PHOENIX FOOD HUB COMMUNITY GRANTS PROGRAM
REQUEST FOR PROPOSALS

GENERAL INSTRUCTIONS

AWARD/CONTRACT PERIOD:
Proposals for the PFH Community Grants program are being sought on a competitive basis for the 12-month period beginning October 1, 2025 – September 30, 2026.

FUNDING:
All funding is granted on a cost reimbursement basis and is contingent upon the allocation and receipt of the funding from Mass General Brigham. This RFP anticipates the availability of the following funds for the current year (October 1, 2025 – September 30, 2026):

If the PFH Community Grants program is interested in a proposal but cannot fund it completely, partial funding may be negotiated and awarded.

TARGET POPULATION:
This funding will support community initiatives that will promote healthy nutrition and directly address food insufficiency issues in ways that:

1) Meet a specific and demonstrated need and preferably serve populations that are typically harder to reach; and
2) Strengthen collaboration across the PFH network.

Priority will be given to applicants who incorporate food recovery efforts as part of their proposed project or services.

Minority businesses/organizations are encouraged to apply. However, all proposals will be considered.

SERVICE AREA:
The service area (cities/towns) is primarily ***Lynn.*** Applicants from outside of Lynn are welcome to apply.

FUNDING PRIORITIES:
In addition to the general RFP criteria, funding priorities include the following:

- Programs serving persons with low to moderate incomes and to individuals living with disabilities who are food insecure.
- Programs that are sustainable.
- Programs that can network effectively.

Grantee Requirements:
- CORI checks (Criminal Offender Record Information) are required for all volunteers and program staff working in the funded programs.
- Grantees must use a formal mechanism to demonstrate they have met their SMART (Specific, Measurable, Achievable, Relevant, and Time Based) goals.
- Grantees must demonstrate ability to maintain confidentiality as applicable.
- Grantees must substantiate the extent of outreach/publicity efforts for the funded program.

AMERICANS WITH DISABILITIES ACT:
If an activity requires participants to come to a site, that site must meet ADA requirements.

REFERENCE ON FUNDED PUBLICATIONS:
If the grantee publishes or distributes brochures, periodicals or other publications describing any program funded in part by the Phoenix Food Hub, the publication must include a statement to the following effect:
> *This program is funded by a grant from the Phoenix Food Hub through Mass General Brigham.*

PROGRAM REPORTING:

All organizations receiving grant funds are required to submit invoices made out to Phoenix Food Hub, along with supporting documentation (such as receipts or proof of expenses). Invoices must be submitted no later than the end of the funding period. **Any remaining funds not invoiced by that deadline will be forfeited.** An invoice template can be provided if needed.

W-9 and ACH forms are required to receive reimbursement. Templates can be provided if needed.

Timely submission of bi-annual monitoring report, data reporting, and invoices is required.
The monitoring report is an opportunity for you to highlight successes, share challenges, and reflect on your progress. Timeliness of reporting as well as the impact of your project will be considered in determination of future grant awards.

Please refer to the table provided for due dates.

Reporting Period	Report Due Date
October 1, 2025 – March 31, 2026	April 30, 2026
April 1, 2026- September 30, 2026	October 31, 2026

If you need to reallocate funds or adjust your approved proposal, approval is required.

Please ensure timely and accurate submissions of both invoices and reports to avoid delays or loss of funding.

PROGRAM MONITORING:
All grants that are awarded will be monitored by the Phoenix Food Hub. PFH may also conduct an annual on-site monitoring visit. Monitoring the project ensures the services are proceeding as planned.

ROLE OF THE PHOENIX FOOD HUB:
In addition to funding, the PFH role will be as follows –
- Provide ongoing technical assistance and collaborative support.
- Promote broader programming, where appropriate.
- Assist with continuity of existing program through transitional phase.

PROPOSAL FORMAT:
All applicants must include a completed Request for Proposal Form.

DEADLINES:
Proposals are due by 5:00 p.m. on **Monday, June 30, 2025** and should be emailed to Lema Sharifi at lsharifi@glss.net. **NO LATE APPLICATIONS WILL BE ACCEPTED!**

APPLICATION SUBMISSION SPECIFICATIONS:
Applicants must submit **typed** (not hand written) proposals. In submitting an application, please make sure that 1) all pages are included; 2) each proposal page is completed; 3) all budget computations are correct; 4) the budget narrative is complete; and 5) the application is signed and dated.

TECHNICAL ASSISTANCE:
Technical assistance will be provided upon request to Lema Sharifi at lsharifi@glss.net or phone 781-584-2399.

REQUEST FOR PROPOSALS REVIEW PROCESS:
Reviews are based upon the Proposal Review Criteria, which gives a quantitative rating to the quality of the proposed project. A copy of the Proposal Review Criteria is included on page 4 for informational purposes only. The review process involves staff from GLSS PFH, the City of Lynn and Mass General Brigham. An interview with the applicant by agency staff may be requested. Subsequently, the agency staff will notify each applicant in writing that its proposal has been approved, partially funded, denied, or terminated within ten (10) days after the decision of the review committee.

