

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

09/04/2026

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H80CS000176

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Choptank Community Health System, Inc

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

52-1116591

*** c. UEI:**

GRCLMA2CLY73

d. Address:

*** Street1:**

301 Randolph Street

Street2:

PO Box 660

*** City:**

Denton

County/Parish:

*** State:**

MD: Maryland

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

21629-1243

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Sara

Middle Name:

*** Last Name:**

Rich

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

410-479-4306

Fax Number:

*** Email:**

srich@choptankhealth.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Health Resources and Services Administration

11. Assistance Listing Number:

93.224

Assistance Listing Title:

Health Center Program

* 12. Funding Opportunity Number:

HRSA-27-099

* Title:

Fiscal Year 2027 Expanding Nutrition Services

13. Competition Identification Number:

HRSA-27-099

Title:

Fiscal Year 2027 Expanding Nutrition Services

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Expansion of Population Health Nutrition Services Through Dietitians: Integrated Clinical and Community-Based Nutrition Programming

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424			
16. Congressional Districts Of:			
* a. Applicant	MD-01	* b. Program/Project	MD-01
Attach an additional list of Program/Project Congressional Districts if needed.			
		Add Attachment	Delete Attachment View Attachment
17. Proposed Project:			
* a. Start Date:	12/01/2026	* b. End Date:	11/30/2028
18. Estimated Funding (\$):			
* a. Federal	350,000.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	350,000.00		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
☒ a. This application was made available to the State under the Executive Order 12372 Process for review on		09/04/2026	
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
☐ c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)			
☐ Yes ☒ No			
If "Yes", provide explanation and attach			
		Add Attachment	Delete Attachment View Attachment
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
☒ ** I AGREE			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
Authorized Representative:			
Prefix:		* First Name:	Sara
Middle Name:			
* Last Name:	Rich		
Suffix:			
* Title:	Chief Executive Officer		
* Telephone Number:	410-479-4306	Fax Number:	
* Email:	srich@choptankhealth.org		
* Signature of Authorized Representative:	Sara Rich	* Date Signed:	09/04/2026

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	1234-H80 Grant Number Form.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	1235-Form 1B Funding-request	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	1236-Choptank Health HRSA gra	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

AttachmentForm_1_2-ATT1-1234-H80 Grant Number Form.pdf



CHESAPEAKE
CULINARY CENTER
Locally Grown

HRSA
5600 Fishers Lane
Rockville, MD 20857

Dear Review Committee:

8/4/2026

I am writing to express my enthusiastic support for the proposed partnership between **Choptank Community Health System** and the **Chesapeake Culinary Center**. As an organization dedicated to the well-being of Maryland's Mid-Shore community, we fully endorse this collaborative effort to bridge the gap between healthcare and nutritional wellness.

The core part of this partnership would be to **integrate clinical healthcare with community-based nutrition programs**, creating a holistic approach to chronic disease management, preventative care, and health equity. Specifically, this collaboration will allow Registered Dietitians (RDs) from Choptank Health to extend vital nutrition services beyond clinic walls directly into the daily lives of patients facing food insecurity.

By leveraging the infrastructure and culinary expertise of the Chesapeake Culinary Center, the partnership will deliver impactful, accessible initiatives across two primary fronts:

- **Mobile Demonstration Kitchen Programming:** RDs will partner with the Chesapeake Culinary Center's mobile units to deliver hands-on, trailer-based cooking demonstrations. By traveling directly to housing sites, food pantries, schools, and community centers, this initiative eliminates transportation barriers. It engages vulnerable patients in a familiar setting using affordable, accessible foods.
- **Virtual Nutrition and Cooking Education:** The partnership will offer online, health-literacy-appropriate classes designed for rural patients. These sessions will focus on budget-conscious nutrition, food label reading, and specialized meal preparation to manage diabetes and hypertension through sodium, sugar, and fat reduction.

Combining Choptank Health's clinical outreach with the Chesapeake Culinary Center's community-rooted food framework creates a powerful, mobile, and digital model for improving public health outcomes on the Eastern Shore. We firmly believe this joint effort will reduce health disparities, reinforce clinical guidance, and foster a stronger, healthier community.

