City of Toledo

Toledo-Lucas County Health Department

Notice of Funding Availability

Healthy Food Small Market Program

This project is being supported, in whole or in part, by federal award number SLFRP1610 awarded to CITY OF TOLEDO by the U.S. Department of Treasury.

Table of Contents

Overview

The City of Toledo is the recipient of $180.9 million through the American Rescue Plan Act ("ARPA") to be used to address the public health and economic impacts of the COVID-19 pandemic. The Toledo Recovery Plan (authorized by Ordinance 530-21) allows for the appropriation and expenditure of $350,000 for the Healthy Food Small Market Program. The City of Toledo and sub-recipient Toledo-Lucas County Health Department ("TLCHD") seek to improve wellness through increased access to healthy and nutritious foods in identified low income, low access areas within the City of Toledo's identified zip codes: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, and 43620. Current data shows 17.6% of Lucas County residents are at or below 100% of the Federal Poverty Line with 16.5% of residents receiving SNAP benefits from the State of Ohio. Through this Notice of Funding Availability ("NOFA"), TLCHD now seeks preliminary program applications from Retail Food Establishments ("RFEs" are defined as a physical location where food is stored, processed, manufactured, held or handled for retail sale) to help increase access to fresh, affordable, healthy food for low-income residents. For the purpose of this program, healthy food will be defined as foods that are nutrient dense, foods that limit fats, sugars, and sodium, and foods that are not over processed. TLCHD seeks to partner with six small (5000 square feet or less store retail space) independently owned and licensed neighborhood RFEs. RFEs part of a franchise, chain, and/or attached to gas stations will not be considered. RFEs must accept SNAP. Selected RFEs may be awarded up to and no more than $20,000 to purchase healthy foods, marketing, minor equipment and major equipment throughout the grant period, ending December 31, 2026. See **Eligible applicants** and **Eligible use of program funding** for more information.

Eligible applicants

Applicants must meet the all conditions listed to be eligible to participate in the program.

- Neighborhood markets, corner stores, or convenient stores currently accepting and are in good standing with SNAP.
- 5000 square feet or less retail store space.
- Not part of a franchise, chain, and/or gas station.
- Stores must provide service in a determined low income, low access zip-code in City of Toledo: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, and 43620.
- City of Toledo Convenience Store License (if applicable)
- Ohio Retail Food Establishment license issued by the Toledo-Lucas County Health Department
- Must be able to provide upon request:
    - Compliant with Toledo Municipal Code Planning and Zoning regulations.
    - Compliant with all Building Code and Fire Prevention Code regulations.
    - Current with the City of Toledo taxes.

Eligible use of program funding

The six applicants who receive the highest scores from the first-round application and second-round interviews may be awarded up to and no more than $20,000 per applicant. See **Selection** and **Scoring** for more detailed information. TLCHD will offer a funding amount to awarded applicants dependent on the store's needs determined by the Healthy Food Small Market Program Committee. Awarded amounts may be less than applicant requested. Program funding is supported by ARPA funds and must be spent by December 31, 2026. Funds awarded to the applicant must be spent on eligible items to complete the goal of the program. Examples of the eligible items may include but are not limited to:

Marketing-

- Community engagement
- Flyers/newsletters promoting healthy food items being sold
- In-store signage
- Recipes and nutrition education materials
- On-site food demonstrations
- Mailings/post cards

Healthy foods-

- Foods that are nutrient dense
- Foods that limit fats, sugars, and sodium
- Foods that are not over processed
- Financial assistance to purchase healthy food
- Training for staff needed to properly handle foods safely

Minor equipment-

- Produce stands
- Shelving units
- Produce baskets/containers etc.

