

HCLHIC – Food & Nutrition Survey Stipends

Engaging Communities to Assess Needs Related to Food & Nutrition Security

1. **WHAT:** The Howard County Local Health Improvement Coalition (HCLHIC) seeks to work with three (3) community-based organization(s) to assess the needs of residents impacted by food insecurity in Howard County. The findings from the assessment will help inform interventions through the Howard County Food Security Committee.

Partners would be offered a \$2,500 stipend to support these efforts by administering the Howard County Food and Nutrition survey provided by HCLHIC. An iPad, food scales and containers will also be provided to serve as rewards. Partners may use the stipend for special accommodations such as American Sign Language Interpreter (ASL) and Translator(s), refreshments and/or other rewards for completion of the survey.

Please note that the survey will be reviewed by the Maryland Department of Health (MDH) Institutional Review Board (IRB) and selected partners are required to complete the [Human Research Protection Foundational Training](#) and submit certificate(s) to the HCLHIC Director prior to receiving the first half of the award. Additionally, written informed consent (provided by HCHD) will need to be obtained prior to gathering information from residents.

Activities must be completed by October 30th. Entries of all surveys and final report of all activities using the template below must be completed by November 18, 2022. Half of the funds will be issued upon award and the remainder will be issued upon receipt of surveys.

2. **WHO: Partners that can apply for this opportunity must be:**

- A current non-profit group in Howard County;
- Registered and in “Good Standing” with the State:
<https://egov.maryland.gov/BusinessExpress/EntitySearch>

Membership in the Howard County Local Health Improvement Coalition is encouraged. Membership application information can be found at www.hclhic.org.

3. **HOW:** Interested organizations should submit applications using the form below by **5:00pm on 8/10/2022** to:

Reena Rambharat, MPH, CHES®
Director, Howard County Local Health Improvement Coalition
Howard County Health Department
brambharat@howardcountymd.gov
410-313-6573

Additionally, awardees will be requested to complete and submit the **new vendor form (to be provided)** and **W9** upon notification of award.

For best consideration, applications should include:

- Specific efforts to engage Howard County residents:
 - Eligible for Free and Reduced Meals, Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) Program.
 - Receiving food from food pantries and other free/low-cost food stores.
 - Other residents experiencing difficulties accessing food.
- Participation of a minimum of 200 households to complete surveys.
- Timeframe for completion of surveys, including manual entry of responses.



APPLICATION

Instructions: Please complete fully

Primary Contact	
Project Contact	Name: Phone #: Email:
Fiscal Contact	Name: Phone#: Email:
Organization Description	
<i>Briefly describe the organization's mission and work. Specifically address population(s) served and focus of work and the community from which individuals will be gathered for this program.</i>	
Organization's mission and focus of work	
Population(s) reached	
Goal and Expected Outcomes:	
<i>Briefly describe the expected outcome measures - for example: anticipated number of individuals to participate and tentative date(s). Indicate accommodation(s) to provide e.g. American Sign Language (ASL) or other language translator(s), rewards, food, etc.</i>	
Anticipated number of households	
Method(s) to recruit participants to complete the survey	
Howard County groups targeted for survey (from criteria above)	
Location(s) to be targeted in Howard County	
Timeline	
Accommodation(s) to provide e.g. American Sign Language (ASL) or other language translator(s), rewards, food, etc.	

FINAL REPORTING

Instructions: Please complete fully

Primary Contact		
Project Contact	Name: Phone #: Email:	
Fiscal Contact	Name: Phone#: Email:	
Goal and Outcomes: <i>Briefly describe the expected outcome measures - for example: anticipated number of individuals to participate and tentative date(s). Indicate accommodation(s) to provide e.g. American Sign Language (ASL) or other language translator(s), rewards, food, etc.</i>		
Outcomes	Expected	Actual
Number of households		
Method(s) to recruit participants to complete the survey		
Howard County groups reached		
Timeline		
Howard County location(s)		
Accommodation(s) e.g. American Sign Language (ASL) or other language translator(s), rewards, food, etc.		