We strongly urge you to support this impactful collaboration. Thank you for your time and consideration.

Sincerely,
[AB Brewster](#)
Beth Brewster
Founder/ Chairman

512 Franklin Street. Denton, Maryland 21629
410.479.2144

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

AttachmentForm_1_2-ATT2-1235-Form 1B Funding-request-summary.pdf

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:	Choptank Community Health System, Inc		
UEI:			
* Street1:	301 Randolph Street		
Street2:			
* City:	Denton	County:	
* State:	MD: Maryland		
Province:			
* Country:	USA: UNITED STATES		
* ZIP / Postal Code:	21629 - 1243	* Project/ Performance Site Congressional District:	MD - 001

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:			
UEI:			
* Street1:			
Street2:			
* City:		County:	
* State:			
Province:			
* Country:	USA: UNITED STATES		
* ZIP / Postal Code:		* Project/ Performance Site Congressional District:	

Additional Location(s)

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:**

1237 -PROJECT NARRATIVE . docx

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

ProjectNarrativeAttachments_1_2-Attachments-1237-PROJECT NARRATIVE.docx

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Choptank Community Health System, Inc

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
* Title:

* SIGNATURE:

* DATE:

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: 1238-FY27 ENS Budget Narrative 09042026.pdf

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

Budget Narrative

FY 2027 Expanding Nutrition Services

Funding opportunity	HRSA-27-099
Assistance Listing	93.224
Period of performance	December 1, 2026 - November 30, 2028

Budget Overview

Choptank Community Health System, Inc. anticipates federal ENS grant revenue of \$349,360 in Year 1 and \$349,455 in Year 2, totaling \$698,815. These amounts equal the planned ENS grant expenses for each year; no non-federal share is included. ENS revenue and expenses will support the activities detailed below and will be tracked separately from other Health Center Program support through the organization's grant accounting controls.

ENS Grant Revenue

Funding Source	Year 1 Revenue	Year 2 Revenue	Total Revenue
Federal ENS Grant	\$349,360	\$349,455	\$698,815

ENS Grant Expense

Object Class Category	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Personnel	\$210,000	\$0	\$216,300	\$0
Fringe Benefits	\$46,200	\$0	\$47,586	\$0
Travel	\$11,000	\$0	\$11,000	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$22,600	\$0	\$15,000	\$0
Contractual	\$21,800	\$0	\$21,800	\$0
Construction	\$0	\$0	\$0	\$0
Other	\$6,000	\$0	\$6,000	\$0
TOTAL DIRECT CHARGES	\$317,600	\$0	\$317,686	\$0
TOTAL INDIRECT CHARGES	\$31,760	\$0	\$31,769	\$0
TOTAL COSTS	\$349,360	\$0	\$349,455	\$0

Personnel

Funds support three full-time Registered Dietitians (3.0 FTE) who will expand clinical nutrition services across seven practice locations and support community-based and virtual nutrition programming. Responsibilities include nutrition assessment and counseling, medical nutrition therapy, patient education, care coordination, telehealth, documentation, and population-health reporting. Salaries reflect the median range for currently employed School-Based Health Center Registered Dietitians and prevailing rates in the organization's rural recruitment area.

Calculation	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
3.0 FTE x \$70,000	\$210,000	\$0		
3.0 FTE x \$72,100 (3% increase)			\$216,300	\$0
TOTAL PERSONNEL	\$210,000	\$0	\$216,300	\$0

Fringe Benefits

Fringe benefits are calculated at the organization's established 22% rate and support employer-paid benefit costs associated with the three Registered Dietitian positions.

Calculation	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
\$210,000 salaries x 22%	\$46,200	\$0		
\$216,300 salaries x 22%			\$47,586	\$0
TOTAL FRINGE BENEFITS	\$46,200	\$0	\$47,586	\$0

Travel

Travel supports Registered Dietitian coverage across seven practice locations and participation in community nutrition events, grocery store tours, food-pantry partnerships, and outreach. Patient transportation assistance reduces access barriers for underserved patients participating in eligible nutrition services and activities.