Major equipment-

- Commercial refrigeration unit
- Commercial freezer unit
- Point of Sale system
- Electrical improvements for equipment upgrades

How to apply

The first step in applying to the Healthy Food Small Market Program is completing the attached application. Applicants applying for the program must complete the application completely and truthfully. Applications can be completed online (https://survey.alchemer.com/collab/7753289/HFSMP-1st-Round-Application-Questions) or completed on a paper application. Paper applications must be in a sealed envelope and returned to Toledo Lucas County Health Department at 635 N. Erie St. Toledo, Ohio 43604 beginning June 17th, 2024 at 8:00am EST and all applications MUST BE submitted no later than July 31, 2024 at 3:00pm EST. Online applications must be submitted by July 31, 2024 at 3:00pm EST. Applications submitted after this date are NOT accepted. Question and Answer sessions will also be hosted where members of the Healthy Food Small Market Program Committee will be available to answer questions related to the NOFA and application. Question and Answer sessions dates and times will be posted on the TLCHD website. Outside of the designated Question and Answer sessions, questions about the NOFA or application process MUST ONLY be submitted to eatfresh@co.lucas.oh.us. Once applications have been submitted, a request for silence from contact between applicants and members of the Healthy Food Small Market Program Committee, City of Toledo, City of Toledo Council, and employees of TLCHD to promote equity among all applications. See **Appendix A** for paper application and **Appendix B** for the link/QR code to the online application.

Selection

Completion of the application does not guarantee the store will be selected to receive funding. Completed applications that meet all the eligibility requirements and are submitted before the deadline July 31, 2024 at 3:00pm EST, will be reviewed. Healthy Food Small Market Program Committee members will review each application to determine whether the applicant meets the required eligibility criteria listed in the NOFA. The Healthy Food Small Market Committee will blindly review (identifying information removed) and score the application based on the following criteria: individual question participation, program goals, healthy food promotion, marketing and budget and financial need. See **Scoring** below for more detailed information. Applicants selected to move forward to the second-round of the application process may be asked to show proof of required eligibility documents. Any documents not provided when asked will be ineligible to participate in the program.

The six highest scoring stores will be contacted and asked to participate in a second-round interview/application process conducted by TLCHD. The second-round application process will consist of an in-store assessment and in-person interview with applicant. TLCHD will return to the HFSMP Committee with the results of the assessment to which the HFSMP Committee will use the additional information to make their determination to award up to six stores with funding. Amount offered to applicant may be different than requested in the application process. Any additional funding remaining during the grant period not expended by the top six stores may be offered to the next highest scoring applicant(s).

The applicants chosen will be announced October 1st, 2024 at 8:00am EST and will begin their contract with the Healthy Food Small Market Program through the TLCHD. The awarded applicants will agree to comply with ARPA funding

guidelines and any pertinent local, state, and federal laws, rules, regulations and reporting and any additional requirements of the TLCHD detailed in the contract.

Timeline

Activity	Time	Date
NOFA Release and applications can be submitted	8:00am EST	June 17, 2024
Application submission deadline for paper application or online application	3:00pm EST	July 31, 2024
1st round of applications review		August 1, 2024
Top 6 applicants contacted to begin 2nd round in-person interview and in-store assessment	8:00am EST	September 2, 2024
Notice of award to top 6 applicants	8:00am EST	October 1, 2024
Contracts completed between applicants and TLCHD	8:00am EST	November 1, 2024
Project start date	8:00am EST	January 1, 2025
Project expenditure deadline	4:00pm EST	**December 312026**

Scoring Criteria

The Healthy Food Small Market Program will score the application using the following criteria. Maximum possible score of 44.

Criteria	Description	Maximum Points
Individual question participation	Answered all questions to provide an understanding of store's need for participation in program.	19
Program goals	Overall understanding of program goal. Demonstrates how program will improve health and wellness.	5
Healthy food promotion	Demonstrates commitment to promoting the sale of produce and healthy foods.	5
Marketing	Demonstrates commitment to partnering with program, open to changes within the store and community involvement through marketing.	5
Budget and Financial Need		
• **Budget request**	Budget is reasonable and adequate to meet the goals and objectives of the project.	5
• **Justification of request**	Adequately explains and justifies costs.	5
TOTAL COMBINED POINTS		**44**

APPENDIX A: Paper Application

Instructions to complete paper application.
A paper application may be printed and completed with only blue or black ink. Applications must be filled out completely and truthfully. Paper applications must be in a sealed envelope and MUST be returned to Toledo Lucas County Health Department at 635 N. Erie St. Toledo, Ohio 43604. Completed applications will be accepted beginning June 17th, 2024 at 8:00am EST and all applications MUST be submitted no later than July 31, 2024 at 3:00pm EST. Applications submitted after this date will NOT be accepted. Only one application may be submitted per store that meets all eligibility requirements.

