TRILLIUM HEALTH RESOURCES
NC ROOTS HUB LEAD — REGION 2

REQUEST FOR APPLICATION

RFA No. THR-ROOTS2-2026-003

Food Is Medicine Program Expansion
NC ROOTS REGION 2

Initiative 2: Food Is Medicine Program Expansion
In Support of the NC Rural Health Transformation Program (NCRHTP)

Issue Date:	July 30, 2026
Application Submission Deadline:	Augst 31, 2026, at 4:00 PM (EDT)
Issuing Organization:	Trillium Health Resources
Program:	NC ROOTS Hub — Region 2
Written Questions Deadline:	August 6, 2026, at 5:00 PM (EDT)

Applications must be submitted electronically per instructions in Section 4.1 of this Request for Application ("RFA")

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Federal Funding Acknowledgment (Stevens Amendment)

This funding opportunity is supported by the Centers for Medicare & Medicaid Services (CMS) through the North Carolina Department of Health and Human Services under the North Carolina Rural Health Transformation Program. Any Subrecipient receiving an award under this Request for Applications will be required to comply with the Stevens Amendment (Public Law 101-166, as applicable) and all applicable federal requirements concerning acknowledgment of federal financial assistance. Public statements, press releases, publications, websites, presentations, and other materials describing activities funded under the resulting Subaward must include the required acknowledgment of federal funding in accordance with the Subaward Agreement.

PART I — GENERAL INFORMATION

1.1 Purpose and Overview

Trillium Health Resources (hereinafter "Trillium" or "the Organization") has been designated by the North Carolina Department of Health and Human Services (“NCDHHS”) as the NC ROOTS Hub Lead for Region 2 under the North Carolina Rural Health Transformation Program (“NCRHTP”). The NCRHTP is funded through the Centers for Medicare & Medicaid Services ("CMS") Rural Health Transformation Program ("RHTP"), authorized by Section 71401 of Public Law 119-21, to strengthen rural health infrastructure and improve health outcomes in North Carolina's rural communities.

Pursuant to **Contract No. 00050561 between NCDHHS and Trillium, together with the associated CMS Notice of Award, the CMS Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Program Terms and Conditions, the CMS Standard Grant and Cooperative Agreement Terms and Conditions, and all applicable federal award requirements (collectively, the "Prime Award")**, Trillium serves as the Region 2 Hub Lead and pass-through entity for federal financial assistance awarded under the NCRHTP. In that capacity, Trillium is responsible for administering approved NCRHTP initiatives, issuing subawards to eligible organizations, monitoring subrecipient performance, and ensuring compliance with all applicable federal and state statutes, regulations, and award requirements governing the use of federal financial assistance.

A critical objective of the NCRHTP is to improve access to nutrition services and integrating food-based interventions into care delivery. Consistent with the requirements of Initiative 2 – Food is Medicine, Trillium is soliciting applications from qualified organizations with demonstrated experience in food access, nutrition education, food system infrastructure, and related community health services to enable rural nutrition access and Food is Medicine programming for NC ROOTS Region 2. Note, consistent with NCRHTP guidelines, funding cannot be used to directly purchase food or meals.

1.2 Background: NC ROOTS and the Rural Health Transformation Program

NC ROOTS — North Carolina Rural Organizations Orchestrating Transformation for Sustainability — is the statewide implementation framework for the NCRHTP, administered by NCDHHS. Through the NCRHTP, NCDHHS designated regional NC ROOTS Hub Leads to coordinate implementation of approved rural health initiatives, convene regional stakeholders, administer federal pass-through funding, and oversee program performance within each Medicaid managed care region over a five-year period beginning in 2026.

Trillium serves as the NC ROOTS Hub Lead for Region 2. As Hub Lead, Trillium is responsible for administering federal financial assistance received through NCDHHS, issuing and monitoring subawards, ensuring compliance with applicable federal and state requirements, and implementing approved initiatives that strengthen rural health care infrastructure and improve health outcomes throughout the region.