Line Item and Basis	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Service-area travel: 3 RDs x 12 months x approximately \$222.22 per RD/month	\$8,000	\$0	\$8,000	\$0
Patient transportation assistance: 12-month allowance x \$250/month	\$3,000	\$0	\$3,000	\$0
TOTAL TRAVEL	\$11,000	\$0	\$11,000	\$0

Equipment

No equipment is requested. Laptops, tablets, headsets, and related technology are expected to cost less than the lesser of the organization's capitalization threshold or \$10,000 per unit and are therefore classified as Supplies for SF-424A purposes.

Line Item	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
TOTAL EQUIPMENT	\$0	\$0	\$0	\$0

Supplies

Supplies enable the new staff to provide in-person and virtual services, furnish practical food-based education, and distribute readable patient education materials. Participation supports are non-cash and exclude gift cards or other cash equivalents.

Line Item and Basis	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Technology startup packages: 3 staff x approximately \$2,866.67; Year 2 maintenance/upgrades: 3 x \$1,000	\$8,600	\$0	\$3,000	\$0
Non-cash participation supports and healthy food supplies: 12-month allowance x approximately \$791.67/month	\$9,500	\$0	\$9,500	\$0
Patient education, signage, and printing: \$375/month in Year 1; approximately \$208.33/month in Year 2	\$4,500	\$0	\$2,500	\$0
TOTAL SUPPLIES	\$22,600	\$0	\$15,000	\$0

Contractual

Contractual funds support specialized community programming through the Chesapeake Culinary Center and language-access services. The Culinary Center will provide a planned mix of two to three community nutrition events per month, including healthy cooking demonstrations, tastings, and community dinner pop-ups. Programming will translate evidence-based recommendations into practical food-preparation skills for patients managing diabetes, hypertension, and other diet-related chronic conditions.

Line Item and Basis	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Healthy cooking demonstrations and tastings: annual Chesapeake Culinary Center estimate	\$11,800	\$0	\$11,800	\$0
Community dinner pop-ups: annual Chesapeake Culinary Center estimate	\$5,000	\$0	\$5,000	\$0

Line Item and Basis	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Translation/interpretation: 12-month service allowance x approximately \$416.67/month	\$5,000	\$0	\$5,000	\$0
TOTAL CONTRACTUAL	\$21,800	\$0	\$21,800	\$0

Contract Oversight

Choptank will use its established procurement and contracting procedures, document scopes of work and deliverables, monitor service quality and program alignment, review invoices against completed deliverables, and retain responsibility for ensuring that contracted services comply with Section 330 and award requirements.

Construction

No construction or minor alteration/renovation costs are requested.

Line Item	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
TOTAL CONSTRUCTION	\$0	\$0	\$0	\$0

Other

Other costs support community delivery locations and limited, essential training needed to launch and sustain expanded nutrition services.

Line Item and Basis	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
Facility/community-space rental: 12-month planning allocation x approximately \$208.33/month	\$2,500	\$0	\$2,500	\$0
Limited essential training: 3 RDs x approximately \$1,166.67 per RD	\$3,500	\$0	\$3,500	\$0
TOTAL OTHER	\$6,000	\$0	\$6,000	\$0

Indirect Charges

Choptank voluntarily limits the ENS indirect-cost request to an amount equal to 10% of total direct costs. This voluntary cap is below the De Minimis 15% indirect cost rate.

Calculation	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
\$317,600 total direct costs x 10%	\$31,760	\$0		
\$317,686 total direct costs x 10% = \$31,768.60, rounded to whole dollars			\$31,769	\$0

Calculation	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
TOTAL INDIRECT CHARGES	\$31,760	\$0	\$31,769	\$0

Year 2 Changes

Year 2 maintains the Year 1 service model. Personnel salaries increase by 3% (\$2,100 per Registered Dietitian), fringe changes correspondingly at 22%, technology supplies decrease from \$8,600 in startup costs to \$3,000 for maintenance and limited upgrades, and patient education supplies decrease from \$4,500 to \$2,500. All other direct-cost line items remain unchanged. The Year 2 indirect charge is rounded to the nearest whole dollar.

