

Phase 2

Produce Prescription Pilot Program (P4) Notice of Funding Opportunity

2026 Grant Application Info Webinar

June 3, 2026

Indian Health Service





What We Will Cover

- Background Information
- Notice of Funding Opportunity (NOFO)
- P4 Application Process
- Selection Process
- Resources
 - Grants.gov
 - IHS Nutrition Webpage
- Q & A





IHS Definition of Food Is Medicine

Food is medicine is a practice rooted in traditional ecological knowledge passed down for generations. Food is sacred, healing, connects all living beings and should be provided through efforts supporting tribal food sovereignty in disease treatment and/or prevention.

IHS Produce Prescription Pilot Program (P4)

\$3M

RECURRING FUNDING AUTHORIZED BY CONGRESS FOR IHS TO ESTABLISH P4

Year 1 • FY 2024

5
tribal communities

P4
5-year PILOT program



YEAR 1: Building Program Infrastructure

Establishing Partnerships

To gain the trust of community members early on, P4 grantees sought partnerships with existing, longstanding community-based programs. They also collaborated with their respective tribal health care center, local farmers, grocers, and other key organizations.

Building Anchor Teams

The staffing structures at each of the grantee sites vary, and the P4 leads have diverse professional backgrounds (e.g., medical, community health, agriculture). Once P4 leads were onboarded, they began building their teams.

Setting Up Systems

Examples of program development include establishing participant agreement and intake forms, memorandums of agreement with vendors, communication strategies, recruitment and referral processes, screening procedures, distribution methods, data collection, and the development of an evaluation plan.

The aim of P4 is to demonstrate and evaluate the impact of produce prescription programs on American Indian and Alaska Native people and their families, specifically by :

- 1 Reducing food insecurity
- 2 Improving overall dietary health by increasing fruits, vegetables, and traditional food consumption
- 3 Improving healthcare outcomes

Path to Implementation

With the premise that P4 is a pilot program, grantees are given autonomy to establish their own unique paths to implementation.

The following are 3 core areas identified in Year 1.



Core area 1:
Recruitment and Enrollment

Core area 2:
Distribution



Core area 3:
Nutrition Education Programming

Implementation of core areas started at varying times for each grant program.

Both core areas 1 and 2 depend on timely organizational approvals and processes. However, nutrition education programming (core area 3) was an activity every grantee started before the end of Year 1.

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Phase 1: Produce Prescription Pilot Program (P4)



[Nutrition](#) / [Produce Prescription Programs](#) / P4 Grantee Highlights

Nutrition

Produce Prescription Programs

[P4 Grant Resources](#)

[P4 Grantee Highlights](#)

[Food Sovereignty](#)

[Nutrition in Life's Vital Stages](#)

[Food and Nutrition Security](#)

[Nutrition Education Resources](#)

[National Nutrition Initiatives](#)

[Division of Diabetes Treatment and Prevention \(DDTP\)](#)

[Special Diabetes Program for Indians \(SDPI\)](#)

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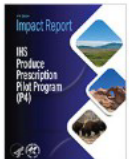
P4 Grantee Highlights

In 2023, the IHS awarded grant funding to 5 Tribal communities to develop a 5-year Produce Prescription Pilot Program (P4). The purpose of the P4 is to help reduce food insecurity and improve health care outcomes among American Indian and Alaska Native people by increasing access to produce and other traditional foods within Native communities. Each pilot program is unique in their delivery and implementation of their P4 activities. Watch the "P4: Establishing Roots" video below to learn how the P4 grantees created produce prescription programs in their Tribal communities.



P4 Impact

Since July 2023, P4 grantees have had extraordinary journeys implementing their programs in their communities. Check out the resources in the table below to gain insights into their progress and the profound impact of P4 so far.

Image	Topic/Format	Description
	NEW P4 Year 1 Impact Infographic [PDF – 3.1 MB] 2 pages Format: PDF	Overview and graphical highlights of findings in Year 1 of the P4. Produced by IHS.
	NEW P4 Year 1 Impact Report [PDF – 2.5 MB] 19 pages Format: PDF	Overview of findings in Year 1 of the P4. Produced by IHS.

Food Is Medicine Interventions

Indian Health Service



Food Is Medicine Components



Navigation

Referral and enrollment support provides access to food and information on making healthy food choices that align with individual needs and economic resources.



Clinical/Care Team

Health professionals provide access to healthy food to help treat diet-related health conditions as a health care intervention.



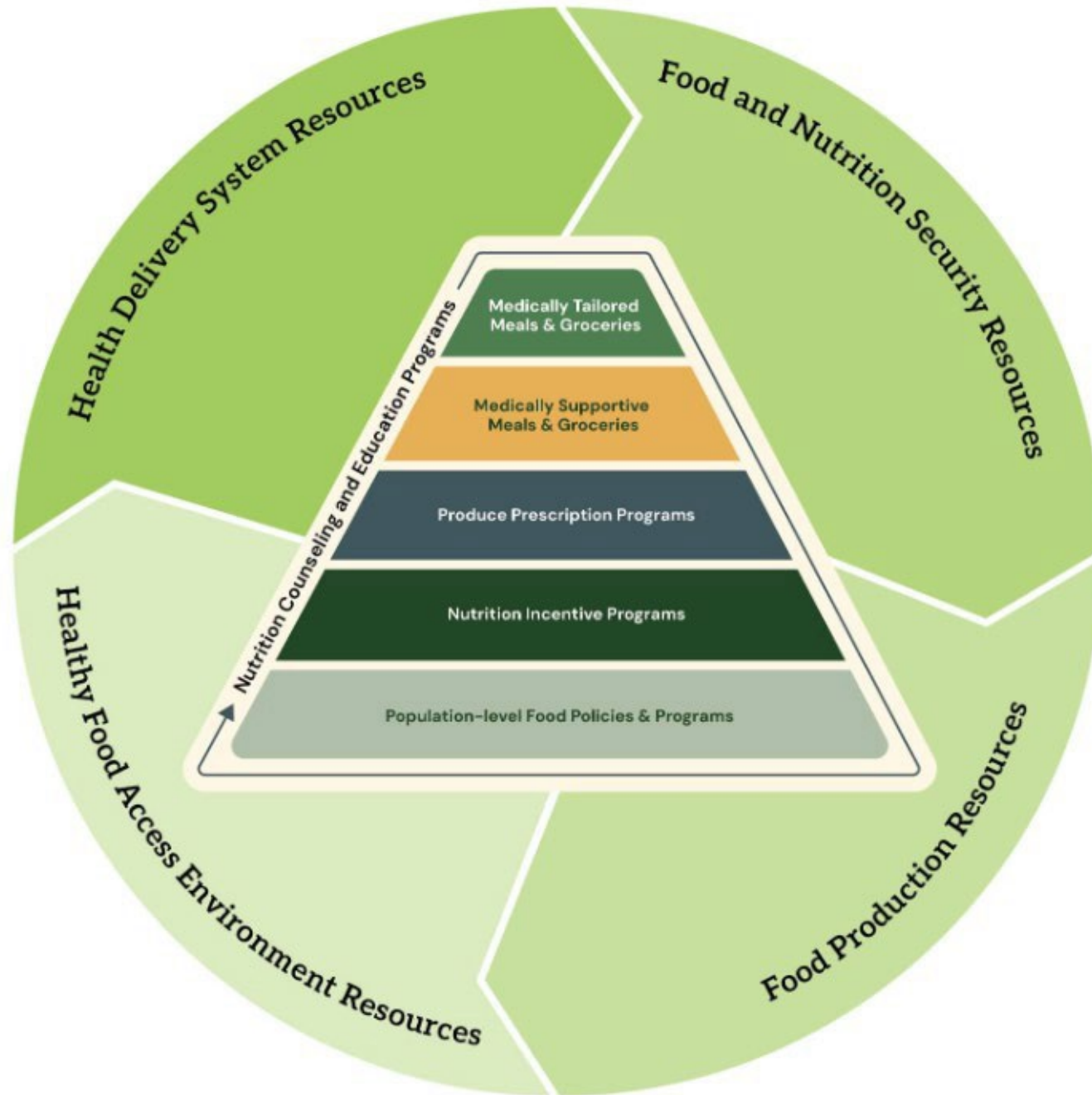
Provision of Food

Food aligns with individual diet-related health state needs, cultural preferences, age and stage abilities, and economic resources.



Educational Supports

Nutrition education and skill-building opportunities support sustained behavior change.



