

Recipient Name:

Indian Health Service Produce Prescription Pilot Program (P4) 2025 Continuation Application Project Narrative

Instructions

1. This template is provided as an option for grantees to gather the required information. Alternatively, all required information can be provided using a template of your choice.
2. **Retrieve** and review the following documents:
 - a. Your program's 2024 grant application, including the completed Project Narrative.
 - b. Your program's 2024 Notice of (Grant) Award.
 - c. Your program's 2024 Terms and Conditions.
3. **To use this template:**
 - a. **Download** a copy of this Project Narrative template to your desktop before entering information.
 - b. **Ensure** [Adobe Acrobat Reader](#)¹ is used.
 - c. **Complete** ALL pertinent items by selecting a response from a list or typing the requested information.
 - d. **Review** your completed Project Narrative to ensure that all required items – outlined in red – are filled in.
4. **Submit** your completed Project Narrative in [GrantSolutions](#)² as instructed.

Additional Information

1. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used in your Project Narrative. Any other abbreviation(s) used should be spelled out the first time.
 - a. IHS = Indian Health Service
 - b. I/T/U = IHS/Tribal/Urban
 - c. NoA/NGA = Notice of (Grant) Award
 - d. P4 = Produce Prescription Pilot Program
2. **Common terms.**
 - a. Prescription = voucher, food box, etc.
3. Contact your P4 support team (IHSProducePrescriptionPilotProgram@ihs.gov) if you have any questions.

¹ Adobe Acrobat Reader download: <http://get.adobe.com/reader/otherversions/>

² GrantSolutions: <https://home.grantsolutions.gov/home/>

Recipient Name:

Part A. Program Identifiers

A1.1 Date (mm/dd/yyyy):

A1.2 IHS Area:

A1.3 Program Name:

A1.4 Grant Number (Item 12 on NoA/NGA):

A1.5 Information about person completing this Project Narrative.

a. Name:

b. Title:

c. Email:

d. Phone:

Part B. Key Personnel

B1.1 List all key personnel that will be involved in your program's activities/services. If there are more than 8 people, provide the information for additional individuals in [Part G, Other Information](#) of this Project Narrative. **Provide a brief resume or biographical sketch for any new key personnel working on the project since you submitted your 2024 grant application.**

First Name	Last Name	Title and Credentials	Paid with P4 funds (at least in part)?	How long involved with your clinic or organization?
1.		P4 Program Coordinator Credentials:		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Recipient Name:

Part C. Partnerships and Collaborations

C1.1 Provide information on any new, or discontinued partnerships, that occurred since you completed your 2024 grant application. If there are more than five changes, use [Part G, Other Information](#) of this Project Narrative to document them. **If there are no new or discontinued partnerships, proceed to [Part D](#).**

a. Partner Name	b. New or Discontinued?	c. If Discontinued: briefly describe why If New: briefly describe services provided/primary focus of partnership
1.		
2.		
3.		
4.		
5.		

Part D. Program Implementation

Target Population

D1.1 Age range of target population (e.g., adults 18 years and older).

D1.2 Health status (e.g., at risk for diabetes, new onset diabetes, diagnosed hypertension).

D1.3 Geographic locations (e.g., areas of reservation, villages, communities).

D1.4 Additional information, if any, to describe your target population for FY25.

Recipient Name:

Recruitment

D2.1 Describe how your program plans to recruit participants. Include materials or outreach activities (e.g., advertising, marketing, community events, etc.).

D2.2 Does your program plan to have a referral process?

D2.3 If yes, please describe the referral process including whether the program collaborates with other departments/programs. This could include both clinic-based and community-based referrals.

Screening for Food Insecurity

D3.1 Will your program collect **additional** food insecurity information other than the US Adult Food Security Survey Module?

D3.2 If yes, describe what additional food insecurity information is being collected.

D3.3 How is food insecurity screening administered (select all that apply).

- a. Electronic
- b. Paper form
- c. In-person
- d. Phone
- e. Interview
- f. Other:

D3.4 Provide more information about screening, if needed.

Recipient Name:

D3.5 Which team member administers the screening? (select all that apply).

- a. P4 Coordinator or Manager
- b. Support Team Member (Front Desk Staff, Program Assistant, etc.)
- c. Community Health Representative (CHR/CHW/CHAP)
- d. Nurse
- e. Dietitian
- f. Behavioral Health Team Member
- g. Other:

D3.6 When are participants screened for food insecurity? (select all that apply).

- a. Baseline (at initial enrollment)
- b. Every Month
- c. Every 2 Months
- d. Every 3 to 4 Months
- e. Every 5 to 6 months
- f. Every 12 months
- g. Other:

D3.7 Provide more information about screening, if needed.

Participant Enrollment

D4.1 What is your program's goal for the **total** number of enrolled participants in year 3?

