

FUNDING ANNOUNCEMENT



# Food is Medicine State Officer Program

- **January 15, 2026**  
Funding Announcement released
- **February 27, 2026, 5 PM ET**  
Letter of Intent due
- **March 23, 2026**  
Invitation to apply via a  
Request for Proposal
- **May 1, 2026, 5 PM ET**  
Final proposal due
- **June 2026**  
Program begins

*Made possible through a joint philanthropic initiative funded by The Rockefeller Foundation and Builders Vision, hosted by RF Catalytic Capital, Inc.*

Food is Medicine  
**IMPACT  
Fund**



Key Information	
<b>Purpose</b>	<p>The <i>Food is Medicine (FIM) State Officer Program</i> is a transformative <b>three-year initiative</b> designed to empower up to <b>10 states</b> to build robust capacity for food-based interventions. FIM programs — such as medically tailored meals and groceries, and produce prescriptions — are food-based interventions that help prevent, manage, and treat diet-related health conditions. This initiative will help state applicants:</p> <ul style="list-style-type: none"> <li>• <b>Advance new or expand existing FIM programs</b> by providing states funding to hire FIM state officers to coordinate initiatives across their Medicaid, public health, and other state and local agencies. State applicants will receive funding to cover the salary and benefits for a FIM state officer for three years.</li> <li>• <b>Equip FIM state officers</b> with the leadership skills, expertise, and resources needed to integrate, strengthen, and optimize the state’s FIM programs through the FIM State Officer Hub, a national technical assistance and peer-to-peer learning network.</li> <li>• <b>Increase access to healthy food</b> for people with diet-related health conditions (e.g., diabetes, hypertension, high-risk pregnancy) by leveraging financing mechanisms within the health care delivery system.</li> </ul> <p>The <i>FIM State Officer Program</i> is facilitated by the Center for Health Care Strategies and made possible by the Food Is Medicine Impact Fund, a joint initiative of The Rockefeller Foundation and Builders Vision, hosted by RF Catalytic Capital.</p>
<b>Funding Announcement</b>	January 15, 2026
<b>Letter of Intent Due</b>	February 27, 2026, 5 pm ET
<b>Notification to submit RFP</b>	March 23, 2026
<b>RFP Due</b>	May 1, 2026, 5 pm ET
<b>Selection Notification</b>	May 26, 2026, 5 pm ET
<b>Program Period</b>	June 2026 – June 2029
<b>Eligibility</b>	States in all stages of FIM programming — from development and exploration to implementation and expansion — are invited to apply. The program will support up to 10 states to advance their FIM initiatives. Applicants must demonstrate clear evidence of buy-in from state leadership and readiness to use program funding to employ a FIM state officer during a three-year period. State agencies responsible for leading FIM initiatives are invited to apply; only one LOI per state should be submitted.
<b>CHCS Contacts</b>	For any questions, please contact <a href="mailto:fimso@chcs.org">fimso@chcs.org</a> .

## About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner organization devoted to improving outcomes for people enrolled in Medicaid. Its work focuses on making more effective, efficient, and equitable care possible for millions of people in the U.S. who face serious barriers to well-being, like poverty and complex health and social needs. For 30 years, CHCS has collaborated with state Medicaid and related health and human services agencies across the country to shape how health care services are designed, financed, and delivered. For more information, visit [www.chcs.org](http://www.chcs.org).

## About the Food is Medicine Impact Fund

The Food is Medicine Impact Fund, a joint philanthropic initiative founded by The Rockefeller Foundation and Builders Vision and hosted by RF Catalytic Capital, Inc, aims to improve health outcomes for millions of Americans with chronic, diet-related conditions by expanding access to effective Food is Medicine programs. Through investments in public awareness raising, implementation infrastructure, technical support, and research, the Fund works to ensure that all individuals with diet-related conditions have access to Food is Medicine programs, regardless of their ability to pay. Hosted by RF Catalytic Capital, Inc., the founding funders include The Rockefeller Foundation and Builders Vision.

## Purpose

The **Food is Medicine State Officer Program** is a three-year initiative that will help states strengthen their FIM capacity and advance policies that improve sustainable access to healthy food for people with diet-related health conditions. The Center for Health Care Strategies (CHCS) is facilitating the program and leading a competitive selection process to identify up to **10 states** to receive funding to hire FIM state officers within their Medicaid, public health, or another government agency. FIM state officers will work to advance policies that expand access to FIM services, increase enrollment in existing programs, and coordinate FIM programs across public health, Medicaid, and other safety net programs, as permitted by state law. Additionally, states will receive tailored training, technical assistance, and leadership coaching and support from CHCS, as well as relevant subject matter experts, to implement their state-specific FIM goals. The program will foster state-to-state collaboration, offering states opportunities to learn from their peers and connect with states pursuing similar FIM goals.

The program is made possible by the [Food is Medicine Impact Fund](#), a collaborative philanthropic initiative between The Rockefeller Foundation and Builders Vision hosted by RF Catalytic Capital.

We invite states looking for concrete and high-impact opportunities to advance FIM initiatives to submit a [Letter of Intent](#) by February 27, 2026. See more details on the program below.

## Background

Nutrition insecurity, or a lack of consistent access to a healthy, safe, and affordable diet, affects millions of U.S. households, with communities of color, rural areas, seniors, and veterans disproportionately impacted. Poor diet is linked to [adverse health outcomes](#), including a greater risk of diet-related health conditions such as diabetes, hypertension, and high-risk pregnancies, and also contributes to increased health care costs. In response, states have begun offering clinically appropriate, evidence-based nutrition services to eligible individuals through Medicaid and other public health programs. These Food is Medicine (FIM) benefits and services span a spectrum of food and nutrition interventions that are integrated into health care delivery, including medically tailored meals and groceries, and produce prescriptions. Growing [evidence](#) demonstrates that, when coupled with nutrition counseling, these innovative services have the potential to improve the health and well-being of people with diet-related health conditions and curb rising health care costs.

