

**Food is Medicine (FIM) Programs
Notice of Funding Opportunity (NOFO)**

The Louisiana Department of Health (LDH) Food is Medicine Program provides funding to launch and expand food is medicine initiatives that integrate nutrition into healthcare for rural populations. Eligible projects must establish partnerships between healthcare providers and community-based organizations, connect rural citizens to healthy, predominantly unprocessed and whole foods through clinician referrals, and include nutrition education focused on disease prevention, chronic disease management, and healthy meal preparation. Funding supports start-up and implementation costs for programs that demonstrate measurable health outcomes, serve rural and underserved populations, collaborate with local farmers and community partners, and include a clear sustainability plan for continuing services after grant funding ends. Recipients must track participant outcomes, submit regular reports, and operate under a reimbursement-based funding model.

The grant does not fund construction projects or activities that duplicate or replace existing funding sources. Federal funds must supplement and expand services rather than pay for costs already covered by Medicaid, other federal or state programs, or existing organizational obligations. Applicants must provide a minimum 10% in-kind contribution, demonstrate rural eligibility and documented community need, and incur eligible expenses before seeking reimbursement from LDH. Projects that will be less competitive for funding are those that lack a healthcare referral component, measurable outcomes, nutrition education, healthcare-community partnerships, or a viable long-term sustainability strategy.

Part 1. Full Text of the Announcement

A. Program Description and Goals

The Louisiana Department of Health (LDH), through the Office of Rural Health Transformation and Sustainability, is issuing this Notice of Funding Opportunity (NOFO) to support the launch of Food is Medicine programs that integrate nutrition into healthcare, combining access to healthy, predominantly unprocessed and whole foods with education on diet, disease prevention, and meal planning. Funding prioritizes ready-to-implement projects that deliver measurable outcomes for rural populations and strengthen long-term sustainability.

This initiative is designed to accelerate implementation of projects that:

- Demonstrate partnerships with rural healthcare providers / facilities and community organizations
- Expand access to fresh, healthy, predominantly unprocessed and whole foods as part of evidence-based treatment and prevention, in collaboration with local farmers and community groups
- Identify goals for prevention and management of chronic diseases sensitive to improvement through diet through food prescriptions and nutrition-focused care plans
- Integrate nutrition into healthcare by combining access to healthy foods with education on diet, disease prevention, and meal planning.
- Support broader strategies focused on chronic disease management, prevention, and community-based care

Applicants must demonstrate clear linkage between proposed Food is Medicine programs and measurable rural health access and outcomes.

If selected, applicants will execute a Cooperative Endeavor Agreement with LDH to become a subrecipient of federal funding. Through this agreement, recipients shall invoice the program on a cost reimbursement methodology as specified in the agreement.

B. Financial Management and System of Internal Controls:

Funding for this opportunity is made available through the U.S. Department of Health and Human Services (HHS) Center for Medicare and Medicaid Services (CMS) Cooperative Agreement. All terms and conditions of the Cooperative Agreement for Rural Health Transformation Program (RHTP) Centers for Medicare & Medicaid Services that apply to the Louisiana Department of Health (LDH) also apply to subrecipients and subrecipient agreements awarded under this NOFO.

If selected for funding, the subrecipient must:

1. Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.
2. Comply with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.
3. Cover eligible activity costs upfront and receive reimbursement through the grant process.

4. Comply with applicable State statutes and regulations.
5. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.
6. Be prepared to execute the Cooperative Endeavor Agreement within two weeks of receiving the final document.

C. Eligibility Information

1. Eligible Use of Funds

Award Size: \$10,000 - \$500,000 (based on project scope)

Funding supports start-up and initial costs associated with launching food “FARMacy” programs. These projects may be multi-year. Project plans must allocate projected expenses monthly.

Proposals must demonstrate the following:

- A referral link between access to healthy food options and a health care professional, including tracking of diagnoses and relevant health care follow-up
- Partnerships between health care professionals / facilities and community-based organizations
- Inclusion of education component related to healthy food options / preparation and link to health for participating food recipients
- Inclusion of a plan for shared-decision making for care with involvement from participating food recipients
- Inclusion of a plan to measure adherence to the prescriptive care plan
- Sustainability plan for how proposal will be continue once grant funds are no longer available
- Anticipated number of rural residents who will be impacted

Applications must include a budget and budget narrative detailing the proposed expenditures and a justification for inclusion.

