



# Greater Lynn Senior Services

8 Silsbee Street Lynn, MA 01901 [www.glss.net](http://www.glss.net)

## 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, 2023 – September 30, 2024.

#### **FUNDING:**

All funding is granted on a cost reimbursement basis and is contingent upon the allocation and receipt of the funding from the Mass General Brigham. This RFP anticipates the availability of the following funds for the current year (October 1, 2023 – September 30, 2024):

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.

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 awarded applicants are required to submit monthly program and fiscal reports with their invoices to ensure a continuous program of self- monitoring.

In addition, all awarded applicants are expected to provide a quarterly report detailing their program goals/measures of success and progress against those goals.

**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 General Application.

**DEADLINES:**

Proposals are due by 5:00 p.m. on **Thursday, July 13, 2023** and should be emailed to Andrew Wallace at [AWallace@glss.net](mailto:AWallace@glss.net) or mailed to:

Mr. Andrew Wallace, Community Grants Administrator,  
Greater Lynn Senior Services, Inc.  
8 Silsbee Street  
Lynn, MA 01901

**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 Andrew Wallace at [AWallace@glss.net](mailto:AWallace@glss.net) or phone 781-599-0110, ext. 6702.

**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 PFH staff, 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.

PROPOSAL REVIEW CRITERIA (To be completed 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? \_\_\_\_\_
  13. Is the output reasonable for the amount of funds requested? \_\_\_\_\_
- Does the proposal contain adequate and appropriate methods for:
14. Giving preference to individuals with greatest social and economic need? \_\_\_\_\_
  15. Providing outreach and public information about the project's services? \_\_\_\_\_
  16. Receiving the views of participants about the project services? \_\_\_\_\_

**PHOENIX FOOD HUB COMMUNITY GRANTS PROGRAM**

***COMMUNITY GRANTS PROGRAM DATA REPORTING FORM – FY 2023  
(OCTOBER 1 2023 – SEPTEMBER 30 2024)***

***GENERAL INFORMATION***

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

***MONTHLY UNITS DELIVERED***

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

<sup>1</sup>“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).

**COMMUNITY GRANTS PROGRAM DATA REPORTING FORM – FY 2023  
(OCTOBER 1 2023 – SEPTEMBER 30 2024) CONTINUED**

**BREAKDOWN OF PERSONS SERVED**

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

**I. Race/Ethnicity**

<b>Race</b>	
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”.

<b>Ethnicity</b>	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:

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**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:***

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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
<b>Personnel</b>				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Personnel Subtotal</b>	\$	\$	\$	\$
<b>Non-Personnel</b>				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Non-Personnel Subtotal</b>	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$

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, Andrew Wallace, if you have any questions at (781-599-0110, x 6702 or [AWallace@glss.net](mailto:AWallace@glss.net).