



Centers for Disease Control and Prevention  
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## **FAQs for State Physical Activity and Nutrition (SPAN) Program**

This page addresses questions regarding the [CDC-RFA-DP-23-0012: The State Physical Activity and Nutrition Program \(SPAN\)](#) notice of funding opportunity (NOFO).

**Q. Do we have to identify target populations in the application? If we are to focus on implementing state-level policies for the first 2 years or so, would the target population be the entire state?**

A. Yes, the target population for state-level policies could be the entire state or a specific population within the state. The applicant must also identify the proposed target population within the state and communities identified for carrying out the proposed 25% of the budget work of the application.

**Q. Who within CDC should we have our letters of support addressed to?**

A. Address letters of support to “To whom it may concern.”

**Q. Can we change any of the language in the strategies or keep the language indicated in the NOFO?**

A. Please keep the language as indicated in the NOFO.

**Q. Do we need to have an agreement with an evaluator with submission of the grant?**

A. Evaluation staff may be hired post award.

**Q. Can the font on the work plan be smaller than 12 points?**

A. No. As noted in the NOFO, unless specified in the “H. Other Information” section, the application narrative must be a maximum of 20 pages, single-spaced, 12-point font, with 1-inch margins, and all pages numbered. This includes the work plan. Content beyond the specified page number will not be reviewed.

**Q. The NOFO states the work plan should be one document with a specific file name and the project narrative is another document with a specific file name. Do both documents get uploaded separately or together?**

A. The work plan and narrative files should be uploaded separately. However, note that the work plan is part of the narrative 20-page limit and should be page numbered accordingly. The work plan also needs to be single-spaced, 12-point font, with 1-inch margins.

**Q. Narrative: If tables or graphs are included, i.e., to describe burden or identify characteristics of priority populations, do tables also have to be 12-point font?**

A. Yes, use 12-point font for all components of the Project Narrative.

**Q. Can project narrative citations be included as an appendix?**

A. Yes, Project Narrative citations may be included as an appendix.

**Q. Do we have to pick certain counties as target areas or a region of the state?**

A. The applicant is not limited to choosing certain counties as target areas or regions of the state.

**Q. Will you consider proposals from states where previous SPAN funding has been awarded?**

A. Yes, applications will be considered from previously funded SPAN states.

**Q. For local work: Can each strategy have a different target population, or should we include all strategies for the targeted population?**

A. Applicants may propose to implement strategy work with a different target population as supported through your needs assessments.

**Q. Is the evaluation plan expected as a table or narrative?**

A. The format of the evaluation plan is at the discretion of the applicant.

**Q. Is there a page limit for the Evaluation and Performance Measurement Plan?**

A. The Evaluation and Performance Measurement Plan is a component within the Project Narrative which is limited to 20 pages total.

**Q. Should the 2 to 5-year narrative go after the year 1 work plan table?**

A. The positioning of the 2- to 5-year narrative should go after the year 1 narrative. The location of the year 1 work plan is at the discretion of the applicant.

**Q. Should a resume be provided for the evaluator?**

A. Yes, as available.

**Q. Does funding to local sub-recipients include only local public health agencies or can it include other local government or other local non-profit organizations that engage in public health work?**

A. Local sub-recipients can include other local government or non-profit organizations engaged in public health work.

**Q. Our agency budget narrative template includes position descriptions. Is that okay or do we need to submit it separately?**

A. Position descriptions are not required.

**Q. On page 7, it states recipients are expected to engage local public health government entities and organizations as sub-recipients (at least 25% of the total award). Can you define or give examples of local public health government entities and organizations?**

A. Examples of local public health government entities are city or county health departments or Tribes and Indian organizations (for example, see [CDC – Health Department Directories – Public Health Gateway](#)). Local public health organizations can be a public or private nonprofit organization of demonstrated effectiveness that represents a community and provides health-related programs to individuals in the community.

