NourishMD Grant Program

Program Guidelines

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Program Overview

The **NourishMD Grant Program** is a strategic and targeted investment by the Maryland Department of Housing and Community Development (DHCD) designed to address the persistent issue of fresh food unavailability in communities across the state.

This program supports the development, stabilization, and expansion of retail outlets that provide fresh food in areas where residents have limited or no access to nutritious food options. By facilitating access to fresh produce and other essential grocery items, this initiative is a key step toward building stronger, healthier, and more economically resilient communities across Maryland.

Funding Overview

Eligible projects may receive grants ranging from **$25,000 to $150,000** to support capital-related needs that contribute to business stabilization or expansion. A total of **up to $2 million** in grant funding is available under this program.

In addition to the grant opportunity, applicants may request **supplemental loan funding** in the form of a loan through DHCD's **Neighborhood BusinessWorks (NBW)** business development division. Loan requests will undergo a thorough financial review to assess the applicant's capacity to manage debt.

For more information, please visit:
https://dhcd.maryland.gov/Business/Pages/NBW.aspx

Partnership with Maryland Market Money Program Administered by the Maryland Department of Agriculture

The MDA Maryland Market Money (MMM) program removes economic barriers for Marylanders experiencing food insecurity, providing a dollar-for-dollar match for purchases made using federal nutrition benefits at participating Maryland farmers

markets, farm stands, and CSAs while providing technical assistance, training, marketing, and additional services to stakeholders.

MDA has agreed to co-award grants to NourishMD grant recipients so that we can help recipients in a holistic approach of capital support, technical assistance, and maximization of income.

Program application timelines will align and applications will be linked. Eligible applicants for either program will be referred to the other. This partnership demonstrates the Moore-Miller Administration's commitment to addressing food insecurity for Marylanders across the state.

Eligible Use of Funds

Funds must be used for the sole purpose of improving or providing healthy food access in the following manners:
- ➤ Purchase of furniture, fixtures, and /or equipment (e.g., refrigeration, shelving, etc.);
- ➤ Renovation and build-out;
- ➤ Facility upgrades;
- ➤ Capital needs related to Inventory expansion (non-prepared foods);
- ➤ Working capital involved with expansion or renovations/construction; and
- ➤ Infrastructure/technology for SNAP/EBT setup.

Eligibility Criteria

For the purpose of this program, "Food Deserts" is defined as any area with a Maryland Community Business Compass fresh food gap score of 60% or higher pursuant to Annotated Code of Maryland - Housing and Community Development Article §6–308.

For-profit and nonprofit businesses engaged in retail activity are eligible, provided that they:
- ➤ Serve a community with a high fresh food gap score per the Maryland Community Business Compass
  - ○ High fresh food gap score is defined as a score of 60% or higher
  - ○ Exceptions may be granted on an individual basis.
- ➤ Operate at least 5 days per week, year-round; (exceptions given to farmer's markets, farm stands, and on-farm markets)
- ➤ Employ a maximum number of 500 workers;

➢ Are registered and in good standing with the Maryland Department of Assessments and Taxation (SDAT);
➢ Offer, or plan to use grant to offer, a variety of high-quality fresh produce, or a mix of fresh, frozen, and preserved produce, as well as other healthy grocery items (e.g., whole grains, dairy products, fresh meats/proteins);
➢ Ensure that **at least 20%** of their retail inventory **or** floor space dedicated to food sales will be comprised of healthy food items;
    ○ This percentage may be based on:
        ■ Square footage of food display space, or;
        ■ Dollar value of inventory for sale.
    ○ Applicants must provide documentation, photos, or a store layout to confirm compliance with the requirements.

Food retailers include, but are not limited to:
➢ Grocery stores;
➢ Corner stores;
➢ Farm stands and other on-farm markets;
➢ Farmers' markets;
➢ Food co-ops; and
➢ Delivery retailers serving a population with low fresh food access; and
➢ Small retail stores with the majority of inventory or sales are food-related (If no more than 25% of gross sales are derived from alcohol/ tobacco products.