Flow of A Produce Prescription Program



National Produce Prescription Collaborative (NPPC), February 2020

* Not All Produce Prescription Programs Require an Education Component

** Some Programs Use Third Party Evaluation

Rural Produce Prescription Toolkit

https://bestpractices.nokidhungry.org/sites/default/files/media/Rural%2520Produce%2520Prescription%2520Toolkit_4.2022.pdf



Produce Prescription Programs: The Basics

- Generally, include fresh, frozen, or canned produce with no added salt, sugar, or fat.
- Target group may be individuals with specific nutritional needs, food access challenges, and/or who have experienced or are at risk of experiencing negative health outcomes.
- A referral system is established by the program.
- 3 types of access points that provide this food at reduced or no cost are:
 - Private industry (e.g., grocery stores, private grocery delivery services)
 - Onsite access points at health care sites (e.g., hospital-based food pantries)
 - Community distributors (e.g., farmers' markets, food banks, food pantries)





P4 is unique in that it supports incorporating community-relevant traditional foods.

Examples of Grantee-Identified Eligible Traditional Foods



Animal Proteins

- Bison
- Deer / Venison
- Elk
- Mutton (lamb)
- Trout
- Salmon
- Halibut
- Tilapia

Corn Varieties

- Blue, yellow, and white corn
- Blue cornmeal and flour
- White cornmeal
- Masa
- Maize/bachi
- Posole / steamed corn

Region-specific Foods

- Cactus: prickly pear pads and fruit
- Cholla flower buds
- Chile tepin
- Red and green fresh or frozen chili
- Red chili powder
- Sumac berry

Nuts, Grains, Beans

- Wild rice
- Beans: tepary, black, and pinto
- Nuts: Pecan, acorn



Notice of Funding Opportunity

Indian Health Service





Award Information

- Total funding: \$3.5 million per year
- Applicants can request \$200,000 to \$250,000 annually
 - Based on capacity, need, size of target American Indian/Alaska Native (AI/AN) population, and proposed program
 - 14-18 awards anticipated under this announcement
- Period of performance: 5 years

Eligibility Information

- A federally recognized Indian Tribe as defined by 25 U.S.C. 1603(14)
- A Tribal organization as defined by 25 U.S.C. 1603(26)
- An Urban Indian organization, as defined by 25 U.S.C. 1603(29)

Purpose

- To support the development of produce prescription programs through collaborations with stakeholders across health care and food systems in Tribal communities.
- Will increase access to fruits, vegetables, and community relevant traditional foods for AI/AN people by enabling eligible individuals to receive produce prescriptions through participating community organizations or health care providers that can be used to obtain nutritious food through approved partners.



Goal

To demonstrate and evaluate the impact of produce prescription programs on AI/AN people and their families, specifically by:

- Reducing food insecurity.
- Improving nutrition and dietary patterns by increasing access to and consumption of fruits, vegetables, and traditional foods, while enhancing nutrition knowledge through education that supports healthier food choices and long-term behavior change.
- Promoting whole-person health and well-being.