**Q. Can applicants work with a mix of local public health government and non-government entities and organizations as sub-recipients, or do sub-recipients all have to be governmental entities and organizations?**

A. Yes, applicants may work with a mix of governmental and non-governmental entities.

**Q. Is it recommended that applicants obtain at least one Memorandum Of Understanding / Memorandum of Agreement (MOU/MOA) from:**

**a. Other CDC projects and CDC-funded organizations**

**b. And a separate MOU/MOA from Organizations not funded by CDC.**

**Would one MOU/MOA from either a. or b. satisfy this expectation?**

A. The intent is that you collaborate with CDC-funded or non-CDC funded projects or organizations as appropriate within the state to complement your work. You must submit at least one MOU or MOA that demonstrates that collaboration. It can be from either a or b.

**Q. If a state department of health (DOH) has multiple CDC-funded programs in the same bureau/unit as SPAN, is the expectation that letters of support would be obtained from these programs rather than a MOU/A? Is it expected that the MOU/A would be obtained from programs residing outside of the DOH?**

A. Yes. Letters of support or MOU/A(s) should be submitted that demonstrate internal or external collaborations with the SPAN program.

**Q. Can states collaborate or is it specifically focused on one state entity?**

A. The intent of this funding is to support one state entity.

**Q. Based on the NOFO, it appears that we are to submit 2 letters of support: 1 Memorandum of Agreement (MOA), and 1 Memorandum of Understanding (MOU). Is that correct?**

A. It is not correct that you are to submit 2 letters of support, 1 MOA, and 1 MOU. Applicants should submit either letters of support, MOU, or MOA that document key collaborations.

**Q. Can the MOA or MOU come from the same agencies as the letters of support?**

A. Yes. An MOU or MOA can serve as a letter of support.

**Q. Can we submit more than 2 letters of support?**

A. Yes.

**Q. Do we need to include a needs assessment to each objective? Or should it be a more overarching needs assessment?**

A. No, you do not need to include a needs assessment for each strategy.

**Q. What is the difference between the work plan and the project work plan? Does the project work plan act as an additional attachment?**

A. There is no difference between the work plan and the project work plan. Work plan and project work plan are synonymous. The work plan is an additional attachment.

**Q. Our agency is currently receiving the High Obesity Program (HOP) funds and intends to apply again for the 2023 grant cycle (CDC-RFA-DP-23-0013). We are curious whether receiving the HOP would make us ineligible to apply for/receive a SPAN grant.**

A. No.

**Q. Can SPAN be used to support local farmers and non-profit produce distributors? What does “state level” mean?**

A. 25% of SPAN funding is required for local-level strategy and implementation activities which could include local farmers and non-profit distributors support. State-level activities should include policy, systems, and environmental approaches at the state level to facilitate scaled implementation and sustainability of the NOFO strategies.

**Q. Can you clarify the difference between “promote” and “implement” related to the nutrition strategy?**

A. Promote means encourage or prompt. Implement means put into place or action.

**Q. Would a Farmers' Market-SNAP matching (incentive) program be considered a fruit & vegetable voucher incentive program, if matching was limited to purchase of fruits and vegetables?**

A. Yes, Farmers' Market-SNAP matching is considered a fruit and vegetable voucher incentive program.

**Q. Do you have to have all 4 of the strategies, or can a state pick only one such as #3?**

A. For SPAN, applicants must propose work in all four strategies.

**Q. For FSG, the NOFO says: "The NOFO will not support development of state or region-specific nutrition guidelines." Does this mean we can't create new standards like in the past round? Or does it mean we can't work on standards adaptation and adoption at the regional and state levels?**

A. It means the applicant should not propose to create new standards.

**Q. Is "spread and scale family healthy weight programs" an acceptable strategy for this funding?**

A. Family Health Weight Programs is not a strategy for the SPAN NOFO currently.

**Q. Changing ECE licensing regulations requires action by the state legislature. Would activities, such preparing and distributing materials and recruiting people to testify to support the ECE regulatory changes, conflict with this statement: "...no funds may be used for publicity or propaganda purposes, for the preparation, distribution or use of any material designed to support or defeat the enactment of legislation before any legislative body" found on NOFO page 31 Funding Restrictions?**

A. Activities such as preparing and distributing materials and recruiting people to testify are in conflict with the statement: "...no funds may be used for publicity or propaganda purposes, for the preparation, distribution or use of any material designed to support or defeat the enactment of legislation before any legislative body." Data and science-related education materials not specific to any one policy may be developed.