Program Alignment and Cost Controls

- Clinical nutrition service expansion: 3.0 FTE Registered Dietitians increase direct service capacity across the service area.
- Community-based nutrition programming: culinary demonstrations, dinner pop-ups, virtual education, grocery tours, and partner activities extend services beyond clinic walls.
- Reduction of access barriers: transportation, interpretation, non-cash participation supports, healthy food supplies, and health-literacy materials improve access for underserved populations.
- Fiscal stewardship: costs will be reviewed for allowability, allocability, reasonableness, and consistency with approved ENS activities; no costs will duplicate other federal support.

Total Costs

Cost Type	Year 1 Federal	Year 1 Non-Federal	Year 2 Federal	Year 2 Non-Federal
TOTAL DIRECT CHARGES	\$317,600	\$0	\$317,686	\$0
TOTAL INDIRECT CHARGES	\$31,760	\$0	\$31,769	\$0
TOTAL COSTS	\$349,360	\$0	\$349,455	\$0

Choptank Community Health System, Inc. – H80CS00176

Personnel Justification Table

FY 2027 Expanding Nutrition Services

Funding opportunity	HRSA-27-099
Assistance Listing	93.224
Period of performance	December 1, 2026 - November 30, 2028

All three positions are direct-hire Registered Dietitians supported with federal ENS funds. Each salary is below the January 2026 Executive Level II salary limitation of \$228,000. Fringe benefits are budgeted separately in the Budget Narrative.

Year 1: December 1, 2026 - November 30, 2027

Staff Name	Position Title	% FTE	Full-Time Base Salary	Adjusted Annual Salary*	Federal Amount Requested
To be hired (1 of 3)	Registered Dietitian	100%	\$70,000	No adjustment	\$70,000
To be hired (2 of 3)	Registered Dietitian	100%	\$70,000	No adjustment	\$70,000
To be hired (3 of 3)	Registered Dietitian	100%	\$70,000	No adjustment	\$70,000
TOTAL COSTS		3.0 FTE			\$210,000

Year 2: December 1, 2027 - November 30, 2028

Staff Name	Position Title	% FTE	Full-Time Base Salary	Adjusted Annual Salary	Federal Amount Requested
To be hired (1 of 3)	Registered Dietitian	100%	\$72,100	No adjustment	\$72,100
To be hired (2 of 3)	Registered Dietitian	100%	\$72,100	No adjustment	\$72,100
To be hired (3 of 3)	Registered Dietitian	100%	\$72,100	No adjustment	\$72,100
TOTAL COSTS		3.0 FTE			\$216,300

Year 2 change: Each Registered Dietitian salary increases by 3%, from \$70,000 to \$72,100. FTE levels and staffing structure remain unchanged.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. FY 2027 Expanding Nutrition Services (ENS	93.224	\$	\$	\$ 349,360.00	\$	\$ 349,360.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 349,360.00	\$	\$ 349,360.00

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	FY 2027 Expanding Nutrition Services (ENS)				
a. Personnel	\$ 210,000.00	\$	\$	\$	\$ 210,000.00
b. Fringe Benefits	46,200.00				46,200.00
c. Travel	11,000.00				11,000.00
d. Equipment	0.00				0.00
e. Supplies	22,600.00				22,600.00
f. Contractual	21,800.00				21,800.00
g. Construction	0.00				0.00
h. Other	6,000.00				6,000.00
i. Total Direct Charges (sum of 6a-6h)	317,600.00				\$ 317,600.00
j. Indirect Charges	31,760.00				\$ 31,760.00
k. TOTALS (sum of 6i and 6j)	\$ 349,360.00	\$	\$	\$	\$ 349,360.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	FY 2027 Expanding Nutrition Services (ENS)	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	FY 2027 Expanding Nutrition Services (ENS)	\$ 349,360.00	\$ 349,455.00	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 349,360.00	\$ 349,455.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	Yr 1: \$317,600 Yr 2: \$317,686
22. Indirect Charges:	Yr 1: \$31,760 Yr 2: \$31,769
23. Remarks:	Indirect request voluntarily capped at 10% of total direct costs which is below the 15% De Minimis rate. Technology items under \$10,000 per unit are classified as supplies.