Healthy Food Threshold Criteria

For the purposes of this program, healthy food is defined as items from the following categories:
➢ Fresh, whole, or frozen fruits and vegetables (preferably local and seasonal);
➢ Whole grains (e.g., brown rice, oats, whole grain breads);
➢ Dairy products;
➢ Fresh, frozen, or lean proteins (e.g., poultry, fish, beans, tofu, eggs);
➢ Minimally processed items (low in added sugar, sodium, and saturated fats); and
➢ Healthy pantry staples (e.g., olive oil, canned vegetables, dried beans, spices)

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Note: Businesses applying for more than $100,000 will be required to undergo a credit check. A low credit score won't automatically disqualify you, but we may ask for more information if needed.

Program Priorities

Awards will be provided on a competitive basis. Prioritization will be provided to applicants that are:

- ➢ Located in an ENOUGH ACT-awarded area or Just Community designated zone;
- ➢ An existing MMM Access Point;
- ➢ Able to accept SNAP benefits
  - ○ Either currently accepting SNAP benefits or having the infrastructure in place to do so upon completion of capital improvements.
  - ○ Only those with SNAP participation will be eligible for the NourishMD + MMM award partnership.
- ➢ Committed to local sourcing of inventory; and
- ➢ Using or planning to use funds for the purchase or installation of equipment to reduce fossil fuel reliance or energy consumption.

Required Documentation

Applicants must submit the following materials for their application to be considered complete:

Business Profile Information:
- ➢ Certificate of Good Standing (State of Maryland)
- ➢ Proof of the healthy food threshold criteria
  - ★ If this is not currently being met, please provide a written plan to meet the threshold criteria, including:
    - ■ How you are calculating inventory requirements (dollar amount or shelf space);
    - ■ Your timeline to meeting this requirement after funds are received;
    - ■ The types of healthy foods that your business plans to offer.
- ➢ Two years of tax returns or audited financials, unless a start-up business
- ➢ Completed application form
- ➢ Geographic Service area (e.g., ZIP codes, neighborhoods, or counties served) and any additional information about the customer base served.

Complete Project Scope:

➢ Detailed written plan for grant use;
➢ Itemized breakdown of sources and uses for grant funds. Applicants must provide a line-item budget that clearly outlines financial contributions with a breakdown of how each dollar will be spent (e.g., shelving, EBT/SNAP terminals, refrigeration, non-prepared foods, etc.);
➢ Must supply supporting documentation for all proposed uses of funds (such as vendor quotes, purchase orders, inventory sale price, contractor estimates, invoices, or equipment specifications); and
➢ Must be able to provide complete project scope, including a description of planned activities, implementation timelines, and anticipated outcomes.

Only applications that include all required documentation and are fully complete at the time of submission will be eligible for review and consideration for funding under the Healthy Food Access Grant Pilot Program.

Processing Fee

A **$250 processing fee** is required for all applications. If the applicant is approved for funding, this fee may be paid directly from the awarded grant funds.

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Review Committee

Members of the NourishMD Grant Review Committee will include:
1. Assistant Secretary of DHCD Division of Business Development (DBD);
2. Director of Operations, DHCD Division of Business Development (DBD);
3. Maryland Department of Agriculture (MDA) Representative;
4. Maryland Department of Health (MDH) Representative; and
5. DHCD Division of Neighborhood Revitalization (NR) Representative.

Program Timeline

Completed applications will be accepted and reviewed on a **competitive basis.** To be considered, applicants MUST include all required documents at the time of submission. Incomplete applications will not be reviewed until all missing components are submitted and verified.

 The timeline for the NourishMD Grant Pilot Program is as follows:

➢ **December** – Notice of Funding Availability
   Notice of grant funding will be made public, along with the program's website, which will provide full information and guidelines.

➢ **January 20th** – Application portal opens at 12:00 p.m. EST.
    Applicants may begin submitting completed applications through the online portal.

➢ **February 20th** – Application portal closes at 5:00 p.m. EST.
   No applications will be accepted after the deadline.

➢ **February - March** – Application review period
    DHCD staff will evaluate eligible applications for completeness, impact, and alignment with program priorities and then refer the final list of eligible applications to the Review Committee for determinations.

➢ **April** – Funding recommendations finalized
    Selected applications will be forwarded for internal approval.

➢ **May** – Award announcements
    Applicants will be notified of funding decisions, and award agreements will begin processing.

➢ **June** - Board of Public Works (BPW) approves grants and disbursements are made.