D4.2 How many enrolled participants is your program anticipating **continuing** from year 2?

D4.3 How many **new** enrollees does your program anticipate for year 3?

D4.4 How was D4.1- D4.3 determined?

Recipient Name:

D4.5 Approximately how many additional people in your community do you anticipate benefitting from the P4 program's services and activities? This could include household members who use fruits/vegetables/traditional foods shared by a P4 program enrollee.

D4.6 How was D4.5 determined?

D4.7 Describe the steps that occur after an eligible participant is enrolled. This can include additional measures taken at baseline (e.g., A1C, blood pressure, fruit and veggie meter, etc.), signing them up for nutrition education, or other referrals (e.g., transportation).

D4.8 How often is an enrolled participant reassessed for food insecurity?

D4.9 How often are health outcomes or clinical markers collected from an enrolled participant?

D4.10 Describe criteria for how long participants can be enrolled in the program (e.g., 6 months, 1 year, ongoing, as needed, etc.)?

Recipient Name:

Produce Prescription Issuance and Redemption

D5.1 Describe the process of how your program will prescribe the produce (e.g., voucher, food box, etc.). Include who will be responsible for prescribing the produce (i.e., signing them up for the program).

D5.2 What is the dollar amount or value of each prescription per participant or household?

D5.3 How often will prescriptions be issued or prescribed per participant?

D5.4 Describe the process of how a participant physically receives the produce prescription. Include mode of delivery, who is involved, and/or location of distribution.

D5.5 Describe the process of how your program will pay for the fruits/vegetables/traditional foods.

D5.6 How will your program track the number of prescriptions issued and redeemed?

D5.7 How will your program follow up on prescriptions that have not been filled/redeemed?

Recipient Name:

Challenges

D6.1 Indicate which of the following common challenges your program may face related to your produce prescription program.

Common Challenges (select all that apply).

- a. Staff recruitment/retention
- b. Patient/participant recruitment and/or retention
- c. Transportation
- d. Location (e.g., remote, urban)
- e. Access to nutritious food
- f. Program logistics (e.g., vouchers, food distribution, establishing partners)
- g. Perception of food insecurity in the community
- h. Screening for food insecurity
- i. Data collection and evaluation
- j. Lack of access to safe drinking water
- k. COVID
- l. Other:

D6.2 Briefly describe how each item selected is expected to affect your program.

D6.3 How do you plan to address the challenges you expect to encounter?

Recipient Name:

Part E. Nutrition Education Activities and Services

E1.1 Complete this section with information related to your program’s anticipated nutrition education activities and services. If there are more than eight activities, use [Part G, Other Information](#) of this Project Narrative to document them.

a. Major Activities Planned (List each activity or service planned and provide a brief description, including if it is offered by individual or group, and if activities will be held in-person or virtual)	b. Timeframe (When will this activity be implemented?)	c. Tracking (What components of nutrition education will you track?)	d. Lead Person/ Contributing Partners
1.			
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4.			

Recipient Name:

a. Major Activities Planned (List each activity or service planned and provide a brief description, including if it is offered by individual or group, and if activities will be held in-person or virtual)	b. Timeframe (When will this activity be implemented?)	c. Tracking (What components of nutrition education will you track?)	d. Lead Person/ Contributing Partners
5.			
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8.			

Recipient Name:

Part F. Evaluation

F1.1 Select the topics your program will evaluate in FY25 (select all that apply).

- a. Food Insecurity
- b. Prescription Redemption and Dollar Amount or Other Value
- c. Participant Recruitment and Retention
- d. Fruit and Vegetable Consumption
- e. Patient Experience or Satisfaction
- f. Nutrition Knowledge
- g. Health Outcomes or Clinical Markers
- h. Health Care Utilization Patterns
- i. Other

F1.2 If “Other” was checked, please provide an explanation.

F1.3 Describe your evaluation plan below or attach your evaluation plan separately as a Grant Note in [GrantSolutions](#)². The description should include the topic, how data is collected and analyzed, and how information is securely stored. **Note:** The topics listed above are general ideas that could be considered in your evaluation plan. Programs are not required to address each one.

F1.4 What outcomes do you think will be the most important to learn in year 3 of this pilot program?

Recipient Name:

Part G. Additional Program Information

Other Information (optional)

G1.1 Is there any other information you would like to share about your P4 program, including additional program staff, partnerships, and nutrition education? If so, describe below.

You have now completed the P4 2025 Project Narrative. Save this PDF document to your computer before closing. Submit your completed Project Narrative as instructed. Visit the [P4 Grant Resources webpage](https://www.ihs.gov/nutrition/produce-prescription-programs/p4-grant-resources/)³ for further information.

³ P4 2025 Application: <https://www.ihs.gov/nutrition/produce-prescription-programs/p4-grant-resources/>