Key Contacts Form

*** Applicant Organization Name:**

Choptank Community Health System, Inc

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Manager

Prefix:

* First Name: Mandy

Middle Name:

* Last Name: Chapman

Suffix:

Title: Director of Quality & Population Health

Organizational Affiliation:

* Street1: 301 Randolph Street

Street2:

* City: Denton

County:

* State: MD: Maryland

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 21629-1243

* Telephone Number: 410-479-4306

Fax:

* Email: achapman@choptankhealth.org

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-27-099

Assistance Listing Number(s):

93.224

Applicant Name

Choptank Community Health System, Inc

Descriptive Title of Applicant's Project

Expansion of Population Health Nutrition Services Through Dietitians: Integrated Clinical and Community-Based Nutrition Programming

Project Abstract

Choptank Community Health System (CCHS) is a Federally Qualified Health Center serving rural communities across Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties on Maryland's Eastern Shore. In 2025, CCHS provided healthcare services to 34,803 patients, the majority of whom experience socioeconomic barriers that contribute to food insecurity, obesity, diabetes, hypertension, and other nutrition-sensitive chronic conditions. Within the service area, adult obesity rates range from 31% to 42%, food insecurity affects up to 17% of residents, and significant challenges related to healthy food access persist across all five counties. Despite these needs, CCHS currently employs only two Registered Dietitians who serve school-aged children through School-Based Health Centers, and comprehensive nutrition services are not currently available within primary care practices, Population Health programs, or community settings.

Through HRSA Expanded Nutrition Services funding, CCHS will establish its first comprehensive organization-wide nutrition program by adding three Registered Dietitians to expand access to nutrition services across primary care, pediatric, school-based, population health, and community-based settings. Registered Dietitians will provide Medical Nutrition Therapy, comprehensive nutrition assessments, individualized counseling, chronic disease education, nutrition care planning, and ongoing follow-up for patients with diabetes, prediabetes, hypertension, obesity, cardiovascular risk factors, pediatric nutrition concerns, and other nutrition-sensitive conditions. Nutrition services will be integrated into existing team-based care models and supported through standardized referral pathways, population health analytics, and electronic health record workflows.

The project will expand access to evidence-based nutrition interventions through individual counseling, telehealth visits, group education programs, cooking demonstrations, grocery store tours, school-based services, and community nutrition classes. Registered Dietitians will collaborate closely with providers, care coordinators, community health workers, behavioral health staff, schools, and community organizations to address food insecurity, improve healthy food access, and strengthen chronic disease prevention and management efforts throughout the region. Patients identified with nutrition-related social needs will be connected to community resources, including food banks, food pantries, farmers markets, SNAP, WIC, and other food assistance programs. During the two-year project period, CCHS anticipates serving approximately 2,000 to 2,500 unique patients and providing approximately 6,000 to 8,000 nutrition-related encounters through Medical Nutrition Therapy, nutrition counseling, telehealth services, pediatric interventions, and community-based programming. Projected patient and encounter volumes are informed by existing Registered Dietitian utilization within CCHS School-Based Health Centers and anticipated demand generated through expanded integration of nutrition services across the organization.

The project directly supports MAHA priorities by advancing disease prevention, combating the chronic disease epidemic, and improving nutrition through expanded access to evidence-based clinical nutrition services. By embedding Registered Dietitians within primary care and population health programs, CCHS will improve management of diabetes, hypertension, obesity, and other chronic conditions while promoting healthy eating behaviors, family-centered nutrition education, healthy weight management, and long-term wellness across rural and underserved communities. The project will strengthen organizational capacity to address nutrition-related health disparities and create a sustainable model for improving health outcomes throughout Maryland's Mid-Shore region.