

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.
