

# FY26 Open Call Healthy Food Access Proposal

---

*The Washington Home*

## *Screening Questions*

### ***Welcome to The Washington Home Application***

---

We want to share a few tips before starting the application process.

- Save a draft of your application, if you need to complete the form at a later date. Your application autosaves as you fill out the form.
- Upon Submission, you will receive an automated confirmation email.
- Safelist notifications from Foundant to reduce the risk of emails going to your Spam or Trash folders.
- To edit an application once submitted, request to edit the submission / If you need to make changes to your form, please withdraw your submission and resubmit.
- Foundant works best on Google Chrome, Firefox, and Safari. Please make sure you are using a supported browser.
- Helpful Links
  - The Washington Home Application Process Overview
  - Foundant Applying & Site Navigation Tutorial

### **Eligibility Requirements\***

**Review the eligibility statements below regarding your organization and select the response.**

1. Qualify as one of the following entities eligible for application:
  - Nonprofit or community organizations holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code

- o Recognized governmental entities including state, county, or city agencies such as health departments
  - o Educational facilities, such as K-12 public, private, or charter schools or school districts and higher education institutions
- 2. Your organization serves Washington, D.C. residents age 60+ or people with a critical illness (cancer, heart disease, terminal illness, etc)
- 3. Applicant has completed both the Grant Information Session either in-person or viewed the prerecorded video, and participated in the Collaborative Proposal Meetings with The Washington Home (TWH) staff.

**I have read and meet the listed eligibility requirements to submit an application.**

#### Choices

Yes

No

### *Ineligible Message*

---

Currently, you are ineligible to apply for a grant with The Washington Home. Reasons your organization maybe ineligible to apply:

- Your organization is NOT designated as a 501(c)3.
- Your organization does NOT serve older adults (aged 60+) or people with a terminal illness in Washington, D.C.

For additional information

- Review The Washington Home FAQ Page for more information.
- Send an email to The Washington Home Team at [grants@thewashingtonhome.org](mailto:grants@thewashingtonhome.org) if you have specific questions about eligibility requirements. Kindly note that response times may be delayed during the Open Call process.

### *Section 1: About Your Program/Project & Solution*

---

#### Fiscal Year (Internal Only)

##### Choices

FY21 Invitation

FY22 Invitation

FY23 Invitation

FY24 Invitation

FY24 Open Call

FY25 Invitation

FY25 Open Call

## Project Name\*

*Character Limit: 100*

## Is this your first time applying for a grant/sponsorship with The Washington Home?\*

### Choices

No

Yes

### The Foundation has shifted to collaborative grant submissions for all RFPs to:

- Center community and engage stakeholders in solution development.
- Improve efficiency and reduce duplication.
- Encourage cross-sector partnerships and innovation as a part of the proposal development.
- Align the proposal with targeted outcomes for older adults supporting TWH's priorities and goals.

### Key Elements required to fund the Healthy Food Access proposal

- Create healthy food access plan to serve 7,500 older adults with multiple partners.
- Healthy Food Access Strategies to meet resident needs (i.e., home delivered meals, community dining, grocery delivery, food distribution sites, etc.).
- Expand CAFB Food Credit Pilot to have all partners currently purchasing food from CAFB transition to a food credit model.
- Case Management, Interagency Referrals & Resource Navigation.
- Coordinated data collection amongst partners by Ward showing how many older adults served and by what strategy.

## Priority Area\*

*Select the priority area that best aligns to your program/project goals.*

### Choices

Healthy Food Access

Healthy Food Access Budget is \$600,000

**Dollar amount of this funding request.\***

Add instructions on budget location

*Character Limit: 20***Total project/program budget\***

Add instructions on budget location

*Character Limit: 20***Ward Data**

Ward	Number of People Served	Budget	Final Number of People Served (Complete during Final Report Only)	Final Budget (Complete during Final Report Only)

**Organization Fiscal Year Start Date\****Character Limit: 10***Organization Fiscal Year End Date\****Character Limit: 10***Project Description: Part A**

Briefly describe the purpose of this funding request and answer the following questions:

**A1. What is the proposed overall impact of the project?\***

Discuss how the project will increase food access efficiencies, meet the wholistic needs of older adults, ensure continuity of care across the food service providers, and reduce duplication of services.

*Character Limit: 3000*

**A2. How many older adults (unduplicated) will this program/project serve?\***

Your response should match the total number of unduplicated served in the table above.

*Character Limit: 9*

**The goal of the Healthy Food Access plan is to serve 7500 older adults through multiple partners using the following strategies:**

- Home delivered meals,
- Community dining,
- Grocery delivery,
- Food distribution sites
- Food is medicine

**A3. Explain how the partners who offer home delivered meals will contribute toward the goal.\***

*Character Limit: 3000*

**A4. Explain how the partners who offer community dining sites will contribute towards the goal.\***

*Character Limit: 5000*

**A5. Explain how the partners who offer grocery delivery will contribute toward the goal.\***

*Character Limit: 2000*

**A6. Explain how the partners who offer food distribution sites will contribute towards the goal.\***

*Character Limit: 2000*

**A7. Explain how the partners implementing food is medicine programs will contribute towards the goal.\***

(i.e. medically tailored meals, prescription food programs, and other nutrition-based interventions)

*Character Limit: 2000*

**A8. What barriers/challenges may impact your ability to implement the proposed solution?\***

*Discuss how you plan to resolve the barriers/challenges.*

*Character Limit: 3000*

**A9. How is data being collected across partnerships to measure impact and track duplication?\***

*Character Limit: 5000*

**A10. Project/Program Implementation Plan\***

Fill in the **Project/Program Implementation Plan** with the tasks required to accomplish the goal(s) identified. Goal listed in the implementation plan should match B1, B2 and B3. The timeline should include major milestones, required approvals, etc. Then, upload the completed Project/Program Timeline.

*File Size Limit: 1 MB*

**A11. Explain how partners will refer clients across programs to ensure continuity of care.**

(If a client is in a food is medicine program that is ending, how will they be referred to other programs to continue to receive services.)

*Character Limit: 5000*

**A12. Describe how the partnership uses innovative methods to enhance efficiency or scale services**

(e.g., the food credit pilot with Capital Area Food Bank)

*Character Limit: 5000*

## *Section 2: Goals & Metrics*

### **Goals & Metrics for Healthy Food Access Proposal.**

Improve healthy food access for older adults in Washington, D.C. by 50% - reaching at least 7,500 of the 15,179 estimated food insecure older adult residents.

**B1. Explain which elements of the healthy food access goal you will address in this proposal.**

- Home delivered meals
- Community dining sites

- Grocery delivery
- Food distribution sites
- Food is medicine
- Case Management, Interagency Referrals & Resource Navigation

*Character Limit: 2000*

**B1a. What is the total number of unduplicated people you will serve through this goal?**

*Character Limit: 10*

**B1b. What are the total number of individuals to be served by each strategy listed above.**

*Character Limit: 2000*

**B2. Estimate the number of clients you expect to be referred amongst partner organizations.**

*Character Limit: 2000*

### *Section 3: Budget & Sustainability*

---

#### **Sustainability**

Sustainability means that a program/project has the necessary support in place to ensure that it will be able to continue to accomplish its goals beyond the grant award. Prospective grantees are encouraged to think about the short and long-term goals of a project/program and identify different strategies to keep the program functioning to accomplish its goals. There are different ways that a program/project can show sustainability. Some examples include leveraged funds, collaborating with another organization doing the similar work, developing greater capacity for reimbursement, leveraging other donors and/or creating a fee for service model. Sustainability is more than grant diversification.

'Leveraged Funds' can include aligned grant funding, in-kind partnerships, bond bills, or match funding to support the program that TWH may invest. Leveraged Funds should be listed out in the Budget Template with your submitted application.

**C1. Explain how the collaboration creates the following:\***

- A. Cost savings,
- B. Efficiencies,
- C. Scale services, and
- D. Encourage long-term sustainability

*Character Limit: 3000*

## C2. If your organization experiences budget cuts, what steps will you take to sustain the program ?\*

For example, aligned grant funding, billable reimbursements, bonds bills, fee for service model, in-kind partnerships, matching funding (from other donors), etc.