1.3 NC ROOTS Region 2 — Geographic Scope

NC ROOTS Region 2 corresponds to North Carolina Medicaid Managed Care Region 2 and encompasses thirteen (13) counties spanning from the Blue Ridge Mountains in the northwest to the Piedmont Triad in the east. The Region 2 counties are:

County	Sub-Region / Geographic Character
Alleghany	Blue Ridge / High Country
Ashe	Blue Ridge / High Country
Watauga	Blue Ridge / High Country
Wilkes	Foothills transition
Surry	Foothills / Northern Piedmont
Stokes	Northern Piedmont
Rockingham	Northern Piedmont
Yadkin	Piedmont
Davie	Piedmont
Davidson	Piedmont Triad
Forsyth	Piedmont Triad (Winston-Salem)
Guilford	Piedmont Triad (Greensboro / High Point)
Randolph	Piedmont Triad / South Piedmont

This diverse 13-county footprint spans significant geographic, demographic, and economic variation — from high-elevation rural mountain communities with limited road access and seasonal population dynamics, to suburban Piedmont Triad counties with complex urban-rural health disparities.

Key health and demographic characteristics across Region 2 include:

- Significant rural health care deserts, particularly in Alleghany, Ashe, Wilkes, Stokes, and Yadkin counties
- High rates of behavioral health need, including serious mental illness, substance use disorders, and opioid overdose mortality
- Elevated rates of chronic disease including diabetes, hypertension, heart disease, and COPD
- Provider shortages in primary care, specialty care, dentistry, and behavioral health
- Limited broadband access inhibiting telehealth utilization in mountain and rural communities
- Aging population, particularly in High Country counties, with growing long-term care and dementia-related needs
- Health disparities affecting Black, Hispanic/Latino, and low-income populations, particularly in Guilford, Rockingham, and Davidson counties
- Workforce shortages in health care and human services sectors across the region

Trillium intends to award one or more subawards to ensure timely completion of the Food Is Medicine programming required under Initiative 2 of the NCRHTP.

Trillium reserves the right to make multiple awards, a single award, or no award under this RFA and to determine the number and scope of awards based on the quality of applications received, available funding, geographic and programmatic needs, and the best interests of the NCRHTP and NC ROOTS Region 2.

1.4 Trillium's NC ROOTS Role and Organizational Context

As the NC ROOTS Hub Lead for Region 2, Trillium is responsible for administering the NCRHTP within its designated region. These responsibilities include: (1) conducting a regional needs assessment; (2) establishing and coordinating a regional network of rural health care providers, community organizations, and other stakeholders; (3) developing and implementing approved Regional Action Plans; ; (4) administering federal pass-through funding; (5) monitoring Subrecipient performance; and (6) implementing evidence-based initiatives designed to improve rural health care access, quality, sustainability, and health outcomes throughout Region 2.

1.5 RFA Schedule

Milestone / Event	Date
RFA Issued	July 30, 2026
Written Questions Deadline	August 6, 2026, | 5:00 PM EDT
Trillium Written Responses to Questions Posted	August 19, 2026
Application Submission Deadline	Augst 31, 2026, | 4:00 PM EDT
Intent to Award Notification	September/October 2026

Trillium reserves the right to modify this schedule at its discretion. Amendments will be distributed to all registered respondents via addenda.

PART II — SCOPE OF WORK

2.1 Overview

Food Is Medicine is a recognized strategy for addressing both food insecurity and nutrition-related chronic disease management through prescriptive, therapeutic, and educational food interventions. Trillium seeks to expand the capacity of Region 2 communities and clinical practices to implement, adopt, and sustain these approaches. The selected respondent(s) shall enable rural nutrition access and Food Is Medicine programming by (a) improving food system infrastructure, (b) expanding nutrition education and workforce readiness, and (c) serving as an NCCARE360 champion.

2.2 Program Requirements and Task Areas

The selected respondent shall execute the following tasks:

- **Task 1 — Food System Infrastructure**: Identify and implement infrastructure investments to address critical gaps in food organization operations and expand access to underserved populations. Infrastructure investments may include but are not limited to refrigeration, cold storage, kitchen upgrades, and distribution equipment. Note: Consistent with NCRHTP guidelines, funding cannot be used to directly purchase food or meals.
- **Task 2 — Nutrition Education and Workforce Readiness**: Train and equip staff responsible for delivering Food is Medicine services to provide effective nutrition education to community members and program participants with particular focus on populations affected by diabetes, hypertension, and other diet-related chronic conditions. This includes training staff in evidence-based nutrition education curricula, building Community Health Worker (CHW) capacity to conduct outreach, support care

navigation, and deliver education to food-insecure residents. The selected respondent(s) shall establish and maintain staff competencies to ensure consistent, high-quality education, and tracking participant enrollment, engagement, and outcomes.

- **Task 3 — NCCARE360 Champions**: Champion the adoption, utilization, and network standards of NCCARE360 to support patient referrals and closed-loop tracking to community resources addressing food access and other non-medical drivers of health. Build partnerships and provide support to facilitate sustained engagement with the platform.
- **Task 4 — Project Planning and Implementation**: Provide comprehensive planning and implementation support for Task Areas 1 through 3, including:
  - Detailed cost estimates and budget projections for each investment
  - Phased project schedule, staffing plan, and implementation timeline with milestones and dependencies for procurement, installation, and activation
  - Impact projections quantifying expected outcomes that include population impact (e.g., increased storage capacity, reduced spoilage rates, expanded service volume, improved food access metrics)

2.3 Application Questions

1. **Infrastructure Investment Plan**: Describe your proposed approach to addressing infrastructure gaps based on local needs. Your response should include:
   a. Specific infrastructure investments your organization is seeking to fund through this initiative
   b. Rationale for each investment, including how it will directly expand Food is Medicine capacity, increase access to underserved populations, address a documented gap in your organization's current operations, and the long-term impact of the investment
   c. Anticipated cost for each investment, presented as a line-item estimate
   d. Plan for procuring, installing, and activating each investment
   e. What counties and/or populations each infrastructure investment will serve
2. **Nutrition Education and Workforce Readiness**: Describe your proposed approach to nutrition education and workforce readiness. Specifically address how you would execute Task Area 2 (as applicable) outlined above. Include your experience with nutrition programs and Food Is Medicine.
3. **NCCARE360 Champions**: Describe your experience and proposed approach to be an NCCARE360 champion. Specifically address how you would execute Task Area 3 (as applicable) outlined above.
4. **Organizational Background and Regional Fit**: Describe your experience working in Region 2 or comparable rural/underserved health regions. What culturally responsive approaches do you bring to this work? If you do not have direct Region 2 experience, describe your strategy for building relationships, understanding local context, and establishing credibility with regional partners and community stakeholders.
5. **Tribal Engagement**: Describe your proposed approach and/or experience engaging with North Carolina state tribes to understand and meet their health care needs. If you have limited prior experience with tribal engagement, describe how you would establish meaningful partnerships and ensure tribal voices are centered in this work.
6. **Project Timeline and Rapid Delivery:** Describe your approach to mobilizing the project team immediately upon Subaward Agreement execution along with your 30-, 60-, and

90-day plan. Propose specific deadlines for each deliverable. Identify critical path dependencies.

7. **Long-Term Sustainability:** Describe how you will use NC ROOTS program funding to build sustainable Food Is Medicine infrastructure and programming. Include how you will coordinate with partners and demonstrate the long-term value of Food Is Medicine interventions in Region 2. If leveraging Medicaid, describe your strategy for sustainable reimbursement and program continuation after NC ROOTS funding ends.
8. **Contractors and Lower-Tier Subrecipients (if applicable)**: Describe any plans to engage contractors or lower-tier subrecipients in support of NC ROOTS activities for Food Is Medicine programming. For each, identify: (1) the specific services they will provide, (2) the anticipated budget allocation, and (3) how their work supports program objectives and outcomes.

2.4 Deliverable Summary Table

#	Deliverable
1	Project Schedule, including infrastructure investment funding milestone plan and the proposed 30, 60, 90-day plan
2	Detailed Budget Tracker
3	Nutrition Education Training Plan, Curriculum, and Materials
4	Monthly Progress and Outcomes Reporting, including KPIs, program activities, training completion and engagement data, and participation metrics

PART III — RESPONDENT ELIGIBILITY AND QUALIFICATIONS

3.1 Minimum Qualifications

Applications will be considered only from respondents who meet all of the following minimum qualifications at time of submission:

1. Respondent must have a Unique Entity Identifier (“UEI”) issued by SAM.gov.
2. Respondent is a legally organized entity, including, but not limited to, a corporation, limited liability company, nonprofit organization, college or university, governmental entity, or sole proprietorships, authorized to conduct business in North Carolina.
3. Respondent must have sufficient financial resources, working capital, and fiscal capacity to perform the activities contemplated under the resulting Subaward Agreement. Because funding is provided on a reimbursement basis, the selected respondent must incur and pay all allowable program costs using its own funds before seeking reimbursement from Trillium.
4. Respondent can credibly certify the capacity to complete all required deliverables.
5. Respondent and all proposed lower-tier subrecipients are not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from contracting with any government entity, and are not listed on the Federal Exclusion List (SAM.gov), NC Suspension of Funding List, NC Debarred Vendors List, or Iran Divestment Act List.
6. Respondent demonstrates experience conducting meaningful community engagement with underrepresented, rural, or low-income populations.

3.2 Preferred Qualifications

Trillium will view favorably applications from respondents who demonstrate:

- Direct experience in rural North Carolina and Region 2 counties, including extensive experience serving underserved populations and addressing barriers to access.
- Been in continuous operation for at least two (2) years immediately preceding the application submission deadline, with demonstrated organizational, financial, and administrative capacity to perform the proposed scope of work.
- Team members with established community relationships.
- Bilingual capacity (English/Spanish/other prevalent languages) for community engagement.
- Demonstrated experience in Food is Medicine programming
- Experience working with LME/MCOs, FQHCs, local health departments, tribes, Tailored Plan providers, and County Governments in North Carolina.
- Status as a NC Historically Underutilized Business (HUB) or Minority/Women-Owned Business Enterprise (MWBE).
- Experience supporting rural health transformation, rural hospital sustainability, or federally designated health care shortage area planning.

3.3 Contractors and Lower-Tier Subrecipients

Respondent may propose the use of contractors or lower-tier subrecipients to perform specific portions of the Scope of Work. All proposed contractors and lower-tier subrecipients must be identified in the RFA and must include a description of the entity, its qualifications, its proposed role, and the specific activities it will perform under the subaward.

The successful respondent shall remain solely responsible for the performance of all work, achievement of all deliverables, compliance with the terms and conditions of the Subaward Agreement, and compliance by its contractors and lower-tier subrecipients with all applicable federal, state, and program requirements. The use of contractors or lower-tier subrecipients shall not relieve the successful respondent of any obligation or liability under the Subaward Agreement.

Any contract or lower-tier subaward is subject to Trillium's prior written approval. No contractor or lower-tier subrecipient may begin work or incur costs chargeable to the subaward until approved in writing by Trillium.

The successful respondent(s) shall ensure that all approved contractors and lower-tier subrecipients comply with all applicable provisions of the Prime Award, the resulting Subaward Agreement, the Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Program Terms and Conditions, the CMS Standard Grant and Cooperative Agreement Terms and Conditions, 2 C.F.R. Part 200, and all other applicable federal and state statutes, regulations, policies, and written guidance. The successful respondent(s) shall incorporate all applicable flow-down requirements into each contract or lower-tier subaward.

Contractors and lower-tier subrecipients performing work under the subaward shall be subject to the same audit, records retention, monitoring, inspection, access to records, confidentiality, privacy, security, and compliance requirements applicable to the successful respondent(s) to the extent such requirements apply to the activities being performed.

Trillium reserves the right to approve, reject, or require the replacement of any proposed or approved contractor or lower-tier subrecipient that does not meet applicable eligibility, responsibility, or compliance requirements or whose continued participation is determined by Trillium to be inconsistent with the objectives or requirements of the NCRHTP.

Trillium, as the pass-through entity, shall determine whether any proposed third party is properly classified as a contractor or a lower-tier subrecipient in accordance with 2 C.F.R. Part 200 and other applicable federal requirements. The respondent's characterization of a proposed entity in its RFA is advisory only and shall not be binding on Trillium. The successful respondent(s) shall comply with all requirements applicable to the classification determined by Trillium and shall incorporate all required federal, state, and programmatic flow-down provisions into every approved subcontract or lower-tier subaward.

PART IV — APPLICATION REQUIREMENTS AND FORMAT

4.1 Submission Instructions

Applications must be submitted electronically to Region2NCRootsHub@TrilliumNC.org no later than Augst 31, 2026, at 4:00 PM Eastern Daylight Time. The email subject line must read: "Application — RFA THR-ROOTS2-2026-003 [Respondent Organization Name]". Late applications will not be accepted. Applications submitted by mail, fax, or hand delivery will not be accepted. Submission constitutes acceptance of all RFA terms and conditions.

File naming conventions for each submitted document:

(a) "Application_[OrgName]_ROOTS2Initiative2FIM.pdf"

(b) “Budget_and_ImplementationPlan_[OrgName]_ROOTS2Initiative2FIM.xlsx”

4.2 Application — Format and Required Sections

The application shall not exceed eighteen (18) pages, excluding resumes and appendices. Each section shall begin on a new page with a clear section heading. Resumes for key personnel may be included as appendices and do not count toward the page limit.

Section A — Cover Page (1 page maximum)

- RFA number and title
- Respondent’s UEI
- Respondent's full legal name, address, website, and type of organization (for-profit, nonprofit, academic institution, etc.)
- Federal Employer Identification Number (FEIN)
- Name, title, direct phone, and email of authorized signatory
- Name, title, direct phone, and email of primary project contact
- Signature of authorized representative and date
- HUB / MWBE certification status, if applicable

Section B — Executive Summary (2 pages maximum)

- Respondent's understanding of the project purpose, Region 2 context, and key challenges
- Brief overview of proposed approach and unique qualifications
- Total proposed budget

Section C — Organizational Qualifications and Relevant Experience (4 pages maximum)

- Organizational background, mission, and structure
- Three (3) comparable project summaries with client references (see Section 4.3)

- Relevant certifications, licenses, and professional affiliations
- Description of proposed subcontractors and their qualifications
- Any conflicts of interest and proposed mitigation measures
- Confirm your organization's ability to meet all qualifications outlined in this RFA. If you cannot meet all qualifications, clearly articulate why and propose an alternative approach. Please note that certain requirements are non-negotiable and will be grounds for disqualification

Section D — Approach, Methodology, and Response to Questions (8 pages maximum)

- Detailed response to each Application Question in Section 2.3
- Identify the Region 2 counties you propose to serve and note if you are also submitting a proposal for Region 5
- Community engagement: specific county-level strategy, session locations, outreach channels, language access plan, and engagement with vulnerable/marginalized communities
- Risk identification and mitigation strategy for meeting key milestones

Section E — Staffing Plan (2 pages maximum, plus resumes in appendix)

- Organizational chart showing project team structure
- Name, role, title, and estimated percent of time committed per team member
- Identification of Project Manager and/or designated day-to-day contact
- Resumes or CVs for all key personnel (appendix, not counted toward page limit)

Section F — Budget and Implementation Plan (submitted as separate Excel)

The Budget and Implementation Plan shall be submitted as a separate, clearly labeled Excel document containing four integrated components:

- ***Tab 1 – Budget Form***: Itemized monthly budget by cost category (e.g., Salary, Fringe, Travel), including any contractors or lower-tier subrecipients and administrative costs
- ***Tab 2 – Salary Form***: Breakdown of each individual assigned to the proposed work, including role, hourly rate or annual salary, fringe benefits, and time allocation. All salaries must comply with the NC ROOTS salary cap
- ***Tab 3 – Performance Schedule****:* Key Performance Indicators (KPIs) aligned to budget and program deliverables, with payment schedule contingent on achievement of KPIs
- ***Tab 4 – Implementation Schedule****:* Project timeline with key milestones, deliverables, and target completion dates, with payment schedule contingent on achievement of milestones. Failure to meet timelines requires notification and a mitigation plan within 72 hours.

Note: Budget will be reviewed separately to prevent cost from influencing technical scoring. All pricing proposals are subject to applicable state and federal reporting and compliance requirements, including public records disclosure and budget documentation requirements.

4.3 References

Respondent must provide three (3) verifiable references for comparable projects completed within the past five (5) years. For each reference provide: client organization name; project title and brief description; project dates; name, title, phone, and email of the reference contact; and the respondent's specific role. Trillium reserves the right to contact references without advance notice.

False or misleading references will result in disqualification. If you have previously performed work for Trillium, please include the same information for Trillium as a potential reference.

4.4 Questions and Communications

All questions must be submitted in writing to Region2NCRootsHub@trilliumnc.org with subject line: "Questions — RFA THR-ROOTS2-2026-003 — [Respondent Name]". Questions must be received by August 6, 2026, at 5:00 PM EDT. All responses will be issued via addendum to registered respondents by August 19, 2026.

To ensure a fair, transparent, and equitable application and evaluation process, respondent shall not contact Trillium Board members, officers, employees, consultants, evaluation committee members, hospitals, community partners, or other individuals involved in the administration or evaluation of this RFA, except through the official question-and-answer process described in this RFA or as otherwise expressly authorized by Trillium.

Any attempt by a respondent to influence the application or evaluation process or to obtain information outside the authorized communication process may result in the rejection of the application or disqualification from further consideration, as determined by Trillium.

PART V — EVALUATION AND SELECTION CRITERIA

5.1 Evaluation Process

Applications will be evaluated in two phases. Phase 1 is a Pass/Fail responsiveness review for completeness and minimum eligibility. Phase 2 is a scored evaluation of qualifying applications by a review panel composed of Trillium staff, and, at Trillium's discretion, external subject-matter experts and community representatives. Trillium reserves the right to request oral presentations and/or request additional information from respondents.

5.2 Evaluation Criteria and Weights

Evaluation Criterion	Weight	Description
Local Needs Focus and County Selection	**25%**	Demonstrated understanding of food access gaps in rural communities in Region 2; Evidence of serving underserved/vulnerable populations; Clarity on which specific Region 2 counties will be prioritized and rationale for selection based on key health characteristics
Approach, Methodology, and Response to Questions	**25%**	Demonstrated connection between proposed infrastructure investments and documented regional needs with articulated Food is Medicine relevance; Quantifiable infrastructure investment impact (i.e., service volume expansion, population reach, waste reduction); Outlined specific, evidence-based curriculum for Nutrition Education, detailed CHW training approach; Curriculum that is adapted based on community input and accessibility needs; Rigor, appropriateness, and specificity of approach for serving as NCCARE360 Champion (i.e., plan for engagement, adoption, and utilization)
Organizational Qualifications and Experience	**25%**	Quality and relevance of experience: 1) Implementing nutrition-focused food access interventions (i.e., medically-tailored meals / food prescriptions, and nutrition education programs with documented impacts) 2) Procuring, installing, and operating food system infrastructure; managed capital projects from vendor selection through activation; demonstrated ability to operate equipment sustainably post-installation 3) Quality and relevant experience leading NCCARE360

		adoption or comparable closed-loop referral platform implementations; Demonstrated change management experience with healthcare provider organizations; Track record increasing NCCARE360 or similar platform utilization and engagement rates
Community Engagement	**10%**	Reach, inclusivity, and cultural competency in the proposed engagement approach across Region 2 counties; Strategy for meaningfully engaging vulnerable/marginalized communities, including linguistic access, cultural competency, accessibility, health literacy; Strategy for meaningfully engaging tribes, including mechanisms for tribal input, culturally appropriate engagement, and coordination with tribal leadership and health systems
Project Schedule	**10%**	Credibility and specificity of timeline; Demonstrated ability to deliver work on time, identification of critical path items and dependency mapping; Ability to mobilize the team/work immediately
Staffing Plan and Key Personnel	**5%**	Qualifications and experience of proposed team; Appropriate allocation of effort and resources

Note: Funding distribution will be prioritized based on food environment assessments and identified regional needs across Region 2

5.3 Award Determination

Award(s) will be made to the responsive and responsible respondent(s) whose application(s) are determined by Trillium to best advance the objectives of the NCRHTP and provide the greatest overall value to Trillium, the participating hospitals, and the communities of NC ROOTS Region 2. In making award decisions, Trillium will consider the evaluation criteria set forth in this RFA, including technical merit, organizational experience and capacity, project approach and methodology, demonstrated ability to engage rural hospitals and community stakeholders, understanding of the unique needs of rural and underserved communities, proposed staffing, past performance, and the reasonableness of the proposed budget and costs. Trillium is not obligated to make an award based on the lowest cost proposed.

Trillium reserves the right to make one award, multiple awards, or no award, to negotiate the scope of work, budget, or other terms with one or more respondents prior to award, and to select different respondents for different hospitals or project components, as determined to be in the best interests of the NCRHTP and NC ROOTS Region 2.

PART VI — CONTRACT TERMS AND CONDITIONS

6.1 Contract Type and Anticipated Funding

Trillium anticipates issuing one or more deliverable-based Subaward Agreements to support Food Is Medicine Program Expansion under Initiative 2 of the NCRHTP. Trillium reserves the right to allocate available funding among successful respondents in the manner that best advances the objectives of the NCRHTP and the needs of NC ROOTS Region 2.

Funding under any resulting Subaward Agreement is contingent upon the continued availability of federal funds, compliance with all applicable award requirements, and successful negotiation of the final Subaward Agreement. Nothing in this RFA obligates Trillium to award the full amount of available funding or guarantees any minimum funding amount to any respondent.

6.2 Subaward Agreement

Any award resulting from this RFA shall be made through Trillium's standard Subaward Agreement. Execution of the Subaward Agreement is a condition of award. If the selected respondent fails or refuses to execute the Subaward Agreement within the time prescribed by Trillium, Trillium may withdraw the award and select another respondent or take such other action as it determines to be in the best interests of the NCRHTP.

6.3 Standard Subaward Agreement Provisions

The Subaward Agreement will include, at a minimum, provisions addressing:

- Compliance with the Prime Award, including the CMS Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Notice of Award, CMS Program Terms and Conditions, and applicable provisions of Contract No. 00050561 between NCDHHS and Trillium.
- Compliance with 2 C.F.R. Part 200 and all other applicable federal and state laws, regulations, and guidance.
- Scope of work, performance standards, deliverables, reporting requirements, and project milestones.
- Payment terms, allowable costs, invoice, and financial management requirements.
- Records retention, access to records, monitoring, audits, and Single Audit requirements, as applicable.
- Confidentiality, HIPAA compliance, privacy, cybersecurity, incident reporting, and data security requirements.
- Conflict of interest, fraud, waste and abuse prevention, mandatory disclosures, and compliance with federal and state certifications.
- Insurance requirements, indemnification, and compliance with all applicable licensing and regulatory requirements.
- Flow-down requirements applicable to contractors and lower-tier subrecipients.
- Suspension, termination, closeout, and remedies for noncompliance.
- Other provisions necessary to comply with applicable federal or state law or the requirements of the Prime Award.

Trillium reserves the right to modify the Subaward Agreement before execution as necessary to comply with changes in applicable law, the Prime Award, CMS or NCDHHS guidance, or program requirements.

6.4 Insurance Requirements

As a condition of award, the successful respondent(s) shall procure and maintain, at its own expense, insurance coverage in the types and amounts required by Trillium. Prior to execution of the Subaward Agreement, the successful respondent shall provide certificates of insurance and any endorsements requested by Trillium demonstrating compliance with the insurance requirements.

The insurance requirements will be set forth in the Subaward Agreement and may include, as applicable, commercial general liability, professional liability (errors and omissions), workers' compensation, employer's liability, commercial automobile liability, cyber liability, and such other insurance as Trillium determines is appropriate based on the nature of the services and applicable federal and state requirements.

Trillium reserves the right to require higher limits of coverage or additional types of insurance based on the scope of the approved project, the activities to be performed, applicable law, or the requirements of the Prime Award.

6.5 Conflict of Interest

Respondents must disclose in their application any actual or potential conflicts of interest, including relationships between proposed team members and Region 2 county governments, health systems, provider organizations, or community entities that may be subject to assessment findings or subsequent network contracting. Trillium reserves the right to disqualify applications with unmitigable conflicts of interest.

PART VII — REQUIRED CERTIFICATIONS

7.1 Respondent Certifications

By submitting an application, the respondent certifies under penalty of disqualification and applicable law that:

- All information provided in the application is true, accurate, and complete to the best of the respondents' knowledge.
- Respondent has not engaged in any collusion with any other respondent or any person in connection with this RFA.
- Respondent is not currently debarred, suspended, or excluded from contracting with any federal, state, or local government entity or health care program.
- Respondent is in compliance with all applicable federal, state, and local laws and regulations.
- Respondent has not offered or provided any gift, gratuity, or benefit to any Trillium employee or officer in connection with this RFA.
- Respondent possesses the capacity, staffing, and resources to deliver all required work products.
- Respondent will comply with all applicable federal and state privacy, security, and grant requirements, including HIPAA, 42 C.F.R. Part 2, and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200, formerly OMB Circular A-122, as applicable), and will execute a data use agreement prior to accessing any protected health information.

7.2 Addenda Acknowledgment

Respondent must acknowledge in their application cover page the receipt of all addenda issued by Trillium. Failure to acknowledge all addenda may result in application disqualification.

7.3 Confidentiality of Applications

Trillium will maintain the confidentiality of applications during the evaluation period. Following contract award, Trillium may be subject to public records requests under applicable North Carolina law. Respondents claiming portions of their application as trade secrets or confidential commercial information must clearly identify such portions with a written justification at time of submission. Trillium makes no representation regarding the protection of information claimed as proprietary.

PART VIII — CONTACT INFORMATION AND GENERAL PROVISIONS

8.1 Contact Information

Issuing Organization:	Trillium Health Resources
Program:	NC ROOTS Hub — Region 2
Email:	Region2NCRootsHub@trilliumnc.org
Email Subject Line:	Application — RFA THR-ROOTS2-2026-003— [Respondent Name]

8.2 NCRHTP Program Authority

This RFA is issued pursuant to Trillium's designation by NCDHHS as the NC ROOTS Hub Lead for Region 2 under the NCRHTP and Trillium's authority under the Prime Award to issue subawards for approved program activities.

The Food Is Medicine Program Expansion services funded through this RFA are a required component of Initiative 2 – Food Is Medicine and must be performed in accordance with the requirements of the Prime Award, the NCRHTP, and all applicable federal and state laws, regulations, and guidance. The successful respondent will be required to comply with all applicable program requirements and cooperate with Trillium and NCDHHS in the review and oversight of project activities. Trillium will submit draft and final deliverables, reports, and other required project documentation to NCDHHS and CMS, as required by the Prime Award and applicable program requirements.

8.3 Reservation of Rights

Trillium Health Resources reserves the right, in its sole discretion and to the extent permitted by applicable law, to: (a) reject any or all applications, in whole or in part, for any reason; (b) waive minor informalities, irregularities, or technical deficiencies in any application that do not materially affect the competitive selection process; (c) request clarifications, additional information, or presentations from one or more respondents; (d) negotiate the scope of work, budget, deliverable, or other terms with one or more respondents prior to award; (e) make one award, multiple awards, partial awards, or no award; (f) cancel, amend, suspend, withdraw, or reissue this RFA, in whole or in part, at any time; (g) issue additional or subsequent RFAs or other solicitations for the same or similar program activities; (h) accept the application or combination of applications determined to best advance the objectives of the NCRHTP and the needs of NC ROOTS Region 2; and (i) take any other action Trillium determines to be in the best interests of the NCRHTP, consistent with the Prime Award and applicable federal and state law.

Issuance of this RFA does not obligate Trillium to make any award or to execute a Subaward Agreement. Any award is contingent upon the availability of funding under the Prime Award, successful negotiation of a Subaward Agreement, and the respondent's satisfaction of all applicable eligibility and award requirements. Trillium shall not be liable for any costs or expenses incurred by any respondent in preparing or submitting an application or otherwise participating in the application or selection process.

END OF REQUEST FOR APPLICATION

RFA No. THR-ROOTS2-2026-003 | NC ROOTS Region 2 Food Is Medicine Expansion | Trillium Health Resources
Questions: Region2NCRootsHub@trilliumnc.org | Applications due Augst 31, 2026, at 4:00 PM EDT