

PHOENIX FOOD HUB (PFH) COMMUNITY GRANT PROGRAM

REQUEST FOR PROPOSAL FORM

ORGANIZATION _____

PROGRAM NAME _____

AMOUNT REQUESTED _____

**DESCRIPTION OF PROGRAM (PROGRAM PURPOSE AND RELEVANCE TO REDUCING A CLEARLY
DEFINED FOOD INSECURITY CHALLENGE FOR A PARTICULAR UNDER-SERVED POPULATION)**

WHO WILL THE PROGRAM SERVE?

**WHAT ARE THE GOALS OF THE PROGRAM? PLEASE LIST AT LEAST TWO SPECIFIC GOALS. PLEASE
MAKE THEM SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND TIME BASED (SMART).**

HOW DO YOU PLAN TO MEASURE THE PROGRAM OUTCOMES?

**ARE YOU PARTNERING WITH OTHERS TO MAKE THIS PROGRAM SUCCESSFUL? PLEASE EXPLAIN AND
IDENTIFY PARTNERING ENTITY AND THEIR ROLE.**

CONTACT INFORMATION (NAME, EMAIL, PHONE NUMBER)

PLEASE COMPLETE PROGRAM BUDGET BELOW AND ATTACH 501 (c)(3) DESIGNATION.

PROJECT BUDGET FORM**NAME OF APPLICANT:****NAME OF SPONSORING
ORGANIZATION (if
applicable):****NAME OF PROGRAM:**

BUDGET CATEGORY	TOTAL BUDGET	REQUESTED AMOUNT	OTHER FUNDING
Salaries and Fringe			
Salaries			
Fringe			
Salaries and Fringe Subtotal	\$ -	\$ -	\$ -
Other Direct Program Costs			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Other Direct Costs Subtotal	\$ -	\$ -	\$ -
Indirect Costs (up to 10%)			
TOTALS	\$ -	\$ -	\$ -

Budget Narrative: Please explain how funds will be used.