*Character Limit: 3000*

### Budget Narrative Instructions:

1. TWH is committed to working towards supporting livable wages in the District of Columbia through our grant investments. To learn more about what is considered a livable wage, please visit ALICE: Asset Limited, Income Constrained, Employed - District of Columbia United Way NCA 2023 ALICE Reports.
2. Demonstrate where in your organizational budget the TWH grant is being applied.
3. Please align the budget request with the grant goals. For example, if you are advancing integration of health and wellness for older adults, the TWH funds might support staff training, virtual programs, or outreach and education.
4. The Project Budget Narrative must describe and justify the cost assumptions for \* marked line items in the budget spreadsheet for funds requested from TWH, not the total project budget.
5. In the budget narrative section, address each of the applicable letters below:

A. Salaries & Wages- List personnel costs, excluding fringe benefits, for each requested staff position. Indicate whether the position is full-time or part-time and the staff's base salary.

B. Employee Benefits and Taxes- List benefit costs and taxes related to personnel involved with the project.

C. Consultant and Professional Fees- List amounts paid to individuals or company and specify what services they rendered. Explain whether the payment(s) is based on an agreed total amount or agreed per diem rate including travel and other related expenses. Include fees paid to outside attorneys, accountants, or auditors. Include descriptions of the work to be performed, and rates.

D. Travel- Include transportation costs directly related to the major activities of the project. Include expenses for all modes of transportation, transportation vouchers, meals, automobile expenses, mileage reimbursement, and per diem payments.

E. Programmatic Expenses, Equipment & Maintenance- 1) List any equipment purchased for use in the project. Include cost, depreciation and maintenance expense for the equipment. 2) List Programmatic Expenses: food costs, program supplies, emergency lodging expenses.

F. In-Kind Revenue/Expense- Explain what consists of in-kind revenue or expense if you have



any.

G. Sub-grants to other organizations (Partners/Collaborations)- Identify funds that will be used to make grants to other nonprofit organization partners in furtherance of the project. Include descriptions of the work to be conducted by the sub-grantees and names of the organizations.

H. Cost Per Unit- List the estimated “cost per unit” of intervention (i.e., how many of what and to whom, per cost of service delivered)?

I. Other-Specify other expense amount if it is over \$100.

### C3. Budget Narrative\*

*Use the format provided in the instructions above.*

*Character Limit: 4000*

### C4. Upload a copy of the program/project budget

*Please download the TWH budget template, complete and upload using the button below.*

*File Size Limit: 1 MB*

## Section 4: Required Documents

---

### D1. Current funders list (foundation, corporate, government, major donors) and amount of support.\*

*Current funders list should match the Budget uploaded in Question C5. (i.e. columns C9-C20: See Other Anticipated Funding Sources for this Project).*

*File Size Limit: 3 MB*

### D2. Board of Directors List\*

*File Size Limit: 3 MB*

### D3. Organization Budget and/or Latest Financial Statements\*

*File Size Limit: 6 MB*

### D4. IRS Determination Letter\*

*File Size Limit: 5 MB*

### D5. Form 990 (Most Current)\*

*File Size Limit: 10 MB*

### D6. Directors & Officers Liability Insurance\*

*File Size Limit: 5 MB*

**D7. Cyber Security and Crime Insurance (Recommended)***File Size Limit: 5 MB***D8. Invoice (Applicable to Sponsorships Only)***File Size Limit: 1 MB***D9. Memorandum of Understanding (Collaborative Proposals Only)**

Upload a copy of the signed MOU.

*File Size Limit: 5 MB****Meeting & Site Visit Notes (Internal Only)***

---

**FY25 Open Call Grantee Meeting Notes***Character Limit: 10000***Name of Person Completing Site Visit (Internal Only)***Please note this question is also on the interim report.***Choices**

Crystal Townsend

Patricia Ndimantang

Tiffany Oscar

**Notes from Site Visit (Internal Only)**

Include staff observations and feedback regarding grant progress.

*Please note this question is also on the interim report.**Character Limit: 5000***Notes from site visit (Internal Only)***File Size Limit: 5 MB*