

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):**

E: Other (specify)

*** Other (Specify):**

Competing Supplement

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H80CS06642

State Use Only:

6. Date Received by State:

7. State Application Identifier:

MD

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Western Maryland Health Care Corporation

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

23-7300642

*** c. UEI:**

MCN1S6CHR8F3

d. Address:

*** Street1:**

1027 Memorial Drive

Street2:

*** City:**

Oakland

County/Parish:

Garrett

*** State:**

MD: Maryland

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

21550-4343

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

*** First Name:**

Corey

Middle Name:

*** Last Name:**

Edmonds

Suffix:

Title: Manager of Business & Community Development

Organizational Affiliation:

Mountain Laurel Medical Center (WMHCC)

*** Telephone Number:**

301-533-3300, x3013

Fax Number:

*** Email:**

cedmonds@mtnlaurel.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:

The Harvesting Health Initiative will expand clinical nutrition services, diabetes education, fresh-produce access, and nutrition-related transportation for rural MLMC patients with poorly controlled

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-06	* b. Program/Project	WV-02
Attach an additional list of Program/Project Congressional Districts if needed.			
MLMC HHI Congressional District Statement.		Add Attachment	Delete Attachment
17. Proposed Project:			
* a. Start Date:	12/01/2026	* b. End Date:	11/30/2028
18. Estimated Funding (\$):			
* a. Federal	268,354.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	268,354.00		
* 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		09/09/2026	
☐ 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
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:	Mr.	* First Name:	Corey
Middle Name:			
* Last Name:	Edmonds		
Suffix:			
* Title:	Manager of Business & Community Development		
* Telephone Number:	301-533-3300, x3013	Fax Number:	
* Email:	cedmonds@mtnlaurel.org		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.

The Harvesting Health Initiative will serve the MD-06 and WV-02 Congressional Districts simultaneously.

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	MLMC HRSA ENS H80 Form.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HRSA ENS Form 1B Funding Requ	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HRSA ENS Equipment List.pdf	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	Attachment 10 Partner Letters	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 the view since it is not a read-only PDF file.

Upon submission, this file will be transmitted to the Grantor without any data loss.

MLMC HRSA ENS H80 Form.pdf

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

Upon submission, this file will be transmitted to the Grantor without any data loss.

HRSA ENS Form 1B Funding Request Summary.pdf

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

Upon submission, this file will be transmitted to the Grantor without any data loss.

HRSA ENS Equipment List.pdf



Garrett Growers Cooperative, Inc
1916 Maryland Highway, Suite A
Mt. Lake Park, MD 21550

September 9, 2026

Mountain Laurel Medical Center
1027 Memorial Drive
Oakland, MD 21550

RE: Letter of Commitment – Harvesting Health Initiative

Dear Mountain Laurel Medical Center:

Garrett Growers Cooperative confirms its intent to partner with Mountain Laurel Medical Center (MLMC) in implementation of the Harvesting Health Initiative, if funded through HRSA's Expanding Nutrition Services program.

Garrett Growers has worked with MLMC in developing the proposed produce-benefit model and has confirmed its capacity to support approximately 150 participants in Year 1 and 175 participants in Year 2. The proposed scope includes administration of a restricted-value produce benefit, produce-box fulfillment, coordination with participating growers and vendors, delivery support, and utilization and reconciliation reporting.

The scope and pricing provided to MLMC represent Garrett Growers' current proposed approach for purposes of project planning and the HRSA application. MLMC will retain responsibility for participant eligibility, programmatic decision-making, clinical oversight, federal compliance, fiscal oversight, performance measurement, and reporting. Garrett Growers' role will be limited to the defined goods and services established through a written contractual agreement and will not include responsibility for carrying out the federal award. Any final agreement will be subject to HRSA award, final scope and pricing, and MLMC's applicable procurement, contracting, conflict-of-interest, and federal requirements.

Garrett Growers looks forward to working with MLMC to support the Harvesting Health Initiative.

Sincerely,

Charles DeBerry

President

Garrett Growers Cooperative, Inc



Garrett Growers Cooperative, Inc
1916 Maryland Highway, Suite A
Mt. Lake Park, MD 21550

September 9, 2026

Health Resources and Services Administration
Bureau of Primary Health Care

RE: Letter of Support for Mountain Laurel Medical Center's FY 2027 Expanding Nutrition Services Application, HRSA-27-099

Dear Review Committee:

Garrett Growers Cooperative is pleased to support Mountain Laurel Medical Center's application for FY 2027 Expanding Nutrition Services funding. MLMC's proposed Harvesting Health program would expand clinically integrated nutrition services for patients with poorly controlled diabetes by connecting nutrition education, clinical monitoring, and care coordination with recurring access to fresh, healthy foods.

Garrett Growers confirms the capacity to easily support approximately 150 participants in Year 1 and 175 participants, primarily new, in Year 2, with slight modification to our existing platform. If MLMC receives funding, Garrett Growers is prepared to administer the program's produce benefit through a restricted-value card loaded with \$60 in produce value per participant each month, redeemable at the Mountain Fresh Farmers Market and other participating locations. For patients unable to use participating markets, Garrett Growers would prepare and deliver preassembled produce boxes to MLMC locations using our existing refrigerated delivery vehicle.

Garrett Growers proposes to administer this benefit through a dedicated program built on our existing card-administration infrastructure, which tracks participant allotments and produces regular usage and redemption reports. We anticipate a flat monthly administration fee to cover card administration, transaction processing, and reconciliation, along with a one-time investment to configure Harvesting Health as its own tracked program and a subsequent platform enhancement to add online ordering capability in Year 2. Any unused monthly balance on a participant's card would be directed toward produce support for participants in the Appalachian Farm and Food Alliance's food-preservation classes, helping ensure the full value of the benefit reaches patients.

Garrett Growers anticipates contributing expertise and infrastructure related to local grower coordination, produce sourcing, card administration, purchase restrictions, box preparation, transaction reconciliation, and distribution reporting. We will work with MLMC to establish appropriate procedures for documenting fulfillment while limiting the exchange of patient information to what is necessary for program operations.

Garrett Growers believes the proposed project will strengthen connections among local agriculture, primary care, nutrition education, and chronic-disease management. The proposed participation levels are within our anticipated operational capacity, subject to final planning, seasonal sourcing considerations, mutually acceptable terms, and execution of an appropriate written agreement.

Garrett Growers is committed to working with MLMC and the other project partners to make fresh, healthy food more accessible to patients throughout the health center's rural service area. Any funded services will be subject to applicable procurement requirements and final agreement with MLMC.

Sincerely,

Charles DeBerry
President
Garrett Growers Cooperative
deberryfarm@gmail.com



APPALACHIAN FARM & FOOD ALLIANCE

1916 Maryland Hwy, Suite A · Mt. Lake Park, MD 21550 · www.appalachianfarmandfood.com

September 9, 2026

Health Resources and Services Administration
Bureau of Primary Health Care

RE: Letter of Support for Mountain Laurel Medical Center's FY 2027 Expanding Nutrition Services Application, HRSA-27-099

Dear Review Committee:

The Appalachian Farm and Food Alliance is pleased to support Mountain Laurel Medical Center's application for FY 2027 Expanding Nutrition Services funding and its proposed Harvesting Health program.

Harvesting Health would connect MLMC patients with poorly controlled diabetes to nutrition education, clinical monitoring, care coordination, and recurring access to fresh, healthy foods. The initiative responds to challenges experienced by rural patients, including limited transportation, long travel distances, inconsistent access to fresh foods, and the difficulty of translating clinical nutrition recommendations into practical daily choices.

AFFA is prepared to support the project through resource coordination, partner communication, and delivery of hands-on nutrition, food-skills, and food-preservation education for participating patients, led by a certified food educator with food-preservation certification. We anticipate helping MLMC coordinate with Garrett Growers, participating farmers, and other community resources, while ensuring AFFA's role remains clearly defined and nonduplicative alongside Garrett Growers' produce-benefit fulfillment responsibilities.

AFFA's education programming will include six hands-on classes in Year 1 — covering canning, dehydrating, vacuum-sealing and freezing, and a Harvest to Table cooking demonstration — expanding to nine classes in Year 2 as enrollment grows from 150 to 175 participants. Classes will be held at a Western Maryland extension office facility and will include take-home materials and produce to support participants in practicing these skills at home.

AFFA brings direct experience operating the Mountain Fresh Pavilion at the Mt. Fresh Farmers Market in Oakland, Maryland, including a demonstration kitchen and a Smart Nutrition Station used for food-education programming, as well as established relationships with regional growers, markets, and food-access partners across Garrett and Allegany Counties and neighboring West Virginia. Through this partnership, we will help identify resources, resolve coordination challenges, and support a locally responsive approach that connects health-care services with the region's food producers and community assets.

