
    - xii. **Washington:** South End Hagerstown
  - b. **Priority 2:** Proposals serving ENOUGH-eligible communities that are not currently receiving GOC ENOUGH grant funding. A map of all ENOUGH-eligible communities (including those in Priority 1) can be found at:  
<https://experience.arcgis.com/experience/8b24a4ffb5ee4670af96d7b174c1933b/>.
3. Evaluation of the **Project Narrative** will be based on the criteria outlined below.
  - a. A succinct and clear **Summary Statement**.
  - b. A **Produce Prescription Coalition** that can successfully build capacity, implement a produce prescription using a public health approach, and participate in an evaluation of program impacts.
  - c. A reasonable and impactful **Target Population & Anticipated Number of Patients**.
  - d. Strategic **Intended Activities** that position the project for successful implementation and achievement of intended outcomes.
  - e. Meaningful **Community & Stakeholder Involvement** in the design and implementation of the program.
  - f. **Barriers and Mitigation Strategies** are thoughtful and demonstrate readiness of the Applicant to implement a successful program. If a **Capacity Building Request** is included, the request is reasonable and will support completion of the **Intended Activities**.
  - g. The **Data Security Plan** clearly demonstrates that patient data will be protected.
  - h. The **Quality Control & Customer Service Resolution Plan** will ensure that the produce prescription provided is high-quality and meets the needs of patients. The program will have a robust customer service process. The Applicant demonstrates that the program has a dignity-driven approach.

- i. The **Business Plan** shows robust thinking around future sustainability.
  - j. A reasonable timeline is reflected in the submitted **Work Plan** to accomplish all programmatic activities and deliverables.
- 4. Evaluation of the Budget Forms (*Budget Form 1* and *Budget Form 2*) will be based on the criteria below.
  - a. Inclusion of reasonable, allowable costs given the time and effort described in the Project Narrative.
  - b. Justification of line items that are clearly aligned with the activities set forth in the Project Narrative.
  - c. Alignment of the budget with the scope of work.
- 5. Each criterion shall be assessed based on the extent to which Applicants demonstrate the capacity to implement project activities based on their submitted proposal (see ratings and definitions below). The Evaluation Committee shall assign proposal ratings based on the level of clarity and detail, alignment of the project description with goals, relevant supporting evidence, and expertise reflected in the response. **The Evaluation Committee will also consider regional balancing to ensure a diverse portfolio of projects.**
  - a. Excellent: The proposal addressed the criteria completely, exhibited outstanding knowledge, creativity, innovation, or other factors justifying this rating.
  - b. Very Good: The proposal addressed the criteria completely and addressed some elements of the criteria in an outstanding manner.
  - c. Good: The proposal addressed the criteria completely.
  - d. Satisfactory: The proposal addressed some but not all elements of the criteria/does demonstrate capacity to do the work.
  - e. Poor: The proposal addressed some but not all elements of the criteria/did not demonstrate capacity to do the work.
  - f. Non-Responsive: The proposal failed to address this criterion.

## X. Submission Instructions

- 1. The Request for Applications was issued as a public notice on eMMA and posted on the MDH website on June 22, 2026.
- 2. An Informational Webinar will be held on June 29, 2026 from 3-4PM EST via Google Meet. A recording of the webinar will be available on the MDH website.
  - a. Video call link: <https://meet.google.com/bus-hvwx-xue>
  - b. Or dial: (US) +1 475-441-4596 PIN: 980 500 325#
  - c. More phone numbers: <https://tel.meet/bus-hvwx-xue?pin=1896524886955>
- 3. Letters of Intent (LOI) are due on July 20, 2026.
  - a. Letters of Intent should be sent by email in PDF format to [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov).
  - b. Subject Line: "LOI: [insert Lead Applicant name]."
- 4. Questions are due by August 3, 2026. Questions should be sent to [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov). MDH will post answers to questions.
- 5. Applications are due on August 17, 2026 by 5PM EST.
  - a. Applications should be sent by email in PDF format to [mdh.ProduceRx@maryland.gov](mailto:mdh.ProduceRx@maryland.gov).
  - b. Subject Line: "Applicant: [insert Lead Applicant name]."

## Appendix

### Produce guidelines for adults and children

- For an average adult recommended 2,000 calorie intake: 3 servings of vegetables and 2 servings of fruit.<sup>1</sup> Also appropriate for children age 4 to puberty. Adolescents and pregnant individuals may be recommended an additional serving of each.<sup>2</sup>
- Examples of single servings:
  - 1 apple
  - 1 banana
  - 1 cup blueberries
  - 3 clementines
  - 2 cups salad greens (= 1 serving)
  - 1 baked sweet potato
  - 1 cup cooked green beans
  - 12 baby carrots
- Example produce prescription for one person, one day that meets recommended daily intake:
  - Fruit: 1 apple, 1 banana
  - Veggies: 2 cups salad greens (eg lettuce, spinach), 1 sweet potato
- [See here](#) for a visual guide to serving sizes of common fruits and vegetables from USDA.

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<sup>1</sup> United States Department of Agriculture. (2025). *Daily serving sizes* (2025–2030 ed.) [PDF]. <https://cdn.realfood.gov/Daily%20Serving%20Sizes.pdf>

<sup>2</sup> Faizan, U., & Rouster, A. S. (2023). *Nutrition and hydration requirements in children and adults*. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK562207/>