<u>PROPOSAL REVIEW CRITERIA</u> (To be used by PFH Review Committee)

Funds will be awarded on a competitive basis. The following criteria will be used to evaluate the applications:

1. Is the proposal complete?   ___
2. Is the project/proposal described clearly?   ___
3. Is the proposed program consistent with Phoenix Food Hub Priorities?   ___
4. Does the program duplicate existing services?   ___
5. Is proposed service delivery/eligibility appropriate for reaching individuals,   ___
     particularly those in greatest social and economic need?
6. Does the provider show evidence of being able to carry out the   ___
     proposed project?
7. Is it clear from the staffing plan who will carry out the proposed program?   ___
8. Are there any concerns about staffing?   ___
9. Is the facility/delivery site adequate, and ADA accessible?   ___
10. Are efforts made to recruit workers and/or volunteers?   ___
11. Does the applicant demonstrate how the project/service will be   ___
     coordinated with other community resources?
12. Does applicant have a plan to evaluate program outcomes?   ___
13. Is it clear how many individuals will be served and/or how many   ___
     units of service proposed?
14. Is the output reasonable for the amount of funds requested?   ___

Does the proposal contain adequate and appropriate methods for:
15. Giving preference to individuals with greatest social and economic need?   ___
16. Providing outreach and public information about the project's services?   ___
17. Receiving the views of participants about the project services?   ___

If the RFP is from a prior grantee:
18. Was the prior project successfully implemented?   ___
19. What was the impact of the prior project?   ___
20. Were the monitoring reports, data reports, and invoices submitted on time?   ___
21. Was the monitoring visit held?   ___

PHOENIX FOOD HUB COMMUNITY GRANTS PROGRAM

COMMUNITY GRANTS PROGRAM DATA REPORTING FORM – 2025-2026
(OCTOBER 1 2025 – SEPTEMBER 30 2026)

GENERAL INFORMATION

Subgrantee Agency/Organization	
Service Type	
Service/Program Name	
Service Unit Type(s)	
Data Type (Actual or Estimate)	
Contact Person	

MONTHLY UNITS DELIVERED

MONTH	**Service Units** Total Number of Service Units Delivered each Month (Ex: bags of food, classes provided)	**Monthly Unduplicated Clients** [1] Total Unduplicated Persons (Actual/Estimate) **During this Month**	**New Clients** 1. List # of Unduplicated Persons (Actual/Estimate) Served in October. 2. List # of New Clients for each subsequent Month	**Service Notes (as needed)**: e.g. Reason for Trend Change
October				
November				
December				
January				
February				
March				
April				
May				
June				
July				
August				
September				
YEAR-END TOTALS				

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[1] *"Unduplicated" means that each client is counted once, no matter how many times the client may have received the service during the reporting period (month).*

BREAKDOWN OF PERSONS SERVED

Please identify the number of unduplicated clients served year to date (total new clients) by

I. Race/Ethnicity

Race	
African American or Black	
American Indian or Alaska Native	
Asian	
White	
Native Hawaiian or Other Pacific Islander	
Persons Reporting Two or More Races	
Persons Reporting Some Other Race	
Race Missing	

*n.b. White, as defined by OMB = a person having origins in any of the original peoples of Europe, the Middle East or North Africa. Haitian heritage is reported as a "person reporting some other race".

Ethnicity	Cultural/Ethnic Background Description	Number of unduplicated consumers
Hispanic/Latino	Example: most are recent immigrants from DR with language challenges	
Non-Hispanic	Example: older Somali women with no English capacity	
Ethnicity Missing		

Please describe if possible the cultural/ethnic backgrounds of the populations you support:
_____
_____
_____

II. Age Table:

Age Range	
18 and Under	
19 – 59	
60 and Over	

III. Household Size:

1 Person	
2 Persons	
3 or more	

IV. Number of people served who screen positive for food insecurity:

_____

_____

Signature of Person Completing the Report   Date

PFH COMMUNITY GRANTS PROGRAM
FISCAL REPORT FORM

Agency:_____   Month: _____   Year: _____
Address:_____   Period: __/__/__ to __/__/__
Contact: _____   Phone: _____

Community Program: _____

FUNDED EXPENSES

BUDGET CATEGORY	ALLOCATION	THIS PERIOD	YEAR TO DATE	BALANCE
Personnel				
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
Personnel Subtotal	$	$	$	$
Non-Personnel				
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
Non-Personnel Subtotal	$	$	$	$
TOTALS	$	$	$	$

I hereby attest that the above information is accurate and that supporting documentation is available.

_____ **(Signature)** _____ **(Date)**

_____ **(Title)**

INSTRUCTIONS FOR COMPLETING PFH COMMUNITY GRANTS PROGRAM FISCAL REPORT FORM

PFH asks grantees to keep records about how Community grants money is spent. The attached PFH Community Grant *Fiscal Report Form* should be completed and submitted with each funding invoice. Invoices should be submitted by grantee agencies using the invoice format of that agency.

The following instructions review the PFH Community Grants *Fiscal Report Form* column by column to explain what should be entered in each section.

1) 'Allocation' is the total budget for the year for the Community grant award. In most cases, you should enter the amounts from the proposed budget of your agency's Community grant application. The Allocation column should show how your agency is planning to spend the Community grant award by line item. Personnel: enter the job title of each person that will be allocated to the program and their allocation amount. Non-personnel: enter the type of expense and allocation amount. Personnel and non-personnel should add up to your entire Community grant award for the year (see award letter from PFH), which should appear on the TOTAL line for the BUDGET CATEGORY chart.

2) 'This Period' is the column that indicates the current invoice amount to be paid to your organization. Record the Community expenses by the line items you created for the 'Allocation' column, and put the total current invoice amount in the TOTAL line of the BUDGET CATEGORY chart.

3) 'Year to Date' column records the total the amount billed to PFH against the Community award for the year, including the current report/invoice amount. The Year to Date column is also completed by line item.

4) 'Balance' should show by line item the Community award amount remaining for the year.

5) 'Signature' - should be by a manager or officer authorized to verify accuracy of the document.

Please contact PFH Community Grant Administrator, Lema Sharifi, if you have any questions at lsharifi@glss.net