The instructional and materials costs associated with the education series are proposed as a funded request of \$10,000 in Year 1 and \$15,000 in Year 2. Melissa Bolyard, Agriculture Business Specialist with Garrett County Government, will serve as AFFA's primary point of contact for this project.

We believe Harvesting Health has the potential to improve access to nutritious food while helping patients reduce their A1C and achieve better long-term health outcomes. AFFA is committed to participating in project planning and implementation, subject to final roles, available resources, applicable procurement requirements, and any necessary written agreements.

Sincerely,

Jen Thomas

Jen Thomas
Chair Appalachian Farm & Food Alliance



Garrett County Government Department of Community Development

Business Development Division

203 South Fourth Street, Room 208, Oakland, Maryland 21550
business.garrettcountymd.gov

September 9, 2026

Health Resources and Services Administration
Bureau of Primary Health Care

RE: Letter of Support for Mountain Laurel Medical Center's FY 2027 Expanding Nutrition Services Application, HRSA-27-099

Dear Review Committee:

On behalf of Garrett County Government, I am pleased to support Mountain Laurel Medical Center's application for FY 2027 Expanding Nutrition Services funding and its proposed Harvesting Health program.

As Agriculture Business Specialist for Garrett County, I work directly with the region's farmers, food producers, and food-access partners, including Garrett Growers Cooperative and the Appalachian Farm and Food Alliance, both of whom are proposed partners on this application. My work spans grant administration, program development, and food-systems coordination across Garrett and Allegany Counties and neighboring West Virginia, giving me direct familiarity with the local food-access infrastructure Harvesting Health proposes to build on.

Garrett County has invested in the local agricultural economy and food-access infrastructure that underlies this proposal, including the Mt. Fresh Farmers Market and its associated food-access programming. Harvesting Health would extend the reach and impact of that infrastructure by connecting it directly to clinical nutrition care for MLMC's patients with poorly controlled diabetes — a population facing well-documented barriers to consistent, affordable access to fresh food in our rural service area.

I am well positioned to support coordination among MLMC, Garrett Growers, and AFFA as this project moves forward, drawing on existing working relationships with each organization and familiarity with the local food-system landscape. Garrett County Government's support for this application reflects our shared interest in strengthening the connection between local food production and community health outcomes.

I believe Harvesting Health represents a meaningful opportunity to improve health outcomes for MLMC's patients while reinforcing the local food economy that Garrett County has worked to build. I am glad to support this application and am available to assist with coordination as needed throughout the project period.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Bolyard".

Melissa Bolyard
Agriculture Business Specialist
Garrett County Government
mbolyard@garrettcountymd.gov

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:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 2

☐ 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:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location(s)

Project/Performance Site Location 3

☐ 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: Western Maryland Healthcare Corporation

UEI: MCN1S6CHR8F3

* Street1: 198 Morgantown St

Street2: Suite 2

* City: Bruceton Mills County: Preston

* State: WV: West Virginia

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 26525-9998

* Project/ Performance Site Congressional District: WV-002

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:**

HRSA ENS Project Narrative.pdf

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

PROJECT NARRATIVE

1. Need

1.1 Need to Expand Nutrition Services

An EHR registry extract dated September 4, 2026, identified 277 unique adult patient records meeting the CMS 122v14 poor-glycemic-control numerator criteria, which include a most recent A1C or GMI above 9 percent as well as a missing or unperformed qualifying test during the measurement period. The records were distributed across MLMC's service sites as follows: 105 in Oakland, 81 in Westernport, 58 in Bruceton, and 33 in Grantsville. After limiting the extract to patients marked active and living, 262 potential participants remained: 99 in Oakland, 75 in Westernport, 55 in Bruceton, and 33 in Grantsville. Their median age was 60, and 168 patients, or 64.1 percent, were between ages 55 and 75. Medicare was the primary payer for 107 patients, or 40.8 percent; Medicaid for 46, or 17.6 percent; self-pay or sliding-fee arrangements for 21, or 8.0 percent; and commercial or other coverage for 88, or 33.6 percent. All 262 had an encounter during the preceding 12 months, 225, or 85.9 percent, had been seen within the preceding six months, and 191, or 72.9 percent, had a future appointment scheduled. These data demonstrate a sizable and geographically dispersed population with significant glycemic-control or monitoring needs, substantial reliance on public coverage, and established connections to MLMC that can support outreach and enrollment. MLMC will conduct final clinical and eligibility review before contacting patients for participation.

Mountain Laurel Medical Center serves a predominantly rural population through in-scope service sites in Oakland, Grantsville, and Westernport, Maryland, and Bruceton Mills, West Virginia. Patients experience a combination of chronic-disease burden and practical barriers to following nutrition guidance, including long travel distances, limited public transportation, variable access to retailers carrying affordable fresh food, and the time and cost required to travel between geographically dispersed communities. These barriers are especially consequential for patients with diabetes whose clinical outcomes depend in part on consistent access to nutritious foods and the knowledge and support to incorporate those foods into daily life.

The need is also reflected in MLMC's Uniform Data System performance. In calendar year 2025, 1,267/1,329 (95.3%) of eligible children and adolescents received weight assessment and counseling for nutrition and physical activity (UDS Table 6B, Line 12). During the same period, 10,334/10,617 (97.3%) of eligible adult patients received BMI screening and a documented follow-up plan when appropriate (UDS Table 6B, Line 13). MLMC reported 277/1,762 (15.7%) of patients with diabetes with poor glycemic control (UDS Table 6B, Line 17).

MLMC's performance compares favorably with the most recent publicly available HRSA benchmarks. In calendar year 2024, health centers nationally reported 72.57 percent performance on childhood weight assessment and counseling and 67.63 percent on

adult weight screening and follow-up. Maryland health centers reported 69.73 percent and 62.35 percent, respectively, while West Virginia health centers reported 66.60 percent and 70.39 percent. MLMC's 2025 performance of 95.3 percent for childhood weight assessment and counseling and 97.3 percent for adult BMI screening and follow-up exceeded each of these benchmarks. For the inverse diabetes measure, where a lower percentage reflects better performance, MLMC's 15.7 percent poor-control rate was substantially lower than the 2024 national health-center rate of 28.13 percent, Maryland rate of 28.85 percent, and West Virginia rate of 23.80 percent. These results demonstrate MLMC's strong screening, follow-up, and diabetes-management infrastructure. At the same time, the 277-patient records meeting CMS 122v14 poor-glycemic-control criteria show that a substantial number of individual patients continue to need more intensive clinical nutrition services and support. (Source: HRSA, CY 2024 UDS Performance Indicators by State, updated June 2025.)

The communities served by MLMC experience a closely related combination of diabetes, obesity, food insecurity, and transportation barriers. In CDC PLACES county estimates, age-adjusted diagnosed diabetes prevalence among adults was 11.6 percent in Allegany County, 10.4 percent in Garrett County, and 13.3 percent in Preston County. Age-adjusted adult obesity prevalence was 37.3 percent in both Allegany and Garrett Counties and 41.0 percent in Preston County. Food insecurity during the preceding 12 months affected an estimated 14.2 percent of adults in Allegany County, 15.0 percent in Garrett County, and 15.4 percent in Preston County. An estimated 8.6 percent of Allegany County adults, 9.1 percent of Garrett County adults, and 9.6 percent of Preston County adults reported lacking reliable transportation. These estimates show that many patients must manage diabetes in communities where healthy-food access and reliable transportation cannot be assumed. (Source: CDC PLACES, 2024 county release, based on 2022 model-based estimates.)

The service area also presents significant geographic and rural-access challenges. USDA's 2023 Rural-Urban Continuum Codes classify Allegany County as a nonmetropolitan county with an urban population of 20,000 or more adjacent to a metropolitan area and Garrett County as a nonmetropolitan county with an urban population below 5,000 adjacent to a metropolitan area. Preston County is included in a metropolitan area with fewer than 250,000 residents, but MLMC serves rural communities within the county, including Bruceton Mills. Across the region, patients are dispersed among small communities separated by long travel distances, mountainous terrain, and limited transportation options. This combination of elevated chronic-disease burden, food insecurity, transportation limitations, and rural geography supports the need for a clinical nutrition model that pairs individualized education and A1C monitoring with reliable access to healthy food and flexible distribution and transportation options. (Source: USDA Economic Research Service, 2023 Rural-Urban Continuum Codes.)

1.2 Workforce Challenges

MLMC does not currently employ personnel dedicated exclusively to nutrition services. Nurse Care Coordinators are registered nurses who provide diabetes education through MLMC's ADCES-accredited diabetes education program and maintain 15 hours of relevant continuing education annually. They incorporate nutrition education and diabetes self-management support into broader care-coordination responsibilities. Emily DeWitt, RN, holds a Nutrition for Nurses certification and will contribute a holistic perspective to patient education. Certified Community Health Workers help patients address access and social barriers but are not dedicated clinical nutrition providers. This structure provides a strong foundation but limits the intensity, consistency, and scale of nutrition services MLMC can currently deliver. Nutrition-related activities must compete with other clinical and care-coordination demands, including Chronic Care Management responsibilities. MLMC will monitor workload by site and adjust workflows, enrollment pace, and the mix of individual and group education as needed to maintain service capacity.