As evidence on FIM has grown, interest among health care payers and policymakers has increased. Large public and private health insurance programs have expanded coverage of FIM programs. States are using a range of levers to pilot and authorize FIM programs. This includes covering FIM services under Medicaid through approved or pending Section 1115 waivers, using in lieu of services (ILOS) to support FIM services under Medicaid managed care provisions, and passing legislation directing state Medicaid agencies to integrate FIM services into their Medicaid programs.

Despite growing momentum in this space, challenges persist in successfully designing, implementing, and sustaining FIM programs that are high-quality, choice-driven, culturally appropriate, and well-coordinated across federal, state, health, and social sectors. State governments often face limited capacity to prioritize this work and align efforts across relevant stakeholders — including payers, practitioners, policymakers, providers, and patients. These bandwidth concerns are further compounded amid recent federal budget adjustments impacting Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other public benefit programs.

## What States Can Expect

The *FIM State Officer Program* is a transformative **three-year training, technical assistance, and peer-to-peer learning** opportunity designed to empower up to **10 states** to implement and expand their FIM solutions. The program's goal is to increase access to healthy food for people with diet-related health conditions, financed through the health care delivery system. Participating states will have access to:

- **Funding.** States will receive funding for a FIM state officer for a three-year period. The FIM state officer is expected to serve as a leader and subject matter expert dedicated to strengthening and optimizing nutrition support programs across the state.
- **Training and technical assistance for FIM state officers.** FIM state officers will receive virtual and in-person onboarding, individualized one-on-one technical assistance tailored to advance the states' unique FIM goals and landscape, support with stakeholder engagement and communication, and leadership coaching from certified leadership coaches
- **FIM State Officer Hub.** Through this national learning network, FIM state officers will join in-person convenings and virtual sessions dedicated to learning, peer-to-peer sharing, and networking opportunities. Expert presentations and facilitated discussions will feature relevant subject matter experts, stakeholders, and other state officers. FIM state officers will connect with others in the same FIM readiness or implementation stage and dive deeper into specific topics of interest and high priority to advance their FIM goals.

## Eligibility Criteria

States in all stages of FIM programming — from early exploration and development to implementation and expansion — are invited to apply. States must submit a [Letter of Intent](#) and demonstrate clear evidence of buy-in from state leadership, along with the commitment and readiness to employ a FIM state officer. FIM state officers may work within the governor's office, state Medicaid agency, public health department, or other state entities where they are best positioned to advance policy and systems change and as permitted by state law.

Once selected, states must actively participate in individualized training and technical assistance, leadership coaching, and a peer-to-peer national learning network.

Only one LOI per state should be submitted.

## How to Apply

### Letter of Intent *(due February 27, 2026, 5 pm ET)*

To be considered for this program, states must submit an LOI by February 27, 5 pm ET. **Inquiries and LOIs should be sent to [fimso@chcs.org](mailto:fimso@chcs.org)** and use the subject: “FIM State Officer Program Letter of Intent – [State Name]”.

On March 23, 2026, a subset of states will receive an invitation to submit a full Request for Proposals.

### LOI Format Requirements

- The LOI must be written on **official state/department letterhead** and be no more than five pages excluding the cover page (1.5 lined-spaced, 12-point font size).
- The LOI cover page must include **primary point of contact information** (name, title, affiliation, mailing address, telephone number, and e-mail address).
- The LOI must be **signed by a state leader**, such as the governor, health secretary, state Medicaid director, public health director, or a comparable senior official, to demonstrate high-level commitment and support.

### LOI Section Headers and Corresponding Information

- **State Leadership Commitment:**
  - Describe your state leadership’s commitment to: (1) addressing diet-related health conditions; (2) investing in community-based programs to increase the availability of healthy food options; and (3) integrating food and nutrition into health care to improve individual and community health. Specify your state’s priorities for FIM interventions, as well as how this program aligns with your state’s broader priorities and how it will support these goals.
- **Current Efforts and Readiness:**
  - Provide a brief overview of your state’s current or planned efforts (and relevant policy levers) related to FIM or nutrition-focused interventions.
  - For states with FIM pilots or program implementation in progress, describe your implementation and evaluation (cost, ROI, clinical outcomes, etc.) designs as well as approaches to enrolling eligible participants and supporting service providers' capacity.
  - Describe any ongoing FIM-related collaborations with community organizations, farms and farmer organizations, across state agencies, or with federal partners.
  - Describe your state’s efforts, current or envisioned, to increase local food sourcing to support FIM.
- **Capacity to Hire:**
  - Verify your state’s ability to hire/contract a FIM state officer within six months of program launch.
  - Specify the agency, office, or department where you propose placing the FIM state officer, including the name of the person to whom the officer will report.
  - Outline any relevant legislative or state-specific hiring requirements that may impact the hiring timeline.

- **Proposed Role of the FIM State Officer:**

- Summarize how a FIM state officer would fit into your state's efforts and what goals you would like them to accomplish. Include any departmental goals, if relevant, to strengthen work across multiple state agencies.

- **Participation in Program Activities:**

- Confirm your state's willingness to participate in this three-year program. FIM state officers will be required to participate in monthly one-on-one technical assistance and bi-monthly virtual trainings, work with a leadership coach, host an in-person site visit with CHCS staff, and attend three in-person meetings.