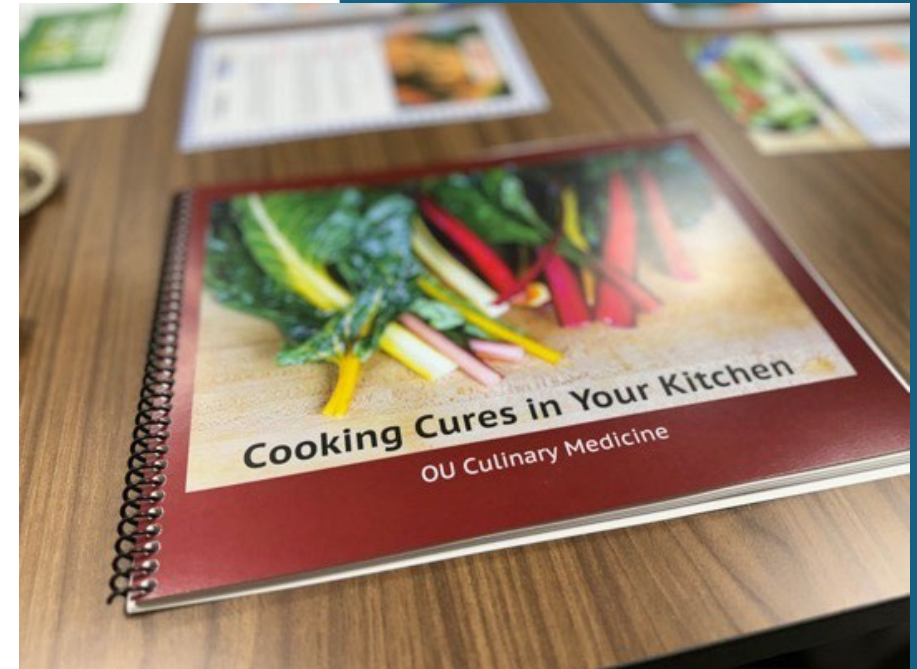
Required Activities

- Develop the infrastructure to implement and maintain a produce prescription program that fosters ongoing collaboration with one or more Tribal, Federal, or urban health care facilities and local markets/organizations/services that provide fresh fruits and vegetables and/or traditional foods.
- Identify an eligible AI/AN population or Urban Indian Organization that can be significantly impacted. Indicating how many eligible individuals and their families can be served with the current budget and services available.
- Collaborate with healthcare partners to identify and refer participants.



Required Activities (continued)

- Establish partnerships with food providers (e.g., retailers, farmers, Tribal and traditional food systems).
- Implement a culturally appropriate nutrition education program that teaches program participants about proper nutrition and the impact it has on disease risk reduction and overall health. A nutrition education program should include information on cultivation and preparation for consumption of traditional foods that reflects community knowledge and practices.
- Supporting participant access to foods that contribute to physical, cultural, and nutritional well-being.



Required Activities (continued)

Evaluation Plan

Develop and maintain a data collection and assessment approach that includes baseline and follow-up outcomes, with data used to guide priorities, inform program planning, and evaluate interventions.

Required Activities (continued)

Evaluation Plan

This approach should include:

- Program participation, food access, and indicators of health and well-being, including community-defined measures where appropriate.
- Measurement of food insecurity rates over time using the Hunger Vital Sign screening tool (shown in the box below).

1. Read each statement* and ask your client if the statement is often true, sometimes true, rarely true, or never true.

- Within the past 12 months, we worried whether our food would run out before we got money to buy more. Often True Sometimes True Rarely True Never True

- Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. Often True Sometimes True Rarely True Never True

2. If your client responds "often true" or "sometimes true" to either statement, they likely have food insecurity. Help them get more food by filling out the list of resources (see next page) and giving it to them.

Required Activities (continued)

Evaluation Plan

This approach should include:

- Nutrition education, including number of participants receiving education and assessment of increased knowledge in nutrition over time.
- Distribution of produce prescriptions, including the number of prescriptions issued and redeemed.



Administrative Requirements:

- Have an officially approved Project Director (approved by the Grants Management Officer in consultation with the Program Official) to plan/initiate and maintain the P4, who has the following qualifications:
 - Relevant health or wellness education and/or experience.
 - Experience with award program management, including skills in program coordination, budgeting, reporting, and staff supervision.
 - Working knowledge of nutrition and nutrition challenges in AI/AN communities.
- Provide an annual workplan that may include planned activities and action steps, the person or people responsible, and timetable.
- Budget for at least two people to attend a two-day, in-person workshop identified by the Division of Diabetes Treatment and Prevention, in a location to be determined.

Phase 2 P4 Application Process

Indian Health Service



Phase 2 P4 Application Process



- You must submit your application by June 22, 2026 at 11:59PM ET.
 - Grant regulations do not allow revisions after that deadline.
 - Applications which are incomplete, of insufficient quality, and/or late will not be awarded P4 funds.
 - Funds will be awarded to applicants who successfully meet application criteria.
- Grant applications are submitted via Grants.gov
 - We will review your application to make sure it meets these requirements:
 - Is from an organization that meets all eligibility criteria.
 - Does not exceed the page limits for project narrative and budget narrative.
 - Does not exceed the amount of the funding range.
 - Is not submitted after the deadline.
 - Includes a draft or final tribal resolution.
 - Does not have any missing or delinquent audits in the audit documentation.
 - ***If your application does not meet all these requirements, it will not be considered.***

Phase 2 P4 Application Process (continued)



- Application requirements:
 - Application forms (online forms to fill out)
 - Project Narrative (uploaded)
 - Needs Assessment
 - Program Description/Operational Plan
 - Program Evaluation
 - Organizational Capabilities
 - Budget Justification/Narrative (uploaded)
 - Other documents listed in the NOFO (uploaded)

Application Checklist



This checklist includes every component you will need to submit a complete application:

Narratives

Component	Form to use	Page limit
<u>Project summary</u>	Project Abstract Summary Form.	1 page
<u>Project narrative</u>	Project Narrative Attachment form.	10 pages
<u>Budget narrative</u>	Budget Narrative Attachment form.	5 pages



Application Checklist (continued)

This checklist includes every component you will need to submit a complete application:

Attachments:

Insert each in a single Other Attachments form.