2. Ineligible Use of Funds

- Construction is unallowable.
- Requests for funding of meals may be included in project budgets and budget narratives. Funding of meals is subject to CMS review and approval.
- Supplanting funding for activities that are billable or other state or federal funding may cover is unallowable.

3. Eligible Organizations

Projects including partnerships amongst the following entities are encouraged, including but not limited to the following:

- a. Rural hospitals
- b. Rural health clinics
- c. Rural FQHCs
- d. Colleges and universities
- e. Rural pharmacies
- f. Community based organizations, such as food banks and faith-based organizations

A lead applicant must be designated for each project. The lead applicant does not have to be a licensed healthcare provider, but the proposed project must include a healthcare component. If selected, the lead applicant organization can subcontract with other identified partners.

Applicants must meet all of the following:

- Organizations must qualify as rural or rural serving under the Louisiana Rural Health Transformation Program definition and methodology. To confirm your agency is rural, visit [Louisiana Rural Health Transformation Funding Opportunities](#)
- Demonstrate financial, infrastructure, or access-related need to rural food recipients through a documented assessment

4. In-Kind Requirements

- Applicants are required to demonstrate a mandatory minimum in-kind contribution of 10%.
- In-kind support may include cash contributions or in-kind contributions reflecting organizational commitment, partnerships with local health systems or MCOs, philanthropic contributions, or alignment with broader financing strategies such as value-based reimbursement or Medicaid participation.

5. Priority Funding Areas

Projects will be prioritized based on alignment with the following:

- A. Demonstrated pathways between health care clinician and food as medicine**
 - Utilization of “food FARMacy” must be for the purposes of food as medicine to treat diagnoses benefitting from a healthy diet
 - Proposals must include a referral link to a health care clinician to effectively measure and evaluate health outcomes for patients (i.e. a referral loop)
- B. Clear identification of pathway to sustainability**

- Proposals must indicate an ongoing funding of program at conclusion of grant period

C. High-Need Population Impact

- Enhancing service delivery to rural, high-poverty, or medically underserved populations
- Enhancing service delivery to patients with chronic conditions or complex care needs

D. Other Requirements

1. Participation Requirements

Organizations participating in this program are required to comply with the following:

- Submit an initial application for participation in the program, including completion of a Statement of Work. See Appendix B: Statement of Work Requirements
- Agree to comply with mandated state and federal audit requirements including Site reviews and random verification by LDH and monitoring entities, as required
- Execute project within defined timeline
- Submit quarterly and annual reports to LDH that include measurable outcomes aligned with RHTP priorities

2. Reimbursement Requirements

Upon approval of the application, awardees will receive a Cooperative Endeavor Agreement outlining the terms and conditions of the award.

Subrecipients will be required to incur expenses before requesting funds. **After expenses are incurred**, reimbursement requests will be submitted to LDH via invoice.

Funding will be reimbursed based on deliverable/task completion that is outlined in the Cooperative Endeavor Agreement. Invoices must include an itemization of actual expended costs that are allowable, allocable, and reasonable project expenses with supporting receipts and records.

LDH reserves the right to ask for additional clarification to confirm payment before reimbursement.

3. Supplanting/Non-Supplanting

Federal funds must be used to supplement (add to), enhance, or expand existing services for program activities and not replace those funds that have been appropriated for the same purpose. A subrecipient may not use Federal grant funds to defray any costs that the recipient is already obligated to pay. The possibility of supplanting will be

the subject of careful application review, possible pre-award review, post-award monitoring, and audit of any finding.

Subrecipients must disclose any existing or proposed federal, state, local, or private funding sources that support the proposed program

LDH reserves the right to coordinate, reduce, or deny duplicate payments to prevent overlapping use of funds for the same position or incentive purpose.

E. Application and Submission Information

This opportunity will be available once per grant budget year. **To be considered for Year 1 Funds, applications must be received no later than August 14, 2026.** Projects can be multi-year, but funds awarded for Year 1 must be expended by September 30, 2027.

July 2, 2026	Notice of Funding Opportunity Issued
July 9, 2026	Deadline to Submit Written Questions Submit Questions Here
July 17, 2026	Answers to Written Questions Posted
August 14, 2026	Application Submission Deadline for Year 1 Funds
Mid August 2026	Application Evaluation Period for Year 1 Funds
Late August	Notice of Intent to Contract Announcements

Note: There will be opportunities for applicants awarded Year 1 funds to apply for continuation/additional incentive funds in future RHTP budget years.