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Healthy Food Access Grant Pilot Program Application Form

(Please Print Clearly or Type)

Section 1: Applicant Information

Applicant Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Section 2: Business Information

Business Organization Structure (e.g, LLC):_____

Your organization's legal name needs to be typed in below exactly as it appears on your Certificate of Good Standing (CGS) from the Maryland Department of Assessments and Taxation (SDAT). Only capitalize the first letter of each word unless your official name includes more capitalization. Also, please use the exact spelling of such suffixes as Inc. or Incorporation, and use exact abbreviation and punctuation as used in the SDAT CGS. Being attentive to this will ensure faster processing of your application.

Legal Business Entity Name (as on SDAT CGS): _____

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Business Name (if applicable): _____

Business Address: _____

Business City/State/Zip Code: _____

Business County: _____

Is your business planning to expand operations?

☐ Yes   ☐ No

- Reason for Expansion _____

Is your business planning to relocate to a new address?

☐ Yes   ☐ No

If yes, please provide:

- Proposed New Address: _____

Federal Identification Number: _____

Principal(s) Ownership:_____

NAICS: _____

SIC: _____

Business Website (if applicable):_____

Section 3: Business Profile

- **New Business ☐   Existing Business ☐**
- **Year Established: _____**

  (Enter the year the business was officially formed or began operations.)
- **Total Number of W-2 Employees: _____**

  (Include both full-time and part-time W-2 employees currently on payroll)

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- **SNAP Benefits Accepted:**

  ☐ Yes   ☐ No   ☐ N/A   ☐ Not currently, but will accept after upgrades/opening

  (Select the option that best describes your current or planned participation in the SNAP program.)

- **Primary Source of Food Inventory:** *(Check the box that best describes the origin of your food products.)*

  ☐ Local (Maryland-grown or raised products)

  ☐ Mixed (combination of local and non-local sources)

  ☐ Non-local (primarily sourced from outside Maryland)

- **Description of Products Offered:** *Attach a separate list or briefly describe the types of food products your business sells or intends to sell — e.g., fresh produce, dairy, whole grains, lean proteins, pantry staples.*

  _____

  _____

  _____

  _____

  _____

  _____

  _____

Section 4: Grant Request & Project Budget

Please provide the total amount of grant funding requested, any additional funding sources, and a breakdown of how all funds will be used.

Funding Overview:

Grant Amount Requested: $ _____

Other Committed Funds (e.g., private capital, loans, owner equity): $_____

Total Project Cost: $ _____

Uses of Funds – Detailed Budget Breakdown

Uses of Funds	Description / Notes	Grant ($)	Other Funds ($)	Total Cost ($)
Equipment Purchase (e.g., refrigeration)				
Leasehold Improvements / Buildout				
Initial Inventory (non-prepared foods)				
Infrastructure for SNAP/EBT				
Point-of-Sale System / Technology				
Working Capital				
Professional Services (e.g., architecture, legal)				
Other (Specify)				

Total Project Cost ($) Amount:				

Section 4: Business Overview

Are there lawsuits pending against you or your business? ☐ Yes ☐ No
(If yes, attach an explanation.)

Have you or your business declared bankruptcy? ☐ Yes ☐ No
(If yes, attach an explanation.)

Do you have any outstanding liabilities with the State of Maryland? ☐ Yes ☐ No
(If yes, attach an explanation.)

Section 5: Other Business Overview

Are you a DHCD Employee: ☐ Yes ☐ No

Explanation:

Are you a Friend or Family member of a DHCD employee: ☐ Yes ☐ No

Explanation:

Section 8: Statistical Data (Optional)

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check all that apply): ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Multi-racial

Gender: ☐ Male ☐ Female ☐ Other ☐ I do not wish to furnish this information

Application Checklist

Please attach:

1. Provide a screenshot confirming that the business is located in a Sustainable Community https://portal.dhcd.state.md.us/GIS/revitalize/index.html
2. Certificate of Good Standing (from SDAT)
3. Provide proof of the Healthy Food Threshold Criteria
4. Two years of tax returns or audited financials (if applicable)
5. Local approval, as required by NBW statute
6. If relocating/expanding, please provide supporting documentation (e.g., lease agreement, LOI, site control)
7. Data on business footprint, and other local businesses providing food-proximity
8. Detailed written plan for grant use
9. Itemized breakdown of Sources and Uses for grant funds
10. Must supply supporting documentation for use of funds
11. Must be able to provide a complete project scope

Submission Instructions:

Email: nourishmd@manyland.gov
Deadline: February 20th, at 5:00 pm EST