**Q. We have a statewide program to increase physical activity and nutrition national standards among families with and without children in early care and education sites. Our intention is to strengthen our statewide reach with SPAN funds. Would this program qualify for SPAN funds?**

A. Yes, this would qualify.

**Q. Can the applicant partner with another CDC funded organization to enhance an already established, CDC-funded intervention using SPAN funding? If so, would it be a duplication of efforts as discussed on page 25 of the NOFO if the applicant wanted to**

**partner with an already CDC funded agency to expand an intervention with either a specific population or geographic area not already covered in the established intervention?**

A. Provided duplication is avoided, applicants are expected to collaborate with other CDC-funded organizations to expand an intervention with a specific population or geographic area not already covered to support at least one SPAN specific strategy.

**Q. Can the applicant partner with USDA-funded WIC programs or agencies to expand breastfeeding polices and share data?**

A. Yes, the applicant can partner with USDA-funded WIC programs to carry out proposed work related to the SPAN strategies.

**Q. Can the applicant partner with food banks or health systems that are recipients of federal (CDC or USDA) grant funding to expand the reach of their already established interventions?**

A. Yes, the applicant can partner with food banks or health systems that are federally funded to expand the reach of an intervention that supports at least one SPAN-specific strategy.

**Q. Is there an age range CDC has defined for the ECE strategy? Is it 0-5 or does it extend to 12? We're curious if any out-of-school-time work could be included in our application?**

A. The age range for CDC ECE Strategy is 0 to 5 years. Out-of-school-time work can be included in your application if it is included in the Spectrum of Opportunities.

**Q. Can you define "partner media"?**

A. Partner media are media materials and products created by a key, collaborative partner working on one of the recipient's chosen strategies.

**Q. Early care and education (ECE) staff wellness as part of quality rating and professional development spectrum – would creating a training to address staff wellness be an acceptable activity?**

A. Yes, training staff on wellness is an acceptable activity.

**Q. Can states work with Family, Friend, and Neighbor (FFN) childcare providers – e.g., unlicensed providers? These are prevalent everywhere and especially in rural areas.**

A. The Early Care and Education strategy should be focused at the systems level, however this does not preclude recipients from working with Family, Friend and Neighbor (FFN) childcare providers.

**Q. What settings are not supported by the food service guideline strategy?**

A. Food service guidelines **do not apply** to food served to children in childcare or school settings that are governed by federal laws and regulations, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program. Therefore, working in food service settings that already follow these laws and regulations is not supported by this NOFO. In addition, healthy food retail strategies for settings such as supermarkets and grocery stores, or corner stores and convenience stores do not fall under the food service guidelines umbrella and are, likewise, not supported by this funding. See information on [selecting settings to implement food service guidelines](#).

**Q. For the food service guidelines strategy, do we work at the state-level, local-level, or both?**

A. We require that your food service guidelines activities be state-wide or at the state-level of implementation (see page 8 of 55).

**Q. What food and nutrition standards should we use for food service guidelines?**

A. In settings where food is sold, CDC recommends using the [Food Service Guidelines for Federal Facilities](#). In settings where food is distributed, such as food pantries or food banks, we recommend using the [Healthy Eating Research Nutrition Guidelines for the Charitable Food System](#). If you have your own guidelines for food service or the charitable food system, you can continue to use them as long as they align with the current [Dietary Guidelines for Americans](#). However, you may not spend time developing your own guidelines as a part of this funding.