MLMC plans to begin implementing a telehealth nutrition-education workflow in April 2027. Patients will be referred through the EHR to a Nurse Care Coordinator, and telehealth appointments may be conducted with an NCC or RN coach. Education provided during the visit will be documented in the EHR. MLMC will not provide Medical Nutrition Therapy through this workflow; patients requiring MNT may be referred to an outside dietitian. Telehealth alone will not address local patient identification, enrollment, technology and engagement barriers, recurring food access, transportation, in-person education preferences, or coordination with the primary care team. ENS funding will allow MLMC to integrate telehealth education with nursing, community health, primary care, and local food-system partners in a coherent service model.

2. Response

2.1 Increasing Nutrition-Services Patients and Visits

MLMC will establish a standardized clinical nutrition-services pathway for patients with a verified most recent A1C greater than 9 percent. The project will use rolling enrollment beginning during the startup period, with each participant eligible for up to 12 months of services based on continued clinical eligibility and engagement. MLMC anticipates serving approximately 150 unique patients and documenting up to 450 nutrition-service visits during Year 1. In Year 2, MLMC anticipates serving approximately 175 unique patients and documenting up to 700 visits, including services for newly enrolled patients and participants who remain clinically eligible. These are budget-period utilization targets; MLMC will separately track each participant's full episode of participation.

Each participant will receive a documented baseline nutrition encounter, an individualized nutrition care plan and goals, and up to three additional documented nutrition-service encounters over a 12-month participation period. Because enrollment is rolling, not every Year 1 participant will complete all four encounters before the end of the first budget period. MLMC therefore projects up to 450 visits in Year 1 and up to 700 visits in Year 2. Education may combine individual encounters and group sessions to

maintain clinical value within available staffing capacity. Handouts, group communications, social-media content, and email education may reinforce the care plan but will not be counted as separate nutrition-service visits unless they meet the project's documented encounter definition. The produce benefit supports the clinical intervention by helping participants obtain the foods addressed through assessment, counseling, and goal setting; it is not the project's primary service. Consistent EHR workflows and reports will capture unique patients, nutrition-related encounters, referrals, participation, follow-up A1C testing, produce-benefit use, and outcomes required for the planned 2027 UDS nutrition-services measure.

2.2 Clinical and Food-Prescription Intervention

1. Identify potentially eligible patients through an EHR registry based on the most recent A1C greater than 9 percent, followed by clinical review and referral.
2. Conduct outreach and informed enrollment, including assessment of food access, transportation, preferred fulfillment method, readiness, and barriers to participation.
3. Complete a baseline nutrition assessment and individualized care plan within the responsible clinician's professional scope. When appropriate, schedule telehealth nutrition-education appointments with a Nurse Care Coordinator or RN coach through the EHR. Patients who require Medical Nutrition Therapy may be referred to an outside dietitian.
4. Provide recurring diabetes and nutrition education led primarily by Nurse Care Coordinators through a combination of individual encounters and group learning opportunities. AFFA will deliver six hands-on classes in Year 1 and nine in Year 2 covering canning, dehydrating, vacuum-sealing and freezing, and a Harvest to Table cooking demonstration. Classes will be led by a certified food educator with food-preservation certification. Handouts, social-media content, and email communications may provide supplemental reinforcement.
5. Offer a \$60 produce benefit loaded monthly to a restricted-value market card administered by Garrett Growers Cooperative or fulfilled through a preassembled produce box. The produce value is separate from packing, administration, and platform costs. Each distribution will include a practical recipe or preparation resource aligned with available produce.
6. Monitor A1C approximately every three months and review engagement, clinical progress, and barriers. Adjust education, referrals, food selections, or delivery support as needed.
7. At the end of 12 months, transition the participant to sustainable community food resources, permit reenrollment when the participant remains eligible and capacity allows, or close the episode with a documented maintenance plan.

2.3 Coordinating Care for Patients with Inconsistent Food Access

Patients able to shop at participating outlets may receive a restricted-value account credential usable only through Garrett Growers' program-specific point-of-sale system with participating Garrett Growers members at the Mountain Fresh Farmers Market and approved ALL Produce roadside-stand locations. It will not be a general-purpose gift

card, will not permit cash withdrawal or cash back, and will not be transferable. Garrett Growers owns and operates the system directly. The client-ID-based platform, modeled on its existing WVU Heart Program system, will maintain per-participant monthly allotments, balance controls, and program-specific utilization records. Participants and vendors will receive written instructions identifying allowable foods, and participating vendor stands will display signage identifying eligible items. Before activating the market pathway, MLMC will obtain any necessary HRSA approval and document that the mechanism complies with the NOFO's prohibition on gift cards or cash-equivalent incentives. If approval is not obtained, MLMC will provide the benefit through approved produce boxes. Garrett Growers will provide monthly reports showing participant counts, funds spent by date, time, and location, unused balances, and any additional reports required by MLMC.

Patients who cannot reliably use the market pathway because of transportation, mobility, scheduling, geography, or other access barriers may select a preassembled produce box. Garrett Growers will pack boxes at its ALL Produce Farm facility, which includes coolers for produce delivered from the field by participating farmers. Each food-grade-lined box will contain \$30 in approved, in-season items. Garrett Growers will use its existing refrigerated truck to make staggered weekly deliveries to paired MLMC sites: Bruceton Mills and Oakland during Weeks 1 and 3, and Grantsville and Westernport during Weeks 2 and 4. Each site will therefore receive a delivery approximately every other week, consistent with the twice-monthly box benefit. Participants may pick up boxes at their MLMC site, with MLMC home-delivery or transportation support available when necessary.

Unless MLMC determines that another approach is allowable and obtains any required HRSA approval, unused balances will roll forward monthly for the individual participant's future eligible purchases. Any later use of unused balances for bulk preservation produce or optional holiday produce boxes will require MLMC approval, documentation in the final agreement, and any required HRSA approval.

MLMC will purchase and title two AWD vehicles to support food transportation, delivery, and patient transportation to nutrition services and education. MLMC serves four sites across a broad, mountainous rural area spanning Western Maryland and Preston County, West Virginia, where long travel distances, steep terrain, winter weather, and the absence of dependable public transportation create significant access barriers. MLMC's existing transportation fleet is already committed to helping patients reach medical and behavioral health appointments. Absorbing recurring nutrition-related trips into that fleet would reduce appointment transportation capacity and could undermine access to core health services. Two additional AWD vehicles will allow MLMC to operate reliable regional routes for produce movement, food-prescription delivery, staff and educational materials, and patient transportation to nutrition services while preserving the current fleet for medical and behavioral health patients.

MLMC currently employs two full-time Transportation Associates who provide patients with free transportation to and from appointments at MLMC and other local healthcare

providers when transportation is identified as a barrier. MLMC supports the existing service with revenue generated through its 340B pharmacy program. Demand is substantial and has grown rapidly. MLMC recorded 1,374 completed transportation-related trips in 2024 and 2,591 in 2025, an increase of approximately 89 percent. The 2025 total included 2,346 patient transports associated with MLMC's four service sites and 245 medication-related trips. Patient transports originated primarily through Oakland, which accounted for 1,561 completed transports, followed by Westernport with 444, Grantsville with 242, and Bruceton with 99. MLMC also recorded 1,103 cancellations, 239 no-shows, and 134 requests that were denied or could not be accommodated in 2025, further demonstrating the volume and scheduling pressure placed on the current service.

Daily transportation schedules from January through August 2026 contain 2,055 patient-transport entries across 168 days with recorded transportation activity. Both primary vehicle schedules were in use on 162 of those days, or 96 percent, demonstrating that the existing transportation capacity is routinely committed. The records show recurring routes between patients' homes and MLMC's Oakland, Westernport, Grantsville, and Bruceton locations, as well as travel to regional providers such as Garrett Regional Medical Center, UPMC Western Maryland, and WVU Medicine in the Morgantown area. These routes require travel across a broad, mountainous service area that includes Garrett and Allegany Counties in Maryland and Preston County in West Virginia. As of September 1, 2026, MLMC's fleet consisted of five vehicles. The vehicles used primarily for patient transportation included: a 2026, Toyota, Sienna, AWD minivan, assigned to cover the entire MLMC service area, with 16,650 miles; and a 2025, Toyota, Sienna, AWD minivan, assigned to cover the entire MLMC service area, with 21,260 miles.