Downloadable paper applications are offered in Arabic and Spanish on the Toledo-Lucas County Health Department website: lucascountyhealth.com . If an alternate language is needed, email eatfresh@co.lucas.oh.us and translation assistance will be provided.

All questions related to the application must be submitted to eatfresh@co.lucas.oh.us .

Application:

Before applying, please make sure your store meets ALL the requirements. If you do not meet the eligibility requirements for ALL listed, you are ineligible to apply for the program.

- ✓ In one of the following zip codes: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, 43620.
- ✓ Current Ohio Retail Food Establishment License from the Toledo-Lucas County Health Department.
- ✓ City of Toledo Convenience Store License (if applicable).
- ✓ Accept SNAP.
- ✓ Less than 5000 square feet store retail space.
- ✓ NOT part of a franchise, chain, and/or attached to a gas station.
- ✓ Committed to continuing the program on own after 12/31/2026.

If you have any questions regarding the application or program, please email eatfresh@co.lucas.oh.us.

Date: _____

Name of Store: _____

Store Address (include zip code): _____

Are you the store owner? **Yes** **No**

If No:

Applicant's name: _____

Position/Relationship to Store Owner: _____

Owner's Name: _____

Store Phone: _____ Owner's Phone: _____

Applicant's Phone (If not owner): _____

Email: _____

Is your store part of a franchise, chain, and/or attached to a gas station? **Yes** **No**

Do you have a current Ohio Retail Food Establishment License issued by the Toledo-Lucas County Health Department? **Yes** **No**

Do you have a City of Toledo Convenience Store License? **Yes** **No**

Does your store accept SNAP? **Yes** **No**

What is the approximate size (in square feet) of the store's retail space? _____

Are you committed to sustaining this program after 12/31/2026? **Yes** **No**

Are you interested in other potential healthy eating funding and/or partnership opportunities through the Toledo-Lucas County Health Department, City of Toledo or any of their partners? **Yes** **No**

(Individual question participation)

Tax ID/EIN: _____

How long have you managed or owned this store? _____

How many employees do you have? _____

Does your store accept WIC? **Yes** **No**

Have you ever been in violation with SNAP and/or WIC within the last 5 years? If yes, please explain:

_____

_____

_____

What is the makeup of your customer base? Check all that apply:

- o Neighborhood residents
- o Seniors
- o Youth/students
- o Families
- o Local workers/employees
- o Commuters
- o Other (please describe): _____
- o Not sure

What language do your customers primarily speak?

- o English
- o Spanish
- o Haitian/Creole
- o Arabic
- o French
- o Other (please describe): _____

Does your store have a Point of Sale system? **Yes** **No**

If Yes: Can your Point of Sale system track the sale of all individual food items such as fruits, vegetables, dairy, meats, etc.? **Yes** **No**

Do you have commercial **refrigeration** unit(s) in your store to appropriately display perishable food items? **Yes** **No**

If No: Do you have space for a commercial refrigeration unit? **Yes** **No**

Do you have commercial **freezer** unit(s) in your store to appropriately display perishable food items?

Yes **No**

If No: Do you have space for a commercial freezer unit? **Yes** **No**

Do you currently have a stand or shelf that could display and sell fresh fruits and/or vegetables?