**Q. Do “procurement standards” fall under food service guidelines?**

A. Yes, food service guideline standards can be applied to food procurement mechanisms at the state or local level. Food and nutrition standards can be included in state or county bulk food procurement contracts, requiring food distributors to provide 100% whole grain bread or pasta, low-fat dairy options, and/or low sodium products for use in food service operations run by the state, county, or city government.

**Q. Do all food service guidelines strategies have to include policy development/adoption?**

A. Yes, embedding food and nutrition standards and behavioral design requirements into written agreements or policies can increase the availability and selection of healthier food and beverage options. See more information on how to [Put Food Service Guidelines into Organizational Policies and Food Vendor Contracts](#).

**Q. On page 7, it states recipients should aim for a minimum of one public message and one partner message each month. Should recipients aim for a minimum of one public and partner message per strategy (Nutrition, Physical Activity, Breastfeeding, and ECE) each month? What are examples of public messages?**

A. Aim for one public message and one partner message each month on any strategy. Public messages are messages developed for the general public.

**Q. Will CDC provide relevant messages or ads for digital/social media posts and paid media?**

A. Yes, see examples in the [State and Community Health Media Center](#).

**Q. Can we work at a local level on policy, or does it have to be at a state level?**

A. The intent of SPAN is that applicants work at the state level and support work at the local level, as appropriate to the context and need of your sub-recipients.

**Q. Is it the expectation that we work on both activities under the nutrition strategy?**

A. Yes.

**Q. Can you please clarify what is meant by “community design changes that increase access to physical activity”? Should applicants have the ability to add things like active parks or walking trails to a community? Or could design changes be something like a space at our clinic, or a local partner like a Boys & Girls Club, for free indoor yoga classes or Zumba classes?**

A. All strategy activities should be policy, system or environmental changes. See [Increasing Physical Activity Through Community Design](#) as indicated in the NOFO for suggested activities.

**Q. What is meant by “family healthy weight programs”? Is this similar to the Diabetes Prevention Program?**

A. See this description of [Family Healthy Weight Programs](#).

**Q. What is the definition of the program manager and principal investigator? Can one person fill the both of these positions?**

A. No, one person cannot fill both roles. The principal investigator is the individual responsible for the preparation, conduct, and administration of the cooperative agreement. The program manager oversees and coordinates the various tasks, products, and activities of the proposed work of the cooperative agreement.

**Q. Are public health physicians, also board certified in lifestyle medicine and certified in nutritional studies, considered a satisfactory representatives as a “nutrition coordinator”?**

A. The nutrition coordinator must have adequate public health nutrition leadership/management expertise to plan and supervise the nutrition strategy work.

**Q. Does the applicant’s FTE Nutrition or Physical Activity Coordinator have to have the title of “Nutrition” or Physical Activity” in their role? For example, can the applicant’s FTE Health Educator/Trainer fulfill the role of a Nutrition or Physical Activity Coordinator for the deliverables in the Work Plan?**



A. Yes. The nutrition- or physical activity-specific coordinator must have adequate public health nutrition or physical activity leadership/management expertise to plan and supervise the work.

**Q. Can the applicant use a contracted vendor to fulfill the role of the Nutrition and Physical Activity Coordinator or do these positions need to be located/established within the applicant's agency?**

A. The Nutrition and Physical Activity Coordinator need to be located/established within the applicant's agency.

**Q. Can the 1 FTE physical activity coordinator be shared between more than one staff? Does the staffing have to equate to 1.0 FTE?**

A. Yes. The 1 FTE is a minimum. The 1 FTE may comprise more than one staff person.

**Q. On page 12, it states, "The NOFO also highly recommends health equity training for recipient staff and/or hiring staff, consultants, and contractors with health equity expertise, including hiring, or retaining diverse staff representing priority population(s)." Is the NOFO recommending "hiring, or retaining diverse staff representing priority population(s)" as a health equity training topic for recipient staff and/or hiring staff, consultants, and contractors?**

A. CDC recommends health equity as a training topic as well as hiring or retaining diverse staff representing priority population(s) with health equity expertise, as appropriate for your context.