Component	Page limit
Tribal resolution	None
Proof of nonprofit status	None
Indirect cost agreement	None
Biographical sketches	None
Letters of support	None
Audit documentation	None
Optional attachments	None

Application Checklist (continued)



Other required forms:

Upload using each required Grants.gov form

Component	Page limit
Application for Federal Assistance (SF-424)	None
Budget Information for Non-Construction Programs (SF-424A)	None
Project/Performance Site Location	None
Grants.gov Lobbying Form	None
Key Contacts	None
Disclosure of Lobbying Activities (SF-LLL)	None

Selection Process

Indian Health Service



Selection Process



- When making funding decisions, we consider:
 - Merit review results. These are key in making decisions but are not the only factor.
 - The larger portfolio of agency-funded projects, including the project type and geographic distribution.
 - The past performance of the applicant. We may choose not to fund applicants with management or financial problems.
- We may:
 - 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.



Agency Contacts

Program and eligibility

Stacy Hammer, MPH, RDN, LD, National Nutrition Consultant

240-963-5121

stacy.hammer@ihs.gov

Grants management and financial

DGM@ihs.gov

Review process and application status

DGM@ihs.gov

Grants.gov

Grants.gov provides 24/7 support. Hold on to your ticket number.

- Phone: 1-800-518-4726
- Email: support@grants.gov

If problems persist, contact the Office of Grants Management at DGM@ihs.gov at least 10 days before the application due date.



SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the [Federal Service Desk](#).

GrantSolutions

For help, contact the GrantSolutions help desk:

- Phone: 866-577-0771
- E-mail: help@grantsolutions.gov.

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Division of Grants Management | Indian Health Service \(IHS\)](#)
- [Grants Training Tools | Division of Grants Management \(ihs.gov\)](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)
- [Division of Diabetes Treatment and Prevention \(DDTP\)](#)

Resources

Indian Health Service





Nutrition

Nutrition

[Produce Prescription Programs](#)

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Nutrition

NEW FUNDING ANNOUNCEMENT Phase 2 Produce Prescription Pilot Program

The IHS Division of Diabetes Treatment and Prevention is pleased to announce the launch of Phase 2 funding for the Produce Prescription Pilot Program. This funding opportunity is designed to expand and enhance food security initiatives in Native communities by supporting partnerships between health care providers and food systems. The program focuses on increasing access to nutritious and traditional foods, improving nutrition, encouraging healthier eating habits, and supporting overall well-being. Application materials can be found on [Grants.gov](https://www.grants.gov) and proposals must be submitted by **June 22, 2026**.



Good nutrition is vital to healthy growth, development, and wellness throughout the lifespan. Healthy eating reduces the risk of chronic diseases, such as obesity, diabetes, heart disease, and some cancers. Healthy eating means consuming nutrient-dense foods and beverages across all food groups, including traditional foods.

Use this page to find information from IHS and other federal partners to help you make healthy eating choices.

STAY CONNECTED

Join the [IHS Nutrition LISTSERV](#) to receive announcements and updates on nutrition-related training opportunities and resources for American Indian and Alaska Native communities.

Take Home Message



- Read the entire [NOFO](#)
- Visit Grants.gov and review:
 - The application package
 - Submission requirements
- Start now and allow time to:
 - Complete Grants.gov registration process
 - Gather information needed to complete your application
 - Submit your application early
- Explore resources on the [Nutrition webpage](#)



Application Due Date

June 22, 2026

11:59pm ET

Note:

Start and plan to submit your application early.

Late applications will NOT be accepted.

Questions?

- Please include your name, contact information, and program name when submitting questions.
- For questions about the P4 NOFO, contact:
IHSproduceprescriptionpilotprogram@ihs.gov
- For the electronic application process, visit Grants.gov or contact their Support Center at support@grants.gov or via phone at (800) 518-4726.
- For Grants Budget Management, contact DGM at dgm@ihs.gov.





Questions?

Thank you

<https://www.ihs.gov/nutrition/>

<https://www.ihs.gov/diabetes/>