The two patient-transportation vehicles had a combined 37,910 miles, despite both being less than three years old. MLMC's remaining three vehicles support pharmacy, medication delivery, mail, administrative, maintenance, or other organizational operations. These vehicles included a 2022, Jeep, Compass, AWD SUV, assigned to cover the entire MLMC service area as an alternate/backup patient transportation option, with 110,762 miles; a 2020, Kia, Sportage, AWD SUV, assigned to facilitate staff travel between sites and medication delivery, with 82,668 miles; and a 2016, Kia, Sedona, minivan, assigned to facilitate staff travel between sites and medication delivery, with 162,680 miles. The entire fleet had accumulated approximately 384,020 miles as of the reporting date. Existing non-patient vehicles are assigned to ongoing operational responsibilities and are not available to absorb recurring food-distribution routes without disrupting those functions.

Transportation alternatives are extremely limited. The region has no consistent rideshare presence through services such as Uber or Lyft and no fixed-route public transportation system capable of meeting patients' medical transportation needs. Garrett Transit Service requires rides to be scheduled in advance, charges \$50 for out-of-county transportation, and does not provide dedicated medical transportation. These

limitations make MLMC's transportation program an essential component of healthcare access for patients who would otherwise be unable to reach appointments.

MLMC's current patient-transportation vehicles and Transportation Associates are dedicated to healthcare-related transportation. The existing service does not provide rides to grocery stores, transport patients for other food-access purposes, or deliver food to patients. Assigning recurring nutrition-related transportation and food-delivery responsibilities to the current fleet would displace medical and behavioral health trips and further strain vehicles that are already scheduled concurrently on most operating days and have accumulated substantial mileage. Reassigning pharmacy, medication-delivery, maintenance, or administrative vehicles would similarly shift the burden to other essential MLMC operations rather than create additional transportation capacity.

The two proposed AWD vehicles will create dedicated capacity for the Harvesting Health initiative. One vehicle is expected to support the Bruceton and Grantsville service region and Garrett-Preston County food-distribution routes. The second is expected to support Westernport and Oakland participants and routes across Allegany and Garrett Counties. MLMC may cross-deploy the vehicles based on enrollment, weather, distribution schedules, and patient need. The vehicles will transport produce boxes, ingredients, recipes, educational materials, and staff and will provide transportation to nutrition-service appointments or group education when needed. MLMC will use consolidated distribution and delivery routes whenever possible rather than operating a separate trip for each participant.

The program is designed to offer each enrolled participant a \$60 monthly produce benefit, which may be provided as two \$30 produce boxes or through the restricted-value market pathway. The stated Year 1 and Year 2 produce amounts are maximum contractual ceilings based on full participation; Garrett Growers will invoice only for documented monthly benefits and allowable administrative services actually provided during the applicable budget period. Actual utilization and vehicle-supported delivery volume will depend on enrollment timing, participant pathway selection, continued clinical eligibility, and transportation needs. MLMC will track each ENS vehicle's odometer reading, miles traveled, assigned route, trip purpose, produce or materials transported, patients served, and deliveries completed throughout the project.

2.4 Workforce Development

MLMC will train participating clinical, nursing, community health, registration, transportation, data, and partner personnel on eligibility, referral, scope-appropriate nutrition services, education, food-benefit workflows, documentation, privacy, escalation procedures, and outcome monitoring. Participating Nurse Care Coordinators are expected to include Traci Gilpin, Misty Champlin, Kate Keister, Alexis Cutter, and Emilee Friend, with Emma Rankin, Abby Guy, and Taylor Glotfelty participating as they are trained. NCCs will be responsible for baseline assessment, diabetes and nutrition education, goal setting, clinical follow-up, quarterly A1C coordination, EHR documentation, and communication with primary care providers. Participating Community Health Workers are expected to include Tonia Kimble, Twila Bender, Lori

Smith, and Nancy Miles, who will support patient outreach, quarterly follow-up, distribution, food-access navigation, transportation coordination, and practical barrier resolution.

Participating CHWs may complete ADCES's Diabetes Community Care Coordinator Certificate Program at \$185 per person. Emily DeWitt, RN, holds a Nutrition for Nurses certification and will contribute a holistic approach to education; completion of the ADCES certificate may also be considered for her. MLMC will use workflow testing, documentation audits, case review, workload monitoring, and refresher training to reinforce reliable implementation and adjust workflows, enrollment pace, and education formats as needed to maintain service capacity. AFFA will provide practical food-skills, nutrition, and food-preservation education—including canning, dehydrating, vacuum-sealing and freezing, and a Harvest to Table cooking demonstration—through a certified food educator with food-preservation certification. AFFA will coordinate class scheduling, space, materials, participant communication, and local-produce sourcing.

2.5 Quality Improvement Plan

MLMC will manage the project through its established quality-improvement infrastructure using rapid Plan-Do-Study-Act cycles. During startup, the team will establish measure definitions, baselines, documentation standards, reports, and an implementation dashboard. At least monthly during early implementation and quarterly thereafter, the project team will review enrollment, encounter completion, food-prescription fulfillment, missed contacts, A1C monitoring, retention, and clinical outcomes by site and fulfillment pathway. The team will identify bottlenecks, test changes, and document corrective actions. Examples may include revising outreach scripts, adjusting distribution schedules, changing box composition, offering alternate education formats, or modifying delivery routes. Clinical leaders will review safety concerns and patients whose A1C remains elevated despite participation and coordinate appropriate treatment escalation.

2.6 Equipment Necessity and Timeline

MLMC requests two AWD vehicles, expected to cost approximately \$55,000 to \$60,000 each, as movable equipment in Year 1. MLMC will purchase, title, control, inventory, maintain, and insure both vehicles. Each vehicle will support one of the project's primary service regions, reducing travel delays and unnecessary cross-county routing. The vehicles will be used for ENS-supported transportation of produce and ingredients, delivery of food prescriptions, movement of staff and educational materials, and transportation of patients to nutrition services as needed. AWD capability is necessary for safe and dependable service across mountainous terrain and during winter conditions. The added capacity will keep nutrition-related transportation from displacing trips needed for medical and behavioral health appointments. MLMC will complete specifications, competitive procurement, purchase, delivery, tagging, and deployment within 12 months of award. No minor alteration or renovation is currently proposed.

During Months 1–2 of the period of performance, MLMC will finalize vehicle specifications, document the cost-and-price basis, and initiate procurement in accordance with applicable federal requirements and MLMC purchasing policies. During Months 2–4, MLMC will solicit and evaluate quotes, document vendor selection, and issue the purchase order or execute the purchase agreement. Vehicle availability and delivery schedules will be confirmed before purchase. MLMC anticipates completing acquisition during Months 4–6; if manufacturer or dealer availability causes delays, procurement will remain an active startup priority, with delivery and deployment completed no later than Month 12. Upon receipt, MLMC will inspect, title, register, insure, tag, and add each vehicle to its equipment inventory and preventive-maintenance schedule. Staff will establish operating procedures and tracking logs before the vehicles enter service, including documentation of odometer readings, routes, trip purposes, materials transported, patients served, and deliveries completed.

One vehicle will be assigned primarily to the Bruceton and Grantsville service region and Garrett–Preston County food-distribution routes. The second will be assigned primarily to Westernport and Oakland participants and routes across Allegany and Garrett Counties. MLMC may cross-deploy the vehicles based on enrollment, distribution volume, weather, maintenance requirements, and patient need. Both vehicles will be dedicated to Harvesting Health activities, including transporting produce boxes, ingredients, recipes, educational materials, and program staff and, when necessary, transporting participants to nutrition-service appointments or group education. This assignment will create new nutrition-service capacity while protecting MLMC's existing transportation resources for medical and behavioral health patients.

3. Collaboration

3.1 Community Partnership Structure

MLMC will retain responsibility for clinical services, federal compliance, patient eligibility, fiscal oversight, protected health information, data integrity, and performance reporting. Garrett Growers will own and operate the card point-of-sale platform, coordinate participating growers and vendors, administer card and box fulfillment, pack approved in-season produce at ALL Produce Farm, make refrigerated deliveries to MLMC sites approximately every other week, and provide monthly reconciliation and utilization reports. AFFA will provide resource and partner coordination and deliver the project's nutrition, food-skills, and food-preservation education component. Garrett Growers will administer and fulfill the food benefit, while AFFA will teach participants how to select, prepare, and safely preserve foods. MLMC will consult available HRSA-supported technical-assistance resources, including its Primary Care Association or Health Center Controlled Network as appropriate, for guidance on UDS reporting, scope, clinical workflows, and implementation. Each funded relationship will be classified and administered according to its substance and applicable federal and MLMC requirements.

Organization	Anticipated contribution
Mountain Laurel Medical Center	Clinical leadership and oversight; eligibility and enrollment; nutrition assessment and care planning; individual and group education; telehealth NCC/RN-coach education; EHR documentation; A1C monitoring; CHW navigation; transportation; fiscal management; federal compliance; evaluation and reporting.
Garrett Growers	Administration of a \$60 monthly produce benefit through a directly owned and operated card point-of-sale system and preassembled boxes; participant/vendor education and signage for allowable foods; grower/vendor coordination; box packing at ALL Produce Farm; staggered weekly refrigerated delivery providing each MLMC site service approximately every other week; and monthly client-ID-based utilization, expenditure, balance, and location reporting. Capacity confirmed for approximately 150 Year 1 and 175 Year 2 participants.
Appalachian Farm and Food Alliance	Resource and partner coordination; six hands-on classes in Year 1 and nine in Year 2 covering canning, dehydrating, vacuum-sealing/freezing, and Harvest to Table cooking; scheduling, space, materials, participant communication, and local-produce sourcing. Broader coordination is in kind; direct instruction and materials are funded.
University of Maryland Extension facility	Western Maryland office space for AFFA classes only. UMD Extension is not a funded or in-kind project partner, and the AFFA instructor's unrelated UMD Extension employment does not make UMD Extension a project participant.
Telehealth nutrition-education workflow	Telehealth education appointments with an MLMC Nurse Care Coordinator or RN coach beginning in April 2027; EHR referral and documentation. MLMC will not provide Medical Nutrition Therapy through this workflow; patients needing MNT may be referred to an outside dietitian.

Because some individuals involved with Garrett Growers also serve on the AFFA board, MLMC will apply its written conflict-of-interest and procurement policies, require disclosure of relevant relationships, document recusals when applicable, and maintain records demonstrating reasonable cost and objective selection. MLMC anticipates treating Garrett Growers as a procurement contractor and using a noncompetitive procurement only if MLMC documents an applicable circumstance under 2 C.F.R. § 200.320(c), the contractor's unique qualifications, price reasonableness, conflicts-of-interest safeguards, and required approvals. If the requirements for noncompetitive procurement are not met, MLMC will use an appropriate competitive process. AFFA's classes will be held at a local University of Maryland Extension office facility through a space-use arrangement. AFFA's instructor also holds a UMD Extension staff role in an unrelated capacity; UMD Extension is not a funded or in-kind project partner.

3.2 Linking Patients to Healthy Food

The project links the clinical care plan directly to a reliable food-fulfillment mechanism. The restricted-use market card supports participant choice and reduces unwanted food,

while the produce-box pathway protects access for patients unable to shop at participating outlets. Garrett Growers has confirmed capacity to support approximately 150 participants in Year 1 and 175 participants in Year 2. Care Coordinators and CHWs will help patients choose the appropriate pathway, change pathways when circumstances change, and connect to complementary community resources as appropriate. Garrett Growers will provide monthly client-ID-based reports showing participant counts, expenditures by date, time, and location, and unused balances. MLMC will use these reports to reconcile program expenditures, identify missed fulfillment, and conduct participant follow-up.

3.3 Alignment and Non-Duplication

MLMC reviewed federal nutrition and food-access programs potentially operating in its service area, including MAHA ELEVATE, the National Diabetes Prevention Program, the IHS Produce Prescription Pilot Program, USDA Food and Nutrition Service programs, Healthy Start, the Maternal and Child Health Nutrition Training Program, and GusNIP. SNAP and WIC operate in the service area, but MLMC has not identified another current federally funded program that duplicates Harvesting Health's combination of clinically verified eligibility, documented nutrition services, recurring produce support, quarterly A1C monitoring, and longitudinal follow-up. Harvesting Health will not replace SNAP, WIC, food-pantry assistance, or benefits or services funded through another program. MLMC will verify nonduplication during contracting and throughout implementation and will maintain separate eligibility, expenditure, fulfillment, and reporting records.

MLMC's service area includes a network of public benefits, emergency food providers, mobile distributions, and community food-system initiatives. Available resources include SNAP and WIC; county and faith-based food pantries; Garrett County Community Action's food bank; Maryland Food Bank mobile distributions; the Garrett County Harvest Hub's periodic meal-box and food-voucher activities; food-assistance providers serving Preston County; and AFFA's existing Nourishing Neighbors community food-access activities. AHEC West maintains a regional directory of food pantries and meal programs, while the Garrett County Community Food Network supports cross-sector communication among public agencies, healthcare organizations, community groups, and local food producers. University of Maryland Extension also maintains nutrition-education curricula and resources developed through SNAP-Ed, although Maryland's SNAP-Ed programming concluded in FY 2026.

Harvesting Health will coordinate with these resources without reproducing their purpose or supplanting their funding. Existing food banks, pantries, mobile markets, and public-benefit programs generally provide household food assistance based on income, geography, or immediate need. Harvesting Health will serve a narrower clinical population identified through MLMC's EHR and will combine an individualized nutrition-service plan, recurring produce prescription, diabetes education, quarterly A1C monitoring, and documented clinical follow-up. Participation will not reduce or replace a patient's eligibility for SNAP, WIC, food-pantry assistance, or other community

resources. Likewise, food received from an outside program will not be reported as an ENS-funded benefit or charged to the ENS award.

MLMC's Community Health Workers will use PRAPARE screening and patient interviews to identify broader food-access needs and connect participants to SNAP, WIC, food pantries, mobile distributions, and other appropriate supports. Garrett Growers will coordinate the ENS produce-box and restricted-value market-card fulfillment pathways. AFFA will support food-system coordination, farmer engagement, alignment with other local initiatives, and practical food-selection, preparation, and preservation education. AFFA's broader resource coordination and partner convening will be contributed in kind. MLMC will communicate with these partners regarding distribution schedules, eligible products, service gaps, and participant access barriers so ENS activities complement rather than compete with existing programs.

MLMC will maintain separate eligibility, expenditure, fulfillment, and reporting records for Harvesting Health. Any existing MLMC food-access activities will remain programmatically and fiscally distinct unless a specific activity is formally incorporated into the approved ENS scope and budget. MLMC will not charge the same produce, personnel time, transportation expense, educational service, or other cost to ENS and another federal, state, local, or philanthropic funding source. This coordination structure will allow Harvesting Health to build upon the region's existing food-access network while filling the unmet need for a longitudinal, clinically integrated nutrition intervention for MLMC patients with poorly controlled diabetes.

4. Impact

4.1 Impact During the Two-Year Period

Measure	Baseline	Year 1 target	Year 2 target	Source/frequency
Unique nutrition-services patients	Not separately reportable under the current EHR workflow; no patients are enrolled in the new integrated Harvesting Health model	150	175 unique patients, including new and continuing clinically eligible participants	EHR/UDS; monthly and annually
Nutrition-services visits	Not separately reportable under the current EHR workflow; existing	Up to 450	Up to 700	EHR; monthly and annually

Measure	Baseline	Year 1 target	Year 2 target	Source/frequency
	nutrition education is embedded in broader care-coordination encounters			
Produce prescriptions fulfilled	0 under new model	Track actual utilization, with a goal of fulfilling at least 70% of monthly \$60 card-load or equivalent box opportunities	Track actual utilization, with a goal of fulfilling at least 75% of monthly \$60 card-load or equivalent box opportunities	Card and box records; monthly
Participants completing follow-up A1C testing approximately every three months	New program measure; baseline not currently available	75% of participants completing all A1C tests due during their period of participation	80% of participants completing all A1C tests due during their period of participation	EHR/lab; quarterly
Participants with any A1C reduction	New program measure; no follow-up comparison available at baseline	60%	65%	EHR; 6 and 12 months
Participants with ≥ 1 percentage-point A1C reduction	New program measure; no follow-up comparison available at baseline	40%	45%	EHR; 6 and 12 months
Participants reaching A1C below 9%	0% among participants enrolled with a baseline A1C greater than 9%	35%	40%	EHR; 6 and 12 months
Six-month retention	Not applicable; new program	70%	75%	Program registry; monthly

Measure	Baseline	Year 1 target	Year 2 target	Source/frequency
Dietary Behavior	Baseline Starting the Conversation dietary- assessment score established at enrollment	60% of participants completing a follow-up assessment will improve their score from baseline	65% of participants completing a follow-up assessment will improve their score from baseline	Starting the Conversation brief dietary assessment; baseline, 6 months, and 12 months

Clinical outcomes will be calculated among participants with an eligible baseline A1C and at least one follow-up A1C during the applicable measurement period. MLMC will report the number and percentage of participants included in each calculation, as well as the overall follow-up-testing completion rate, to avoid overstating outcomes based only on participants with complete laboratory data. Six-month retention will be defined as remaining enrolled and completing at least one documented nutrition-service or clinical follow-up contact during the sixth month or an established measurement window around that date. Produce benefits offered and produce benefits fulfilled will be reported separately.

MLMC will finalize operational definitions before enrollment begins. The core outcome set will focus on reach and continued participation, completion of follow-up A1C testing approximately every three months, and actual change in A1C from baseline. MLMC will specifically track the percentage of participants achieving an A1C reduction of at least one percentage point. It will also monitor any A1C reduction and improvement to an A1C below 9 percent. Clinical outcomes will be assessed among participants with available baseline and follow-up values, with completion rates reported to avoid overstating results. Produce-benefit utilization and nutrition-service visits will be monitored as implementation measures that help explain clinical results. The evaluation will distinguish benefits offered from benefits used and unique patients from encounters.

4.2 Longer-Term Impact

Beyond the two-year period, MLMC will sustain the infrastructure built through ENS: standardized referral and documentation workflows, trained Nurse Care Coordinators and Community Health Workers, potential access to externally provided telehealth medical nutrition therapy, established food-system and education partnerships, and expanded transportation capacity. MLMC will continue to monitor UDS Table 6B Lines 12 and 13, the diabetes poor-control measure, and the nutrition-services measure HRSA plans to add in 2027. Sustainability decisions will be guided by nutrition-service utilization, reimbursement where applicable, operating efficiencies, partner capacity, program income, and future public or private support. Long-term review will focus on continued nutrition-service reach, reliable follow-up A1C testing, A1C improvement, and sustained patient access to healthy food.

5. Capacity

5.1 Organizational Skills and Expertise

As a Health Center Program award recipient, MLMC provides comprehensive primary and preventive care across four rural service sites and maintains established systems for clinical governance, quality improvement, federal award administration, financial controls, data reporting, patient transportation, care coordination, community health work, and partnership management. MLMC will confirm that nutrition services are included on Form 5A in Column I or II before implementation or will add the service to its approved scope within 120 days of award, as required by HRSA-27-099. Nurse Care Coordinators bring registered-nurse expertise and diabetes education experience, and Emily DeWitt, RN, adds Nutrition for Nurses certification and a holistic approach to education. Certified Community Health Workers bring trusted outreach, navigation, follow-up, and distribution support; participating CHWs may strengthen this capacity through the ADCES Diabetes Community Care Coordinator Certificate Program. MLMC's clinical providers will retain responsibility for diabetes treatment and referral.

The planned telehealth workflow will expand access to education with NCCs or RN coaches beginning in April 2027, while patients needing Medical Nutrition Therapy may be referred to an outside dietitian. Food-system and education partners add local sourcing, fulfillment, coordination, cooking instruction, and practical education expertise that MLMC does not independently possess. Garrett Growers contributes experience owning and operating a client-ID-based produce-benefit point-of-sale platform modeled on its WVU Heart Program system, relationships with local growers and vendors, produce packing capacity at ALL Produce Farm, and refrigerated delivery capacity. AFFA operates the Mountain Fresh Pavilion at the Mountain Fresh Farmers Market, including a demonstration kitchen and Smart Nutrition Station kiosk, and will provide a certified food educator with food-preservation certification.

5.2 Screening and Risk Identification

MLMC currently identifies diabetes risk and disease status through routine clinical assessment, laboratory monitoring, EHR registries, and care-management workflows. The initial ENS cohort will be identified based on a verified most recent A1C greater than 9 percent, followed by clinical review. At enrollment, MLMC will administer the Starting the Conversation brief dietary assessment and complete a standardized assessment addressing nutrition status, dietary patterns, food access, preparation capacity, transportation, preferences, and readiness. The Starting the Conversation assessment will be repeated at approximately six and 12 months and documented in the EHR or program registry. MLMC also uses the PRAPARE tool to identify food-access and other social needs. When a patient screens positive, the care team places a referral to a Community Health Worker, who works with the patient to identify and connect with appropriate resources. The assessments and resulting CHW follow-up will guide the nutrition care plan, education intensity, telehealth referral, selection of the market-card or box pathway, and connection to complementary resources.

5.3 Implementation, Monitoring, and Adaptation

An executive sponsor, project director, clinical lead, fiscal lead, data lead, and partner representatives will form an implementation team with defined decision rights. The team will use a written work plan, responsibility matrix, budget-to-actual reports, equipment and contract monitoring, participant registry, and performance dashboard. MLMC will hold frequent startup meetings, transition to regular operating reviews, and elevate clinical, fiscal, privacy, procurement, staffing, or performance concerns through established management structures. Because Nurse Care Coordinators also carry Chronic Care Management responsibilities, MLMC will monitor workload by site and adjust workflows, enrollment pace, and the mix of individual and group education as needed to maintain service capacity. MLMC will adapt enrollment volume, distribution schedules, delivery routes, education formats, and referral workflows based on performance while preserving the approved project purpose and federal requirements.

TWO-YEAR IMPLEMENTATION WORK PLAN

Period	Key activities	Lead/support	Deliverables
Months 1-3	Finalize governance; execute allowable Garrett Growers and AFFA arrangements; confirm measures and targets; develop protocols; configure EHR registry and documentation; begin vehicle procurement; train staff.	MLMC project, clinical, fiscal, data, and procurement leads; partners	Approved implementation plan; workflows; training records; procurement file; baseline dashboard.
Months 4-6	Receive/deploy vehicles if available; pilot referral, education, card, box, and reporting workflows; continue enrolling patients; conduct first QI cycle.	MLMC and contracted partners	Operational pathways; initial enrollment; distribution and encounter records; corrective-action log.
Months 7-12	Continue scaling Year 1 enrollment toward 150; deliver approximately four documented nutrition-service visits per participant-year through an appropriate mix of individual and group education; implement the telehealth NCC/RN-coach education workflow beginning in April 2027; offer the \$60 produce benefit monthly; monitor follow-up A1Cs; provide six AFFA food-skills and preservation classes; conduct monthly and quarterly review; complete all equipment purchases.	MLMC and partners	150 patients enrolled or documented revised pace; equipment complete within 12 months; Year 1 performance report.
Months 13-15	Review Year 1 participation and clinical eligibility; enroll new patients while continuing eligible participants; refresh training and workflows; incorporate Year 1 lessons.	MLMC clinical/data leads	Year 2 enrollment and continuation plan; revised procedures; updated participant registry.
Months 16-21	Serve 175 unique Year 2 patients, including new and continuing clinically eligible participants; provide approximately four documented nutrition-service visits per participant-year through individual and group formats; continue telehealth education, nine AFFA food-skills and preservation classes, and supplemental handout, email, and social-media education; monitor quarterly A1C testing, actual A1C improvement, workload, and staffing capacity; conduct QI cycles.	MLMC and partners	Ongoing services; dashboard; documented improvements.
Months 22-24	Complete follow-up; analyze two-year outcomes; sustainability decisions;	MLMC leadership, fiscal, data, clinical leads	Final performance analysis; sustainability

Period	Key activities	Lead/support	Deliverables
	reconcile contracts and equipment; complete required reporting.		plan; closeout-ready files.

Clinical Service Frequency

Service	Working frequency	Documentation
Eligibility and clinical review	Once before enrollment, repeat if reenrolling	EHR registry and referral
Baseline nutrition assessment/care plan	At enrollment	Structured EHR note
Individual nutrition/diabetes education	FOUR DOCUMENTED NUTRITION-SERVICE VISITS OVER 12 MONTHS through an appropriate mix of individual and group formats	EHR nutrition-service encounter
Telehealth nutrition education	Beginning in April 2027; as clinically indicated with an NCC or RN coach	EHR referral and encounter documentation; external dietitian referral when MNT is needed
Produce prescription	\$60 benefit loaded monthly to a restricted-value card or provided as an equivalent produce box, based on participation and continued clinical eligibility	Card redemption or box fulfillment record
Recipe/preparation guidance	With each distribution	Distribution record/material log
Group education	Six AFFA classes in Year 1 and nine in Year 2; additional MLMC group sessions as capacity allows	Attendance and curriculum record
A1C monitoring	Baseline and approximately every three months	Laboratory result in EHR
Barrier and retention outreach	As needed after missed encounters, tests, or fulfillment	Care coordination/CHW note

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

Western Maryland Health Care Corporation

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Mr. * First Name: Corey Middle Name:
* Last Name: Edmonds Suffix:
* Title: Manager of Business & Community Development

* SIGNATURE: Completed on submission to Grants.gov

* DATE: Completed on submission to Grants.gov

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

HRSA ENS Budget Narrative.pdf

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Budget Narrative and Staff Justification

Fiscal Year 2027 Expanding Nutrition Services

Opportunity Number HRSA 27 099

Mountain Laurel Medical Center

Project The Harvesting Health Initiative

Period of Performance December 1 2026 through November 30 2028

Budget Summary

Budget Category	Year 1	Year 2
Personnel	\$0	\$0
Fringe Benefits	\$0	\$0
Travel	\$0	\$0
Equipment	\$110,000	\$0
Supplies	\$0	\$0
Contractual	\$128,300	\$163,200
Other	\$9,399	\$12,297
Total Direct Costs	\$247,699	\$175,497
Indirect Costs	\$20,655	\$26,325
Total Federal Request	\$268,354	\$201,822
Non-Federal Resources	\$0	\$0
Total Project Cost	\$268,354	\$201,822

Personnel

Personnel—Year 1: \$0; Year 2: \$0. MLMC is not requesting federal funds for employee salaries or wages. Existing MLMC personnel will provide program oversight and support through the organization's normal operations; these costs are not included as voluntary committed cost sharing.

Fringe Benefits

Fringe Benefits—Year 1: \$0; Year 2: \$0. No fringe-benefit costs are requested because no MLMC salary or wage costs are included in the federal project budget.

Travel

Year 1: \$0

Year 2: \$0

No separate employee mileage reimbursement or other travel costs are requested. MLMC employees will use the AWD vehicles purchased for the Harvesting Health project to transport produce and educational materials, complete consolidated delivery

routes, and transport eligible participants to program-related nutrition services and educational activities. Employee time associated with these duties will be provided through MLMC's normal operations and will not be charged to the federal award or reported as voluntary committed cost sharing. Fuel, insurance, registration, maintenance, and other vehicle operating expenses are included under Other and are not duplicated in the Travel category.

Equipment

MLMC requests \$110,000 in Year 1 to purchase two new 2026 Toyota Sienna XLE seven-passenger hybrid AWD minivans at an estimated cost of \$55,000 each. This amount is a reasonable planning estimate based on current publicly available pricing for the identified vehicle and comparable vehicles. The final vehicles, vendor, and acquisition prices will be determined through MLMC's procurement process in accordance with applicable federal requirements and organizational purchasing policies. If the currently identified vehicles are unavailable at the time of purchase, MLMC will acquire substantially equivalent AWD minivans within the approved equipment budget. The vehicles are necessary to establish dedicated transportation capacity for Harvesting Health without diverting MLMC's existing patient-transportation fleet from medical and behavioral health appointments. MLMC serves patients across Garrett and Allegany Counties in Maryland and Preston County, West Virginia. Long travel distances, mountainous terrain, steep and winding roads, winter weather, and the absence of dependable public transportation and rideshare services create significant barriers to nutrition services and healthy-food access. AWD capability is necessary for safe, dependable operation throughout this rural service area. The Sienna's passenger capacity, flexible interior space, and hybrid powertrain will support the efficient transportation of participants, staff, produce boxes, ingredients, recipes, educational materials, and other program supplies.

One vehicle will be assigned primarily to the Bruceton and Grantsville service region and Garrett–Preston County food-distribution routes. The second will be assigned primarily to Westernport and Oakland participants and routes across Allegany and Garrett Counties. MLMC may cross-deploy either vehicle based on enrollment, distribution volume, weather, maintenance requirements, and participant needs. Both vehicles will be dedicated to allowable Harvesting Health activities, including consolidated produce-delivery routes, transportation to nutrition-service appointments and group education when necessary, and movement of program staff and materials. During Months 1 and 2, MLMC will finalize vehicle specifications, obtain and evaluate written pricing, document price reasonableness and vendor selection, and initiate procurement. MLMC anticipates issuing a purchase order or purchase agreement during Months 2 through 4 and receiving and deploying the vehicles during Months 4 through 6, subject to manufacturer and dealer availability. If availability causes delays, acquisition and deployment will be completed no later than Month 12 of the period of performance.

Upon receipt, MLMC will inspect, title, register, insure, tag, and enter each vehicle into its equipment inventory and preventive-maintenance program. Equipment records will

identify the vehicle, VIN, acquisition date and cost, funding source, location, condition, and disposition status. Transportation records will document vehicle assignments, odometer readings, mileage, routes, trip purposes, produce or materials transported, participants served, and deliveries completed. MLMC anticipates an operational useful life of at least five years and will maintain the vehicles according to manufacturer recommendations and MLMC's fleet-management and equipment policies. No other equipment is currently requested.

Supplies

Supplies—Year 1: \$0; Year 2: \$0. No separate federal amount is requested under Supplies. The produce benefit, card administration, platform work, and AFFA instructional materials are included under Contractual, while project-specific printing and communications are included under Other. MLMC will not charge general promotional merchandise, cash equivalents, utility assistance, or open-ended participant aid to the award.

Contractual

Garrett Growers Cooperative

Garrett Growers Cooperative—Year 1: \$118,300, including a maximum of \$108,000 for documented \$60 monthly produce benefits for up to 150 participants, \$7,200 for card administration, transaction processing, reconciliation, and monthly reporting (\$600 per month), \$600 for one-time card issuance covering both project years, and \$2,500 for one-time software build-out to establish Harvesting Health as a separately tracked program within Garrett Growers' directly owned and operated point-of-sale platform. Year 2: \$148,200, including a maximum of \$126,000 for documented \$60 monthly produce benefits for up to 175 unique patients, \$7,200 for administration, transaction processing, reconciliation, and monthly reporting, and \$15,000 for an online-ordering website upgrade. No additional card-issuance charge is included in Year 2. Two-year total: \$266,500. Produce amounts are contractual ceilings; Garrett Growers will invoice only for documented benefits and allowable services actually provided during the applicable budget period. The restricted-value market pathway will be implemented only after MLMC documents its allowability and obtains any necessary HRSA approval; otherwise, benefits will be fulfilled through approved produce boxes. Garrett Growers will pack food-grade-lined, \$30 boxes containing approved in-season items at ALL Produce Farm, make staggered weekly refrigerated deliveries so each MLMC site receives boxes approximately every other week, and provide monthly participant, expenditure, location, and unused-balance reports. Unused balances will default to monthly participant rollover unless MLMC approves another allowable treatment and obtains any required HRSA approval.

If an arrangement is established, telehealth MNT will supplement—not replace—the diabetes and nutrition education, care planning, follow-up, and A1C monitoring provided through Harvesting Health. The telehealth provider will be responsible for determining coverage, obtaining any required authorization, documenting its services, and billing the patient's insurer or another applicable non-ENS payment source in accordance with the

final agreement. MLMC will not charge telehealth MNT services to the ENS award, use ENS funds for patient cost sharing, or claim as an ENS expense any service billed to insurance or another payer. MLMC will establish appropriate referral, consent, documentation, data-sharing, and privacy procedures before initiating referrals.

Other

Other—Year 1: \$9,399; Year 2: \$12,297

MLMC requests funds for the directly allocable operating costs of the two AWD minivans purchased for Harvesting Health, project-specific printing and communications, and Community Health Worker training.

Vehicle registration—Year 1: \$383; Year 2: \$383. MLMC budgets \$191.50 annually for each of two vehicles, based on Maryland's current registration rate for passenger or multipurpose vehicles with a shipping weight greater than 3,700 pounds. Title fees and any applicable vehicle excise tax will be included in the acquisition cost reported under Equipment and will not be duplicated under Other.

Vehicle insurance—Year 1: \$3,333; Year 2: \$5,000. For planning purposes, MLMC estimates commercial automobile insurance at \$2,500 annually per vehicle. Because the vehicles are expected to be available for approximately eight months during Year 1, the first-year calculation is prorated: two vehicles $\times$ \$2,500 $\times$ 8/12 months = \$3,333. The Year 2 calculation is two vehicles $\times$ \$2,500 = \$5,000. MLMC will replace this estimate with its insurer's projected incremental cost before submission, if available.

Fuel—Year 1: \$1,943; Year 2: \$2,914. Fuel costs are based on the 2026 Toyota Sienna AWD's EPA combined fuel-economy rating of 35 miles per gallon and a planning rate of \$4.25 per gallon. MLMC anticipates approximately 16,000 combined project miles during the partial first operating year and 24,000 combined miles during Year 2. The calculations are 16,000 miles $\div$ 35 MPG $\times$ \$4.25 = \$1,943 in Year 1 and 24,000 miles $\div$ 35 MPG $\times$ \$4.25 = \$2,914 in Year 2. Actual costs charged to the award will be supported by mileage, fuel, route, and trip-purpose records.

Maintenance and inspections—Year 1: \$1,000; Year 2: \$2,000. MLMC budgets \$500 per vehicle during the partial first operating year and \$1,000 per vehicle during the full second year for directly allocable preventive maintenance, required inspections, tires, and minor repairs. Costs covered by a manufacturer or dealer maintenance program will not be charged to the award.

Printing and communications—Year 1: \$2,000; Year 2: \$2,000. MLMC budgets \$2,000 annually for project-specific recruitment and enrollment materials, produce-distribution instructions and schedules, recipe cards, nutrition-education handouts, appointment and A1C-testing reminders, postage, and related participant communications. General organizational marketing expenses will not be charged to the award.