**Q. Are staffing requirements for the new grant similar to the previous grant? One physical activity coordinator and one nutrition coordinator?**

A. Yes.

**Q. Can funds be used to purchase equipment to support active transportation – as identified by local communities – such as bicycle racks, repair stations, etc.? Is equipment for purchase considered anything over \$5K or another limit?**

A. In general, funds cannot be used to purchase equipment such as bike racks, playground equipment etc. Recipients should leverage the resources of their partners for such items. Funds may be used to purchase such items for the planning and design of pop-ups and demonstration projects. CDC will work with recipients to finalize budgets and work plans.

**Q. Can we budget for the full \$1.3 million?**

A. The applicant should provide a budget that provides for the proposed scope and reach of the proposed work.

**Q. We serve various vulnerable populations throughout the state through several programs. Can we apply to funnel funding toward all these programs? Is there a limit to how many programs this may be used toward?**

A. Funding must align with the strategies outlined in the NOFO. Applicants should avoid pass-through funding to other programs.

**Q. Can the funding be used to pay for engineering work?**

A. The funds may not be used for construction or engineering work.

**Q. Can the funding be used to pay for food, such as a lunch at a partner meeting?**

A. The funds may not be used for food at meetings.

**Q. What does the process for reimbursement look like for agencies who want to coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription program?**

A. Reimbursement to other agencies for fruit and vegetable incentive or produce prescription programs is not allowed.

**Q. Page 12 of the NOFO mentions the award amount is influenced by burden, population size and geographic area, and rural vs. urban. Which of those factors influences a larger grant award? Partnering with underserved rural/remote communities can be expensive and worthwhile even though it doesn't impact as large a population.**

A. There is no funding formula. The applicant budget and work plan should support work on the NOFO strategies and activities proposed. Final work plans and budgets will be approved by CDC.

**Q. Does the 25% funds for locals need to be spent every year, or is 25% of the total budget the only requirement? Again, if we are focusing on implementing state-level policies the first 2 years, can we then spend 25% of funds on local organizations, health departments, etc. during the remaining 3 years?**

A. Applicants should propose budgets that include up to 25% to locals for each annual budget period.

**Q. If an organization with a statewide or regional focus is funded as a sub-recipient, but they do work or sub grant at the local level, does that count toward the 25% minimum that should go toward local sub-recipients?**

A. Yes, funding the work of a statewide or regional focus organization can be counted toward the 25% minimum if the work they carry out is at the local level.

**Q. Can local work be done later in the funding period? Example: If state policies are to be implemented, can states spend the first 2 years or so developing and implementing those policies, then spend the remaining 3 years working with local agencies, health departments, etc. to implement those state policies within targeted organizations and/or counties? Is the 25% subaward funding meant to go to a local (or multiple local) community organizations to do the strategies of the grant more intentionally in one (or multiple) communities? Instead of local community organizations, can the 25% be awarded to partner groups (who may be statewide in nature) do the work in local communities that we identify as having a high? Essentially, can an intended subrecipient (or local community) receive services from another organization as opposed to cash?**

A. The applicant should propose at least 25% of the year one budget narrative to support local sub-recipients as described in the NOFO. Applicants should propose criteria for selection of sub-recipients and corresponding geographic areas.

**Q. Does Extension count as local public health government entities and organizations as sub-recipients (at least 25% of the total award)?**

A. Yes, Extension can count as part of the sub-recipient funding at the local level.

**Q. On page 12 of 55 of the NOFO (iv. Funding Strategy), it describes how CDC will determine/distribute the award amount for recipients. Could you provide a formula and/or further details on how the award amount will be calculated for each recipient? We want to ensure our budget and work plan aligns with a similar, anticipated award amount – we do not want to underestimate or overestimate in our proposed budget or activities.**

A. There is no funding formula. The award floor is \$600,000, award ceiling is \$1,300,000, and approximate average award is \$888,000 per budget period. The applicant budget and work plan should support work on the NOFO strategies and activities proposed. Final workplans and budgets will be approved by CDC.