Yes **No** **Not Applicable**

If No or Not Applicable: Do you have space for a stand or shelf? **Yes** **No**

What is/are the biggest obstacle(s) to selling produce? Select all that apply

- o Low customer demand
- o Inadequate shelf space
- o Inadequate refrigeration/freezer
- o Not enough marketing/outreach
- o Cannot find an affordable distributor
- o Relatively low profit margin
- o Spoilage
- o Never thought about offering produce
- o Other: _____

Do you sell any of these products in your store? Check all that apply

- o Whole grain options (i.e. whole wheat bread, whole wheat pasta, whole wheat tortillas, oatmeal etc.)
- o Fresh lean meats (i.e. chicken, pork, beef, fish etc.)
- o Low-fat dairy (1% or skim milk, low-fat yogurt, low-fat cheese etc.)
- o 100% juice
- o Healthy snack options
- o Fresh fruits and/or vegetables
- o Canned fruits and/or vegetables
- o Frozen fruits and/or vegetables
- o Other: _____
- o None of the above

What types of products would you like to sell? Check all that apply

- o Whole grain options (i.e. whole wheat bread, whole wheat pasta, whole wheat tortillas, oatmeal etc.)
- o Fresh lean meats (i.e. chicken, pork, beef, fish etc.)
- o Low-fat dairy (1% or skim milk, low-fat yogurt, low-fat cheese etc.)
- o 100% juice
- o Healthy snack options
- o Fresh fruits and/or vegetables
- o Canned fruits and/or vegetables
- o Frozen fruits and/or vegetables
- o Other: _____
- o None of the above

Are you willing to work with the Healthy Food Small Market Program team to conduct community outreach, advertise new healthy products, and develop a social marketing campaign to appeal to neighborhood residents?

Yes **No**

(Program Goal)

By participating in this program, how will this improve the health and wellness of your customers? Please be specific:

_____

_____

_____

(Healthy Food Promotion)
What changes need to be made within your store to offer or increase your sales of fresh fruits and vegetables as well as other healthy items? Please be specific:

_____
_____
_____

(Marketing)
Describe any ideas you have to market and promote the new healthy foods in your store:

_____
_____
_____
_____
_____
_____
_____
_____

BUDGET:

What type of Marketing assistance do you need? Check all that apply.

- o Community engagement
- o Flyers/newsletters promotion healthy food items being sold
- o In-store signage
- o Recipes and nutrition education materials
- o On-site food demonstrations
- o Mailings/postcards
- o Other: _____
- o None of the above

What type of Healthy Food assistance do you need? Check all that apply.

- o Training for staff needed to properly handle foods safely
- o Assistance purchasing healthy foods
- o Assistance choosing healthy foods
- o Other: _____
- o None of the above

What type of Minor Equipment are you looking for? Check all that apply.

- o Produce stands
- o Shelving units
- o Produce baskets/containers
- o Other: _____
- o None of the above

What type of Major Equipment are you looking for? Check all that apply.

- o Commercial refrigeration unit
- o Commercial freezer unit
- o Point of Sale System
- o Electrical improvements for equipment upgrades
- o Other: _____
- o None of the above

(Budget and Financial Need)

Please write the estimated cost for each Marketing, Healthy Foods, and/or Equipment item previously checked and the total amount of the estimated cost. Explain why these items are needed:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

OPTIONAL: Do you have any additional comments on how your store can be successful in improving health and wellness in the City of Toledo?:

_____
_____
_____

APPENDIX B: Online application

Instructions to complete application online

Click or copy and paste the link below to complete the application online. The online application should take approximately 15-20 minutes to complete. You will be able to save your progress and return to the application if you cannot complete it in one sitting, though all at once is recommended. To save your response and continue it later, click "Save and Continue Later" in the dark gray bar at the top of the screen. You will be asked to provide your email address so a continuation link can be sent to you. If you do not receive the email, please check your Spam/Junk Folders.

The eligibility requirement questions are presented first. If the application does not meet ALL eligibility requirements, the application will end.

Internet browser translation may be utilized if the applicant needs translation services. If additional translation services are required, please email eatfresh@co.lucas.oh.us and the program will assist.

Once the application is complete, a copy of the application will be emailed to the Healthy Food Small Market Program for review and a copy will be emailed to the applicant.

Applications can be submitted online beginning June 17th, 2024 at 8:00am EST and will NOT be accepted after July 31, 2024 at 3:00pm EST.

Only one online application per store that meets all eligibility requirements may be submitted.

Questions regarding the online application MUST ONLY be emailed to eatfresh@co.lucas.oh.us .

Online application:

https://survey.alchemer.com/s3/7753289/HFSMP-1st-Round-Application-Questions

Application QR code: