Application

FY26 Iowa Cancer Plan
Implementation Grant Cycle

Iowa Cancer Consortium
www.canceriowa.org

Applicant Information:

Name of Project Lead: Kelsey Bagby, DNP, RN, OCN, Cancer Program Coordinator
Project Lead Email Address: Kelsey.Bagby@mercyhealth.com
Project Lead Phone Number: 319-272-2841
Organization: MercyOne Waterloo Cancer Center
Street Address: 200 E. Ridgeway Avenue
City: Waterloo
Zip Code: 50702

Project Details:

Project Title: Cancer Center Food Pantry
Total Amount of Funds Requested for FY26 (up to $25,000): $1,375.00

Provide a brief description of your intended project and any relevant background information about your organization. *(Suggested: 1,000 words or less.)*
The MercyOne Waterloo Cancer Center is a community cancer center that serves a large rural population and provides medical oncology, radiation oncology and hematology services to individuals in Black Hawk County and our seven contiguous counties. We are a Commission on Cancer (CoC) accredited facility which allows us access to an array of reports and data regarding our patient population. Per the National Cancer Database (NCDB) 2022 travel benchmark report, 32% (n = 182) of our patients traveled between 10 and 24 miles for treatment, 30% (n = 171) of our patients traveled between 25 and 49 miles to receive treatment and 3% (n = 18) of our patients traveled 50 to 99 miles to receive treatment. Due to distance and frequency of travel for treatments, inability to work and/or working reduced hours, as well as the cost of care and treatment related to a cancer diagnosis, our cancer center continues to identify more and more patients who are experiencing financial toxicity.

According to the Iowa Cancer Registry: Cancer in Iowa, Black Hawk County is projected to have 850 residents diagnosed with cancer in 2025. This is the highest projected number of cancer diagnoses in the state. Our clinic is most likely to serve these individuals diagnosed with cancer and to best serve them, we must utilize a wholistic approach and expand the way we look at food insecurity and financial toxicity in relation to cancer care and treatment. In 2023, Feeding America reports a 13% (previously 9.9% in 2021) food insecurity rate in Black Hawk County with 57% of residents

eligible for Supplemental Nutrition Assistance Program (SNAP) benefits. In 2024, our cancer center partnered with the Northeast Iowa Food Bank (NEIFB) and received funds from the Iowa Cancer Plan Implementation Grant to open a clinic food pantry to assist patients who are experiencing food insecurity. With our previous grant, we really focused on the implementation of the pantry. This included the necessary supplies (i.e., fridge, freezer, scale, shelving, etc.), resources (i.e., applicable nutritional handouts) and training (i.e., food safety training, agency ordering training, etc.). Now that our pantry is up and running, we want to ensure we are capturing all patients, families or caregivers, who are experiencing hardships related to a cancer diagnosis.

As our first grant cycle is ending, we have realized we need to shift our focus a bit. Addressing food insecurity is still a priority for our clinic and we plan to continue to assist patients who are identified as food insecure. We would also like to ensure we are considering patients who are experiencing financial toxicity related to cancer care and treatments. Financial toxicity may lead to patients not taking their prescribed medications as directed to save money on copayments, decrease quality of life, lead to debt/bankruptcy or other harmful events, and often leads to patients having to decide between basic need items, receiving medical care or paying their bills. Currently, MercyOne Cancer Center assesses each patient undergoing treatment, for potential barriers to insurance, transportation, medical expenses, etc. We use the National Cancer Comprehensive Network (NCCN) distress thermometer to assess for these barriers. We plan to implement the Social Determinants of Health Screening into our intake process. This will capture all patients regardless of their treatment status and will assist our cancer center in broadening our scope of patients who have access to the food pantry. In addition, we have posted –'The Hunger Vital Sign Food Insecurity Screening Questions'-throughout our clinic. The screening consists of the following questions:

1. **Within the past 12 months, you worried that your food would run out before you got the money to buy more**
2. **Within the past 12 months, the food you bought just did not last and you did not have the money to get more**

If a patient responds with –"Often True"- or "Sometimes True"- to either question, it is considered a positive screen and will prompt a referral to our social worker. We hope the signs throughout the clinic will encourage patients, their families and/or caregivers to speak up regarding potential food insecurity and/or financial toxicity. If a patient reports difficulty affording copayments, rent, insurance premiums, or similar bills, we will assist the patient with long term interventions for those issues while also offering the patient access to our food pantry with hopes to provide some financial relief.

Our process including the long-term and short-term goals will remain the same. See below for a brief overview once our social worker receives a referral:

1. **Social worker will meet with the patient to discuss long-term and short-term strategies to address food insecurity and/or financial toxicity**

2. **Social worker will assess the reasoning for patients' food insecurity and/or financial toxicity (i.e., unable to work, lost job, no paid leave, etc.) and address additional barriers, as applicable (i.e., insurance, transportation, medical bills, etc.)**
3. **A food and/or financial intervention plan will be created for each patient. The food and/or financial intervention plan will be tailored to the patients' individual needs, cancer diagnosis, treatment and diet restrictions (i.e., cultural and/or religious beliefs, allergies, preferences, comorbidities, etc.)**
4. **When accessing the food pantry: short-term goal is to provide at least a three-day supply of food to the patient and everyone in their household**
5. **When accessing the food pantry: social worker will assess patients home environment (i.e., access to a microwave, fridge, utensils, can opener, etc.)**
6. **There is no limit on how often our patients can visit our food pantry, however, our cancer program agrees that if a patient utilizes the food pantry two or more times in 30 days, then the patient's long-term interventions, whether food and/or financial related, need to be readdressed**
7. **Long term interventions may include but are not limited to providing and/or assisting patient with benefits applications (i.e., SNAP, WIC, Medicaid, supplemental insurance, community care), referral to local emergency food resources, provide a list of local resources that mitigate financial toxicity and/or food insecurity, ensuring the patient is able to access these resources and addressing other concerns such as copayments, medication costs, rent/mortgage, etc.**

Patients diagnosed with cancer often have increased nutritional requirements throughout their cancer journey. This may include liquids, soft and/or pureed items for our patients diagnosed with head and neck cancer or appropriate fiber choices for patients with colorectal cancer. In addition, increased protein intake is crucial for individuals who are receiving chemotherapy and/or radiation to ensure appropriate caloric intake and healing. Protein supplements can be quite costly for patients who are already struggling financially. If an individual is struggling with the mental, physical, and financial impacts of a cancer diagnosis, the types of food being consumed go to the wayside while cost and access become a larger player. As a cancer center, we want to ensure our patients have access to nutritious foods throughout their cancer journey, especially if they are facing financial toxicity. Our hope is to continue to our clinic food pantry service to our patients regardless of where they are at in their cancer journey.

As a cancer clinic, we are also taking into consideration the rise of cost of groceries and the decrease in food stamp funding that our patients are experiencing. From our experience, a one-person household averages $50 to $60 in food stamps per month. When considering inflation alone, this amount can make it difficult to make ends meet for a month's worth of food. On top of that, some of our patients are having trouble gaining weight or difficulty swallowing and may require a special diet and/or caloric intake which can drastically increase the cost of their monthly spending for groceries. Overall, our goal is to continue our cancer center food pantry while expanding the criteria for access to ensure our patient's basic needs and rights are met.

How many individuals in Iowa do you expect to reach through your project?
Approximately 100-150 patients as well as their family and/or caregivers

In which Iowa counties do you expect to reach people through your project?
Benton, Black Hawk, Bremer, Buchanan, Butler, Fayette, Grundy, Tama

Please describe how your project addresses one or more of these priority areas: *(Suggested: 1,000 words or less.)*

- Addressing cancer disparities across the cancer continuum.
- Addressing cancer prevention and/or early detection.
- Expanding successful local projects statewide in Iowa.
- Formalizing lasting and broad change in cancer control through policy and systems change within organizations, systems, and communities. (Funds may not be used for lobbying.)

First, to eliminate cancer disparities across the cancer continuum, we must address health equity. Health equity is the state in which everyone has a fair and just opportunity to achieve their highest level of health and to achieve health equity, we must overcome a variety of obstacles and barriers. According to the Iowa Cancer Plan, the places where people live, learn, work, and play can affect their chances of getting and dying from cancer. As a cancer clinic, we depend on tools such as the NCCN distress thermometer or SDOH screening to guide our conversations regarding equity, equality and inequality. All patients, regardless of type of consult, will complete a SDOH during their initial visit at our office with follow-up, as indicated. Patients who undergo chemotherapy and/or radiation therapy (RT) will also complete a distress screening when they complete their simulation (RT only patients) or during their first chemotherapy encounter. Ensuring our patients have access to balanced and nutritious meals throughout their cancer journey improves their functional status, emotional, and social well-being while improving their overall outcome.

Second, our cancer food pantry allows for the development of relationships and support between staff and patients. The development of support systems and on-site services is crucial for those who have been diagnosed with cancer. Individuals who experience food insecurity and/or financial toxicity, typically rely less on supermarkets and more on convenience stores. Although, convenience stores may be more expensive than a grocery store, it may be the only option for some individuals. If a patient relies on food from a convenience store, they are more likely to consume highly processed foods (to ensure shelf-life stability) and foods high in sugar and/or carbohydrates. Fresh fruits and vegetables are often limited at convenience stores and financial toxicity may hinder the individual's ability to purchase fresh foods. Consumption of non-nutritious foods can impact an individual's ability to tolerate treatment and/or side effects

Unfortunately, convenience stores are particularly easy to access, especially if transportation is a barrier. Our social worker can coordinate rides for our patients to their medical appointments through insurance transport, cab vouchers, bus passes, Care-A-Van (MercyOne owned

transportation service), etc., but we do not have transportation services that will take patients to the grocery store. Roundtrip transport to and from anywhere in the Waterloo/Cedar Falls area costs a minimum of $60. A clinic food pantry would eliminate a great amount of stress for our patients, as they do not have to wonder how they will get groceries.

As a cancer center, we want to be able to continue to provide suitable, realistic, and sustainable solutions for the difficulties our patients experience throughout their cancer journey. Our cancer center food pantry allows for convenient access to balanced meals for our patients, their families and their caregivers. The Iowa Cancer Plan states that quality of life interventions such as physical activity and nutrition programs should be considered a crucial factor of cancer treatment. The food pantry will continue to be a short-term solution, but it will allow our patients to connect with our social worker and nurses, to develop relationships and implement long-term solution that may otherwise go unnoticed throughout the patient's treatment.

Also, providing patients' families and caregivers access to the clinic food pantry not only allows us to expand our services and the number of people we are reaching, but in the long run, it may help prevent future cancers from arising in these individuals. Eating well is an important part of improving health and reducing the risk for certain cancers. Nutrition interventions may help reduce disparities in ensuring food and nutrition security so that these individuals have a fair chance at a healthy diet pattern.

Please indicate which type of funding you are applying for (choose one):

☐ **Single Year** (applying for one year of funding only)

☐ **Multi-Year: Year 1** (applying for the first year of a two- or three-year project with the intention of applying for Year 2 in FY27, if awarded)

☒ **Multi-Year: Year 2** (FY25 Year 1 awardees only) *

☐ **Multi-Year: Year 3** (FY25 Year 2 awardees only) *

If you are applying for continued funding (funded last year for the same multi-year project), please describe your success and challenges in previous years of funding. *(Suggested: 250 words or less.)*
Last year was our first year receiving grant funds to implement a food pantry. We spent most of the year trying to understand the best process for our clinic and how we can best serve our patients. We experienced delays in implementing our food pantry due to organizational requirements, changes in our objectives, organizational barriers and budget changes, but we were able to pull it off and we opened our pantry right before Christmas! It has been a learning process, but we are so thankful we had the opportunity to proceed with this project. We believe this will be an ever-changing project especially when considering the changes of the economy. We continue to follow our standard process for addressing food insecurity and/or financial toxicity, but no patient/family/caregiver is int the same situation and sometimes we must think outside of the box for additional interventions.

Which goal(s) and strategy(ies) from the Iowa Cancer Plan will your project support/help to implement? (*Suggested: 100 words or less.)*

First, our cancer center food pantry aligns with Chapter 1 of the Iowa Cancer Plan, Health Equity. When applied to cancer, equity means everyone has an equal opportunity to prevent, detect cancers early, and received treatment and follow-up as soon as possible. Unfortunately, many Iowans experience barriers that prevent them from accessing healthcare. This is why it is so important to screen all patients in our cancer clinic. For some patients, it may have taken everything in them to show up to their appointment. We want our patients to feel safe, supported and listened to. Utilizing the SDOH screening and the NCCN distress thermometer allows our clinic staff to develop rapport with these individuals, so we can ensure their basic needs are met. Results of SDOH screening and the NCCN distress thermometer can ensure patients align with Strategy A: promote access to comprehensive health insurance coverage. Our social worker is excellent at identifying patients who are underinsured and will assist patients with the necessary steps to ensure appropriate coverage. In addition, our social worker assists patients who are uninsured with obtaining insurance coverage. This act alone, will encourage patients to seek medical care when needed.

Furthermore, our cancer center food pantry aligns with Chapter 4, Priority 1, Strategy D which focuses on creating a welcoming and affirming environment for cancer care. Our cancer center staff want all patients, families and caregivers to feel welcome in our clinic regardless of sexual orientation, gender identity, race, culture, etc. We believe that by placing –'The Hunger Vital Signs Screening'- throughout the clinic, opens the door for patients, families and caregivers to bring up this barrier. Our staff want to create a warm, welcoming environment that is free of judgment. We want our patients to receive the best possible care while assisting them to obtain additional resources as needed.

Lastly, our cancer center food pantry aligns with Chapter 4, Priority 5, Strategy B, which focuses on enhancing the availability of non-clinical services for patients and caregivers. As a CoC accredited facility, the incorporation of the NCCN distress thermometer has allowed us to capture underserved patients. In addition, our nurses are trained to assess for physical, psychological, social and spiritual distress in their patients. Once these patients are identified, our social worker can identify and address gaps in basic needs, as well as medical and non-clinical support avenues. Overall, our cancer center is passionate about continuing our partnership with NEIFB to supply our food pantry, as we have seen the impact it can have on our patient's overall well-being.

Project Objectives:

These objectives will serve as the grant deliverables for your project, if awarded. The Iowa Cancer Consortium Board of Directors may request to change, add, or remove objectives with your agreement prior to funding. Where applicable, please include baseline (current) data. Please add additional objectives, if desired.

Objectives should be SMARTIE goals: **Specific, **M**easurable, **A**ttainable, **R**elevant, **T**ime-Based, **I**nclusive, and **E**quitable. The CDC's National Breast and Cervical Cancer Early Detection Program put together a helpful resource for SMARTIE objectives. (This and additional resources can be accessed at https://canceriowa.org/grants/ifp)*

***Objective #1: Decrease food insecurity by 5% in our cancer clinic by monitoring follow-up data**

- Deadline *(funding period is July 1, 2025-May 31, 2026):* **December 31st, 2025 (approximately 1 year after clinic food pantry implementation)**
- Baseline data: **In 2023 (prior to implementing our clinic food pantry), our medical and radiation oncology programs conducted 519 distress screenings upon the beginning of radiation and/or systemic therapy with 54 or 10.4% of individuals identified as having financial difficulties and/or food insecurity. Furthermore, we believe this number may be significantly higher due to the patients' hesitancy to inform staff.**
- Target by deadline: **December 31st, 2025**

***Objective #2: Obtain an 80% completion rate of SDOH screening in the EMR for all new consultations (regardless of hematology vs oncology)**

- Deadline *(funding period is July 1, 2025-May 31, 2026):* **December 31st, 2025 (approximately 1 year after clinic food pantry implementation)**
- Baseline data: **Due to delays in our EMR upgrade, SDOH screening has be inconsistent. At this point in time, SDOH screening is completed during a thorough conversation with the patient and documented in a note within the EMR. We want to standardize this process and where the documentation can be found. Our EPIC upgrade is scheduled for May 31st.**
- Target by deadline: **December 31st, 2025**

Project Collaborators:

The Iowa Cancer Consortium seeks to fund collaborative proposals. **At least one collaborator is required per project.** A letter of support is required for each listed collaborator.

Collaborator #1 (required)

Name: Shannon Bass
Organization: Northeast Iowa Food Bank
Mailing Address: 1605 Lafayette Street, Waterloo, Iowa, 50703
Phone: 319-235-0507
Email: SBass@neifb.org
Please describe the collaborator's proposed responsibilities/role in the project. *(Suggested: 100 words or less)*
NEIFB will provide non-perishable and select perishable foods at a low-cost maintenance fee. Fresh produce will be provided, as available, at no cost. Easy agency ordering through our online platform which allows organizations to choose a pick-up time, at no cost, or a delivery time for small fee.

NEIFB will provide annual reviews of the pantry to ensure appropriate standards and guidelines are being followed regarding food safety.

Evidence & Evaluation:

Resources for Evidence-Based Interventions and Evaluation: (This and additional resources can be accessed at https://canceriowa.org/grants/ifp)

- *The Iowa Cancer Consortium has put together a blog post, A Public Health Professionals Guide to Evidence-Based Cancer Control Interventions (EBIs), which contains state and national resources for public health professionals to visit when selecting interventions.*
- *CDC's Program Evaluation Framework guides public health professionals in conducting program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.*

What scientific evidence is there that your project will be effective? (*Suggested: 500 words or less.)*
Food insecurity and financial toxicity remain an underrecognized social determinant of health but key studies examining food insecurity/financial toxicity in the cancer patient population have emerged in recent years and suggest the importance of implementing food insecurity/financial toxicity screening programs.

Since their establishment in 1996, the Community Preventive Services Task Force (CPSTF) has prioritized health equity and social determinants of health (SDOH). The CPSTF conducts systematic reviews of interventional approaches that modify SDOH to increase health equity. The CPSTF conducted a systematic review of 30 studies, conducted in the United States, regarding fruit and vegetable incentive programs to reduce food insecurity. Their findings were linked to individuals with lower incomes and revealed reduced household food insecurity and increased fruit and vegetable consumption. Throughout the studies, household food insecurity was reduced by 18%. In addition, the CPSTF reviewed these studies for additional components such as nutrition prevention education (16 studies), materials in multiple languages (6 studies), kitchen cooking supplies (1 study), transportation (1 study), and staff follow-up on progress of goals (1 study).

The CPSTF provided an excellent analytic framework detailing how fruit and vegetable (F&V) incentive programs address food insecurity, financial toxicity, and the overall goal of improving healthy equity. In essence, incentive programs were proven to increase preference for F&V, increase affordability and access to F&V, and decrease out-of-pocket expenses on F&V. This allowed individuals to increase their budget for food while simultaneously increasing their F&V purchases. Increased F&V consumptions is proven to improve the quality, variety, and desirability of their diets and reduce disrupted eating patterns, which can lead to improved physical and mental health.

Our cancer program utilized CPSTF findings to develop our food pantry project. When examining a patient's cancer diagnosis, they often have higher nutritional needs and increased financial burdens from treatments. Although our project does not focus solely on fruit and vegetable incentive programs, we intend to provide our patients with convenient access to nutritionally dense foods, including fruits and vegetables, all while providing these items at no cost. We want to ensure that our patients have access to healthy foods, as this can improve their overall treatment outcome.

How will you evaluate your project? How will you know if you have been successful? (*Suggested: 250 words or less.)*

Our cancer program will evaluate the program's effectiveness by collecting data from each patient to monitor their food needs versus their pantry use. Additionally, we will determine the number of individuals and households served compared to the amount of food we have distributed. Lastly, we will track referrals to additional resources and perform follow-up assessments of our long-term outcomes (i.e., food stamps, financial management assistance, insurance benefits, etc.) The details listed above will be compiled into data and reviewed by our multidisciplinary team to identify strengths and areas for improvement. We will report outcomes to the cancer program on annual basis. We will welcome feedback from our patients and their loved ones regarding areas for improvement and how the clinic food pantry has impacted their overall well-being.

How will you modify your project to meet the unique needs of certain populations? *(Suggested: 500 words or less.)*

The healthcare field requires clinical and non-clinical staff to quickly adapt to each patient's individual needs and this concept stands true in the oncology field. This patient population is experiencing unique situations that require unique and specific needs. Our team is very knowledgeable when it comes to resources for this unique population. A lot of patients require us to think outside of the box as no two patients are in the same situation. Our cancer center staff excels at utilizing our internal and external resources. We have access to translators, literacy classes and an array of on-site clinical services. Our staff makes it a priority to ensure all patient's needs are met, even if that need has nothing to do with their cancer diagnosis. We treat the patient in a wholistic fashion, so we will adapt to the needs of the patient in a wholistic fashion as well.

Budget:

Allowable budget categories have been identified below. If funding is requested within a specific category, a brief explanation or funding justification is required.

Staff Support

- Applicants may request funds for key personnel. Funds may not be requested to supplant existing job responsibilities.
- For any staff support requests through this grant mechanism, a copy of staff resume/CV, estimate of project hours, and list of staff project-related responsibilities must be included along with the budget request. Resumes should be included as an attachment.

Travel

- Travel essential to the proposed project may be funded under this proposal.

- Travel reimbursement is allowed at the following rates: $0.50/mile; in-state travel reimbursements follow Iowa Department of Administrative Services (DAS) guidelines, which is $37/day for meals ($27.75/day for first and last day of travel); out-of-state travel reimbursements follow Iowa DAS guidelines, which varies by destination. Maximum lodging reimbursement for in-state hotels is $80 plus taxes per night (see the Iowa DAS travel webpage for more information and resources).

Printing and Copying

- Estimate the total number of document pages that will be copied or printed. Use $0.06/page for calculating costs. Example: 500 pages X $.06/page =$30.00

Supplies

- Estimate the unit cost for each item to be purchased and the total number of items needed. Example: 200 brochures X $1.25/brochure = $250.00

Indirect/Administrative Costs

- Applicants for whom the Iowa Cancer Consortium is not serving as a fiscal agent may charge an indirect rate limited to 8% of the direct costs proposed in the budget.
- The total budget, including indirect or administrative costs, may not exceed the total requested funds (maximum of $25,000).
- Administrative costs are those incurred for common or joint objectives and cannot be identified readily and specifically with a sponsored program but are still necessary to the organization's operations.
- For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.
- If there is a need for indirect funding beyond 8% of direct program costs, requests should be written into the applicant's budget and justified heavily.
- The applicant shall maintain documentation to support the administrative cost allocation. The Consortium reserves the right to request the documentation at any time.

Other:

- Equipment
    - Describe equipment needed for project implementation.
    - Equipment costs must be justified, and an explanation provided for equipment use after the grant period ends.
    - Items that cost $5,000 or more are not routinely funded but will be considered on an individual basis.
- Incentives
    - Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The research or evidence case must be outlined.

- Clinical Care/Service Delivery
    - Clinical care, including the provision of medication, vaccinations and/or treatment, is not an allowable expense. Service delivery, including radon mitigation and cancer screening test purchases, will be reviewed individually.
    - Community organizations and collaborators are encouraged to provide financial support for service delivery components.

Please explain your budget in words: *(Suggested: 100 words or less)*

The funds from the grant will be utilized to purchase food from the NEIFB. Most of the food will be shelf stable, but when fresh produce such as fruits or vegetables become available, we hope to

purchase those items as well. Dairy products (e.g., yogurt, cheese), meat products (frozen beef, frozen turkey), will be purchased as available and/or indicated.

Use the table below to complete your proposed budget:

Reminder: Funding period is July 1, 2025, to May 31, 2026. This is an 11-month period, not a full year.

Budget Items and Explanation	Grant Funds Requested	Other Funding	Total Funds for Project
If possible, please divide them into categories. Examples include staff support, travel, supplies, equipment, etc. If service delivery or incentives are included within the budget, please include a statement of need along with each budget item.	*Funds being requested from the Iowa Cancer Consortium.*	*Include in-kind support, volunteer hours, collaborator financial support, and other types of financial support.*	*Include requested Iowa Cancer Consortium funds + items outlined in the Other Funding category.*
Staff Support			
N/A	N/A	N/A	N/A
Travel			
N/A	N/A	N/A	N/A
Printing			
N/A	N/A	N/A	N/A
Supplies			
Food (requesting $125/month (x11) to purchase food from NEIFB; at $0.19 per pound, this will allow us to purchase approximately 7,236 pounds of food)	$1,375	N/A	N/A
Shipping			
N/A	N/A	N/A	N/A
Other			
N/A			
Totals:	$1,375	N/A	N/A

Submit your completed application, along with letters of support from all collaborators and resumes/CVs for anyone whose salary will be supported by requested funds, to orton@canceriowa.org by 11:59pm (CDT) on May 14, 2025.

NORTHEAST IOWA FOOD BANK
MEMBER OF FEEDING AMERICA
1605 Lafayette St.
Waterloo, IA 50703
319-235-0507
319-235-1027
neifb.org

5/14/2025

To Whom It May Concern,

On behalf of the Northeast Iowa Food Bank, I am pleased to write this letter in strong support of MercyOne Waterloo Cancer Center Food Pantry as they apply for grant funding to enhance their hunger-relief efforts in our shared community.

MercyOne Waterloo Cancer Center Food Pantry has been a valued partner in our mission to provide nutritious food to individuals and families facing food insecurity across Northeast Iowa. They have consistently demonstrated dedication, compassion, and efficiency in serving their community, ensuring that every household who turns to them for help is met with dignity and support.

Their team not only distributes food but also fosters a welcoming and inclusive environment for all who walk through their doors. Over the last six months, MercyOne Waterloo Cancer Center Food Pantry has successfully expanded access to healthy foods, maintained accurate reporting, and upheld the highest standards of food safety and client service. Their impact is both meaningful and measurable providing an average of 39 meals per month, connecting clients with additional resources such as SNAP education and other food assistance programs, and continually adapting to meet the evolving needs of their community.

Grant funding would allow MercyOne Waterloo Cancer Center Food Pantry to continue improving and expanding their services whether through infrastructure improvements, increased storage capacity, or enhanced outreach. We are confident in their ability to responsibly manage funding and deliver meaningful results for the people they serve.

We wholeheartedly support their application and encourage your full consideration of this important request.

Sincerely,

Shannon Bass
Director of Programs
Northeast Iowa Food Bank