**Q. Can High Obesity Program (HOP) recipient counties also be supported by SPAN grant funding and resources to address existing gaps in resources? An underlining assumption is that both grants would NOT duplicate or supplant one another.**

A. Yes, provided they are distinct activities. Please refer to page 25 of the NOFO: Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.

**Q. In our state agency MOU/MOAs are considered legal documents that can take many weeks to obtain, and we may not have the capacity to get these in place by 3/28. Can letters of support be used with equal scoring weight to MOUs and MOAs?**

A. Yes. Letters of support can be used.

**Q. Page 16 and 28: Do you want the Project Narrative file labeled Workplan\_PartnerName\_SPAN\_name of applicant vs. ProjectNarrative\_SPAN\_name of applicant? Assuming adding PartnerName is an error?**

A. Yes, adding PartnerName is an error.

**Q. Can SPAN funding be used to support improving EBT access at farmers markets? We still have areas of our state who struggle with this. We cannot engage them in nutrition incentive programs without addressing this issue first.**

A. Yes. Supporting the expansion of technologies that allow food businesses to accept program vouchers as payment, for example statewide payment systems or online grocery platforms, is one of the listed potential state-level activities. See [Fruit and Vegetable Voucher Incentives and Produce Prescriptions](#).

**Q. Can funds be used to purchase foods for fruit and vegetable voucher incentive and produce prescription programs? Does this include providing funding to partners to incentivize participants who attend evidence-based healthy lifestyle classes?**

A. No, recipients may not use CDC funds to purchase food for the produce prescription programs, or for the fruit and vegetable incentive programs, nor to provide funding to purchase food to partners to incentivize participants.

**Q. The SPAN NOFO states that nutrition strategy activities must be coordinated through cross-sector state-level nutrition councils or coalitions. What are examples of how recipients can demonstrate that strategy activities are being coordinated through cross-sector state-level nutrition councils or coalitions?**

A. Examples of evidence that demonstrates coordination with cross-sector state-level councils or coalitions are letters of support, memorandums of understanding, or memorandums of agreement which describe partner roles and responsibilities or shared resources.

**Q. If an applicant can demonstrate that state funds (not SPAN award funds) equivalent to at least 25% of the total grant award will be used to engage local public health government entities and organizations as sub-recipients, then can the recipient redirect the 25% requirement to other budget items to support implementation?**

A. No. The applicant should include in the budget narrative the 25% requirement for local sub-recipients as directed in the NOFO.

**Q. Should we pre-select one strategy for long-term evaluation?**

A. Selection of strategy for long-term evaluation is at the discretion of the applicant. Post award, CDC will work with recipients on their long-term evaluation.

**Q. When can we expect final performance measure guidance, if funded? How can we ensure our proposed work plan activities will fulfill performance measure requirements?**

A. Final performance measure guidance will be provided within the first 6 months of the award.

**Q. What is the time frame for the short, intermediate, and long-term outcomes?**

A. For this NOFO, short-term is considered within the period of performance or up to 5 years. Intermediate could be 3 or more years, and long-term implies 5 or more years.

**Q. Can we receive guidance for the expectations of a Data Management Plan (DMP)? What exactly is our (recipients) role in the DMP as it relates to creation, providing data, and analysis? Page 12 of the NOFO states that, “A Data Management Plan is not required.” However, on page 14 it reads, “plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable throughout the life cycle of the project... DMP should be provided in annual progress reports...”. Page 31-32 states that “applications involving data collection must include a DMP....unless CDC has stated that CDC will take on the responsibility of creating the DMP.”**

A. A DMP is not a required element for application submission. After award, if a DMP is appropriate for a particular recipient, CDC will work collaboratively with the recipient to develop a DMP.

