Reporting and Evaluation Requirements
FY25 Food as Medicine Grant Program

A. Programmatic Reporting:

The Grantee is expected to submit programmatic reports as outlined in *Section L. Reporting and Payment Schedule* on page one (1) of the Grant Agreement. All reports should be submitted through the reporting platform provided by OFSR (https://bit.ly/fam_fy25) on or before the report due dates listed below.

- Mid-Cycle Performance Period: April 30, 2025 – October 31, 2025
- Mid-Cycle Reporting Deadline: November 21, 2025

- End-Cycle (Final) Performance Period: April 30, 2025 - April 30, 2026
- End-Cycle (Final) Reporting Deadline: May 31, 2026

The OFSR will be providing the grantee with a "Pre- and Post-Intervention Evaluation Survey" that all program participants must be invited to complete*. This survey will include demographic questions as well as questions related to eating habits and food choices.

*Program Participants' demographic data and responses to the Evaluation Survey may be provided by a parent or guardian if the patient is unable to adequately provide this information. Participants may choose not to respond to the survey.

The reports must include the **required metrics** outlined in the table below.

Section	Metrics	Data Type
Participation	Healthcare office name and primary address	Text
	Food assistance location address(es) (if different)	Text
	Total number of incoming referrals to the food as medicine provider from the pediatric healthcare provider site	Number
Food Security Screening*	Total number of **children** ages 0-18 (unduplicated counts): • Screened for food insecurity • Screening positive for food insecurity • Referred for food assistance • Referred to food as medicine program (if applicable)	Number

	• Participating in nutrition/food education programs	
	Total number of **households** with children 0-18 (duplicated counts): • Screened for food insecurity • Screening positive for food insecurity • Referred for food assistance • Participating in nutrition/ food education programs	Number
Food Security Screening - Zip Codes**	Total number of households served, grouped by household zip codes (duplicated counts)	Number
Service Format	Service Format (include all that apply) • Choice Style Market or Pantry - (total pounds) • Pre-Packaged Box/Bag - (total pounds) • Pre-Packaged Box/Bag - (total Box/Packages) • Other	Number
Documenta-tion	Upload photos and materials that document program activities; provide a brief caption or description for each upload.	File Upload

*For each metric in this section related to screening, please report on the total number of food security screenings that occurred **in connection with** the FY25 Food as Medicine grant-funded activities.

** Please report on the total number of households that screened positive for food insecurity and were referred to receive **either** Food as Medicine and/or other food assistance. This includes referrals to all forms of food-related support—not only Food as Medicine, but also any other services that involve providing food to identified households.

The reports may also include the **recommended metrics** outlined in the table below.

Section	Metrics	Data Type
Demographic Data	Mobile Clinic locations (if applicable)	Text
	Data collected from participants receiving an intervention through the program: • Languages spoken in the household of participants served (provided by program participants)	Multi-select

	Data collected from participants receiving an intervention through the program: • Total Number of Individuals Served, by Race/Ethnicity (provided by program participants)	Number
Success Story	Share photos and/or success stories related to program activities for OFSR public use (e.g. on social media or in communications)	File upload

Evaluation Surveys

Grantees are **required to administer** pre- and post-program surveys to evaluate client feedback on key outcomes, including fruit and vegetable consumption, overall health, and healthcare utilization. These surveys are anonymous and voluntary for clients; a list of the evaluation surveys is provided **here**. At the conclusion of the grant period, each grantee will receive a summary of the survey responses provided by clients.

The OFSR will provide grantees with a web-based version of the survey, customized with a unique link and QR code for each organization. Grantees should encourage clients to complete the pre-survey prior to the first instance of receiving services, and the post-survey at the program's conclusion.

Client participation in the surveys is **entirely optional and must not be a condition for receiving services**. Grantees should clearly communicate this to clients. Any specific needs or additional support related to survey administration should be outlined by the applicant in this section of the application.

B. Financial Reporting:

The Grantee must submit a mid-cycle and end-of-cycle financial report following the timeline outlined below. All reports should be submitted through the reporting platform provided by OFSR on or before the report deadline listed below.

- Mid-Cycle Performance Period: April 30, 2025 – October 31, 2025
- Mid-Cycle Reporting Deadline: November 21, 2025
- End-Cycle (Final) Performance Period: April 30, 2025 - April 30, 2026
- End-Cycle (Final) Reporting Deadline: May 31, 2026

The Financial Reports should include receipts, proof-of-payment, and/or other relevant proof of project costs incurred; these costs should align with the final

submitted budget and should indicate the amount of the total project budget spent during the relevant Performance Period.

Additionally, the Financial Reports should include a narrative description of the use of grant funds for activities and expenditures related to the project, and should include the financial metrics outlined in the "Budget and Sourcing" table below:

Section	Metrics	Data Type
Budget and Sourcing Metrics (Required)	• Total amount ($) of the grant budget spent to date.	Number

	• Total amount ($) of the grant budget spent to date on:
	  ○ Staffing Costs
	  ○ Food Purchases
	  ○ Other Operating Costs
	  ○ Indirect Costs
		Number

	• Financial Report Narrative	Text
	• Percentage of food purchased directly from a Montgomery County farm or a Washington Metropolitan/DMV region farm representing underserved communities	Number (Percent)
	• Percentage of food purchased from a Washington Metropolitan/DMV region-based retailer, wholesaler, and/or distributors that source from County or Washington Metropolitan/DMV region farms	Number (Percent)
Financial Document Uploads (Required)	• Receipts, Proof-of-Payment, and/or other relevant proof of project costs incurred	File Upload