Please apply for this NOFO [here](#).

Applicants will be required to provide the following information **AND** attach a Statement of Work compliant with Appendix B. Statement of Work Requirements.

Information required for application:

- Organization Name
- Organization Type
- Program Contact Name
- Program Contact Phone Number

- Program Contact Email Address
- Physical Address, City, State, Zip Code
- Tax Identification Number
- Louisiana Department of Revenue Number
- Justification for rural designation in alignment with the RHTP definition and methodology
- Parishes Served
- Brief Description of Proposed Project
- Total Amount of Funds Requested

F. Required Registrations for Applicants

All organizations are required to provide the following documents if chosen for award:

- Federal Tax Identification Number
- IRS Form W-9 (Taxpayer Identification and Certification)
- Louisiana Vendor Profile Data Form. State of Louisiana Self-service Request for Vendor <https://www.doa.la.gov/Pages/osrap/VendorPayments.aspx>
- Board Resolution designating signature authority (if applicable)
- Disclosure of Ownership from the Louisiana Secretary of State (if applicable)
- Applicable Louisiana Department of Health License (current and in good standing)
- SAM (System for Award Management) Number and current expiration date

G. Application Review Information and Notice of Award

Applications will be reviewed on an annual basis. Submission of an application does not guarantee funding.

Applications will be evaluated using a standardized scoring framework:

Criteria	Max Points
Documented Need & Rural Impact	30
Project Feasibility & Readiness	25
Impact on Access, Quality, and Outcomes	25
Sustainability & Long-Term Benefit	10
Budget & Cost Effectiveness	10
Total	100

Scoring will be conducted through structured survey-based review tools to ensure consistency and transparency.

LDH may request additional information, clarifications, or supporting documentation during the application review process. Eligible applicants will receive a formal Notice of Intent to Contract outlining the Cooperative Endeavor Agreement process and

requirements. LDH reserves the right to approve, partially fund, defer, or deny any application based on available resources and program considerations.

Appendix A

Overview Information

Participating Organization: Louisiana Department of Health,
Office of Rural Health Transformation and Sustainability (LDH)
www.ldh.la.gov/page/rural-health-transformation-program

Funding Opportunity Title: Rural Health Transformation Program (RHTP)
Food is Medicine Program, Budget Year 1

Announcement Type: RHTP – New Grants

Federal Award Identification (CFDA) Number: RHTCMS332085

Federal Award Amount: RHTP Budget Year 1: \$208,374,447.57

Period of Performance: 12/29/2025 through 10/30/2030
Project Periods are determined on a case-by-case basis

Funding Opportunity Purpose: The primary purpose of the Food is Medicine Program is to support targeted funding for the start up and launch of food is medicine programs that include collaborations with health care providers and community-based organizations. This program is authorized by Section 71401 of Public Law 119-21

Application Types Accepted: New Applications

Due Dates: To be considered for Year 1 Funds (August 1, 2026-September 30, 2027), applications must be received no later than August 14, 2026.

Funds Available: Food FARMacy program Year 1: \$2,700,000.00

Appendix B.

Statement of Work Requirements

Formatting requirements:

- Font: Use Times New Roman or Arial, size 11 or 12-point font; 10-point font is considered acceptable for tables
- Margins: Maintain one-inch margins on all sides
- Line spacing: Use single-spaced or 1.5-spaced text
- Page numbers: Number all pages consecutively in the bottom right corner

Section I. Applicant Information: Include information on the applicant’s organization, physical location, number of rural residents served annually, services offered, and other relevant information.

Section II. Program Description: The program description should include:

1. A statement of need supported by data that includes an overview of the organization’s readiness to begin the project including partners involved
2. A project description and project plan outlining the project’s scope, objectives, tasks, milestones and resources.
3. A feasible sustainability plan with a detailed pro forma on anticipated costs and future revenues

Section III. Performance Metrics & Outcomes: Proposals must clearly define performance metrics and the measurable outcomes expected to assess program success. Grantees will be required to report quarterly on progress to meet the project milestones and outcome measures as part of their reporting obligations, including but not limited to the following:

- Number of rural residents receiving food
- Number of rural residents receiving education on healthy nutrition
- Waist to hip ratio for participating rural residents
- Number of participants receiving referral to healthcare professional

Section IV. Projected Budget Schedule and Budget Narrative

See: RHTP_Budget_Workbook_FoodisMedicine.xlsx