**Q. Are applicants required to already have existing produce prescription and fruit and vegetable incentive programs?**

A. The intent is to have the recipient coordinate the uptake and expansion of fruit and vegetable voucher incentive and produce prescription programs for high-risk community members. Applicants should have demonstrated engagement with existing food security coalitions, equity task forces, or food policy committees that have collaborated, assessed, and initiated planning to support the proposed work to serve the identified priority population.

**Q. For the nutrition strategy, do recipients have to work on both fruit and vegetable incentive and produce prescription programs?**

A. Yes. Applicants should propose work to address **both** fruit and vegetable incentive and produce prescription programs. Recipients can choose to expand implementation in different populations and/or at different times during the funding period.

**Q. What partnerships are advised for the work to address produce prescription programs?**

A. Proposed activities to increase access to produce prescription programs need to coordinate between key partners such as those who oversee screening and eligibility (e.g., healthcare, community health centers, food assistance benefit agencies), retail partners such as farmers markets, retail stores and/or charitable food venues, and non-governmental organizations.

Please refer to the potential activities section of [Priority Nutrition Strategy: Fruit and Vegetable Voucher Incentive and Produce Prescriptions](#) for examples to consider.

**Q. Will the NOFO support development or implementation of local or setting-specific nutrition guidelines?**

A. The NOFO supports implementation, but not development, of nutrition guidelines. Please refer to [Priority Nutrition Strategy: Food Service and Nutrition Guidelines](#) for additional implementation information.

**Q. What food and nutrition standards should we use for food service guidelines?**

A. In settings where food is sold, we recommend using the [Food Service Guidelines for Federal Facilities \[PDF-3.3MB\]](#). In settings where food is distributed, such as food pantries or food banks, we recommend using the [Healthy Eating Research Nutrition Guidelines for the Charitable Food System \[PDF-4.1MB\]](#). If you have your own guidelines for food service or the charitable food system, you can continue to use them as long as they align with the current [Dietary Guidelines for Americans \[PDF-31MB\]](#). However, you may not spend time developing your own guidelines as a part of this funding.

**Q. Does a program need to have an official health care prescription component for it to qualify as a produce prescription program under the nutrition strategy? For example, we have some existing local programs in our state that provide food boxes to specific populations (e.g., tribal elders, people with diabetes), but do not currently include a prescription from a health care provider. Would this qualify as a prescription program under the nutrition strategy?**

A. In a produce prescription program, the referring agency must have a connection to a health provider, which could include physicians, nurses, social workers, dietitians, community health workers, WIC staff, etc. These individuals can, for example, provide a paper referral coupon or voucher, but may not be defined as an official prescription.

**Q. What type of community health needs assessment should we conduct?**

A. The needs assessment should include a food systems component that will allow the recipient to identify the food access assets and gaps as well as the unique cultural, linguistic, health, and social needs of their priority populations in their setting. See an example of a community needs assessment under the local heading on the [Priority Nutrition Strategy: Fruit and Vegetable Voucher Incentive and Produce Prescriptions](#) webpage. Recipients may choose to use another assessment.

**Q. Can you provide the definition of “uptake” in the nutrition strategy which states: Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs?**

A. Uptake refers to use of available programs.

**Q. Will there be another round of SPAN funding?**

A. This current SPAN funding announcement is intended for five years, contingent on receipt of funds.

**Q. Our state has a policy that only 2 people may travel out of state. The NOFO mentions at least 5 people will need to attend the training in Atlanta. Is that something CDC would work with us on, or would we need to work on an exception to the state policy?**

A. The applicant is responsible for any necessary exceptions to their agency policy to fulfill the travel requirements of the NOFO.

**Q. Can you please confirm that there is one meeting to Atlanta in year 1 with at least 5 staff for implementation and evaluation training?**

A. Yes. Atlanta is the tentative location you can use for budgeting purposes.

Last Reviewed: February 28, 2023

Source: [Division of Nutrition, Physical Activity, and Obesity](#), [National Center for Chronic Disease Prevention and Health Promotion](#)