CHW training—Year 1: \$740; Year 2: \$0. MLMC requests \$740 in Year 1 for up to four participating Community Health Workers to complete the ADCES Diabetes Community Care Coordinator Certificate Program at \$185 per person. The training will strengthen

CHWs' ability to reinforce clinical care plans, support diabetes self-management, identify barriers to healthy eating, and connect participants with appropriate resources. No salary, fringe, or travel costs associated with completing the training are requested. MLMC will charge only actual, documented costs that are necessary, reasonable, and allocable to Harvesting Health. Employee mileage reimbursement is not requested because employees will use MLMC-owned vehicles. These costs will not be charged to another award or reimbursement source.

Indirect Costs

MLMC does not have a current federally negotiated indirect-cost rate and elects to use the 15% de minimis rate authorized by 2 C.F.R. § 200.414(f). The rate will be applied to modified total direct costs (MTDC).

The MTDC base includes eligible direct costs for materials and supplies, services, procurement contracts, travel, and other directly allocable project expenses, as well as up to the first \$50,000 of each subaward. Because no employee salaries or wages are charged to the award, the MTDC base includes no personnel or fringe-benefit costs.

The MTDC base excludes equipment and other capital expenditures, rental costs, scholarships and fellowships, participant-support costs, charges for patient care, and the portion of each subaward exceeding \$50,000. MLMC will apply the rate consistently and will not charge an expense both directly and indirectly.

Year 1: $\$137,699 \times 15\% = \$20,655$

Year 2: $\$175,497 \times 15\% = \$26,325$

Non-Federal Resources

Year 1: \$0

Year 2: \$0

Cost sharing or matching is not required under HRSA-27-099, and MLMC is not proposing voluntary committed cost sharing. Existing MLMC personnel will support the project through the organization's normal operations; however, their salaries, fringe benefits, and time are not included in the project budget as non-federal contributions. Any partner support provided at no charge to the ENS award is not quantified or presented as committed third-party in-kind support. Ordinary insurance reimbursement, sliding-fee revenue, 340B revenue, and other operating revenue are not presented as voluntary cost sharing. Any program income generated directly by award-supported activities will be identified, used, and reported in accordance with the Notice of Award and 2 C.F.R. § 200.307. Accordingly, the committed non-federal share is \$0 in each budget year.

Staff Justification Table

Name and Position	Project Role	Responsibilities	Federal FTE or Hours	Federal Cost
Corey Edmonds, Manager of Business & Community Development	Project Director	Overall implementation, partner and federal oversight	0	\$0
Michelle O'Connell, RN	Clinical Lead	Clinical protocol, safety, escalation, quality oversight	0	\$0
Participating NCCs listed in Section 2.4	Nurse Care Coordinator(s)	Enrollment, assessment, individual and group education, telehealth education, follow-up, A1C coordination, and documentation	0	\$0
Participating CHWs listed in Section 2.4	Community Health Worker(s)	Patient outreach, quarterly follow-up, distribution, food-access navigation, transportation coordination, and retention	0	\$0
Existing MLMC data and quality staff	Data/Evaluation Staff	Registry, dashboard, UDS, and outcome reporting	0	\$0
Existing MLMC finance and administrative staff	Fiscal/Administrative Staff	Budget, procurement, contracts, reporting	0	\$0

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. Expanding Nutrition Services (ENS) - HRSA-27-099	93.224	\$	\$	\$ 268,354.00	\$	\$ 268,354.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 268,354.00	\$	\$ 268,354.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Expanding Nutrition Services (ENS) - HRSA-27-099	N/A	N/A	N/A	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment	110,000.00				110,000.00
e. Supplies					
f. Contractual	128,300.00				128,300.00
g. Construction					
h. Other	9,399.00				9,399.00
i. Total Direct Charges (sum of 6a-6h)	247,699.00				\$ 247,699.00
j. Indirect Charges	20,655.00				\$ 20,655.00
k. TOTALS (sum of 6i and 6j)	\$ 268,354.00	\$	\$	\$	\$ 268,354.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Expanding Nutrition Services (ENS) - HRSA-27-099	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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. Expanding Nutrition Services (ENS) - HRSA-27-099	\$ 201,822.00	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 201,822.00	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$247,699.00	22. Indirect Charges: \$20,655.00
23. Remarks: The Year 2 federal request is \$201,822, including \$175,497 in direct costs and \$26,325 in indirect costs calculated by applying the 15% de minimis rate to the Year 2 MTDC base	

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Key Contacts Form

*** Applicant Organization Name:**

Western Maryland Health Care Corporation

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

*** Contact 1 Project Role:** Project Manager/Grant Manager

Prefix:

Mr.

* First Name:

Corey

Middle Name:

* Last Name:

Edmonds

Suffix:

Title:

Manager of Business & Community Development

Organizational Affiliation:

Mountain Laurel Medical Center (WMHCC)

* Street1:

1027 Memorial Drive

Street2:

* City:

Oakland

County:

Garrett

* State:

MD: Maryland

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

21550-4343

* Telephone Number:

301-533-3300, x3013

Fax:

* Email:

cedmonds@mtnlaurel.org

Key Contacts Form

*** Applicant Organization Name:**

Western Maryland Health Care Corporation

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

*** Contact 2 Project Role:** Fiscal Contact

Prefix:

Mrs.

* First Name:

Jennifer

Middle Name:

* Last Name:

Lowdermilk

Suffix:

Title:

Finance Director

Organizational Affiliation:

Mountain Laurel Medical Center (WMHCC)

* Street1:

1027 Memorial Drive

Street2:

* City:

Oakland

County:

Garrett

* State:

MD: Maryland

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

21550-4343

* Telephone Number:

301-533-3300, x3096

Fax:

* Email:

jlowdermilk@mtnlaurel.org

Key Contacts Form

*** Applicant Organization Name:**

Western Maryland Health Care Corporation

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

*** Contact 3 Project Role:** Executive Sponsor

Prefix:

Mr.

* First Name:

James

Middle Name:

* Last Name:

Mou

Suffix:

Title:

Chief Executive Officer

Organizational Affiliation:

Mountain Laurel Medical Center (WMHCC)

* Street1:

1027 Memorial Drive

Street2:

* City:

Oakland

County:

Garrett

* State:

MD: Maryland

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

21550-4343

* Telephone Number:

301-533-3300, x3018

Fax:

* Email:

jwmou@mtnlaurel.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

Western Maryland Health Care Corporation

Descriptive Title of Applicant's Project

The Harvesting Health Initiative will expand clinical nutrition services, diabetes education, fresh-produce access, and nutrition-related transportation for rural MLMC patients with poorly controlled

Project Abstract

Mountain Laurel Medical Center (MLMC), a Health Center Program award recipient serving rural communities in Western Maryland and Preston County, West Virginia, proposes to expand clinical nutrition services for patients with poorly controlled diabetes. An EHR registry extract identified 277 adult patient records meeting the CMS poor-glycemic-control numerator criteria, including 262 active and living patients with significant glycemic-control or monitoring needs. MLMC will verify that each participant's most recent A1C is greater than 9 percent before enrollment. Through the Harvesting Health initiative, MLMC will create a coordinated clinical nutrition pathway that combines nutrition assessment, individualized and group education, diabetes self-management support, care coordination, and quarterly A1C monitoring. The project will serve approximately 150 unique patients and support up to 450 nutrition-service visits in Year 1, followed by approximately 175 unique patients and up to 700 visits in Year 2, including new patients and participants who remain clinically eligible. Nurse Care Coordinators will lead enrollment, baseline assessment, individualized diabetes and nutrition education, goal setting, clinical follow-up, and coordination with primary care. Community Health Workers will support patient outreach, quarterly follow-up, produce distribution, food-access navigation, transportation coordination, and resolution of practical barriers. The project will also incorporate MLMC's planned telehealth nutrition-education workflow, with referral to an outside dietitian for Medical Nutrition Therapy when clinically appropriate. MNT services will not be charged to the ENS award. Garrett Growers Cooperative will administer the produce benefit through a restricted-value market card and preassembled produce boxes. The Appalachian Farm and Food Alliance (AFFA) will provide resource and partner coordination and deliver hands-on food-skills, nutrition, and food-preservation education through a certified food educator. MLMC will purchase and operate two AWD vehicles to support food and patient transportation while protecting existing medical and behavioral health transportation capacity. Participants will receive coordinated clinical nutrition services for up to 12 months and may access a \$60 monthly produce benefit, accompanied by practical recipes and preparation guidance. MLMC will measure unique nutrition-services patients and visits, continued participation, completion of follow-up A1C testing, change in A1C from baseline, the percentage achieving at least a one-percentage-point reduction, and the percentage improving to an A1C below 9 percent. The project advances disease prevention, nutrition, and chronic-disease management by building durable clinical workflows, workforce capacity, telehealth access, community partnerships, and transportation infrastructure that connect evidence-informed nutrition care with reliable access to healthy food.