



## REQUEST FOR PROPOSALS

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JOHN C. JOHNSON

### FOOD SECURITY PROGRAMS FOR BROWARD COUNTY

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Holy Cross Hospital, Inc. (HCH) is pleased to announce the availability of \$10,000 for Food Security Programs in Broward County. This funding is in honor of former hospital Chief Executive Officer and President Emeritus, John C. Johnson and his unrelenting passion and compassion for ensuring that every man, woman, and child has access to sufficient food and does not suffer from food insecurity. HCH will serve as the lead agency in the awarding of these funds, with the guidance of a HCH Food Security Program Advisory Review Committee comprised of representatives from multiple hospital departments and a representative from the J. Johnson Family.

Holy Cross Hospital, Inc. operates without discrimination, including race, age, religion, sex, national origin, sexual orientation or gender identity in consideration of grant requests and will award grants only to agencies and organization that comply with such policies. Maximum grant award will not exceed \$10,000. Historically between 2 and 5 awards are made annually, however with the advent of COVID we are unable to provide funding support at this level of funding this year.

The RFP# fy2021-07 Holy Cross Food Security Program Funding RFP may be downloaded from the Holy Cross Hospital Website: <https://www.holy-cross.com>.

If your proposal is selected for final review, you may be notified by the Review Committee comprised of members of the Food Security Advisory Committee during the week of September 21<sup>st</sup> for questions or a Zoom interview.

For questions, please contact Kim Saiswick, Vice President Community Health & Well-Being, via email [kim.saiswick@holy-cross.com](mailto:kim.saiswick@holy-cross.com).

**In Observation of National Hunger Month,  
Proposal Deadline: *Monday, September 14, 2020 @ 1:00pm*. Late proposals will not be accepted. Proposals must be submitted via email to:**

Holy Cross Hospital, Inc.

Attn: Kim Saiswick

[kim.saiswick@holy-cross.com](mailto:kim.saiswick@holy-cross.com)

954) 542-1656

**Grantee Award Announcement:** October 16th

**Grant Period:** November 1, 2020 – October 31, 2021

**Eligibility:** 501(c) (3) community-based organization in Broward County

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**COVER PAGE**  
**Food Security Program Funding for Broward County**  
**HCH RFP # fy2021-07**

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Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name of Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Requested (Maximum Award \$10,000): \_\_\_\_\_

***Disclaimer – NOTE: The receipt of proposals in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants shall be awarded a grant or result in a contract with Holy Cross Hospital, Inc.***

# TIMELINE

## Food Security Program Funding for Broward County HCH RFP # fy2021-07

| Schedule   | Due Date                        | Location/Agenda   |
|--|---------------------------------|---|
| Release of Request for Proposals   | August 31,2020                  | Posted electronically via Holy Cross Hospital Website: <a href="https://www.holy-cross.org">https://www.holy-cross.org</a>                                    |
| Questions Submitted by email   | September 7, 2020               | Submit to: Holy Cross Hospital, Inc.<br>Sister Rita Levasseur<br><a href="mailto:rita.levasseur@holy-cross.com">rita.levasseur@holy-cross.com</a>             |
| Proposal Due Date<br>(no faxed proposals)<br><br>Applications must be submitted by via email BY this date. | September 14, 2020<br>by 1:00pm | By email:<br>Holy Cross Hospital, Inc.<br>Kim Saiswick<br><a href="mailto:kim.saiswick@holy-cross.com">kim.saiswick@holy-cross.com</a>                        |
| Evaluation of Proposals  | Week of 9/21/2020               | Evaluators review of proposals  |
| Telephone / Individual Interviews Date   | Week of 9/28/2020               | One on one interviews with finalists, if necessary  |
| Deliberations and Revisions  | Week of 10/05/2020              | Deliberations and budget revisions, if necessary, prior to grant awards   |
| Anticipated award announcement   | October 16, 2019                | Awardees notified and check award. Posted electronically via Holy Cross Hospital Website: <a href="https://www.holy-cross.org">https://www.holy-cross.org</a> |

# Food Security Program Funding for Broward County

## HCH RFP # fy2020-06

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### 1.0 INTRODUCTION

#### 1.1 Notice and Disclaimer

Contract awards will be determined by Holy Cross Hospital, Inc. (HCH) at its sole discretion based on the availability of funds. HCH reserves the right to offer multiple contract awards and offer contract awards for less than the amounts requested by applicants as it deems in the best interest of the community. Additionally, HCH reserves the right to negotiate budgetary changes with providers. Providers may decline the reduced or modified contract award amount and may request a commensurate modification or reduction in the scope of the project.

Awards under this RFP are contingent upon the availability of funds. If during the grant funding period, the authorized funds are reduced or eliminated by the grantor agency, HCH may immediately reduce or terminate the grant award by written notice to the grantees. No such termination or reduction, however, shall apply to allowable costs already incurred by the grantees to the extent that funds are available for payment of such costs.

**NOTE:** The receipt of proposals in response to this publication does not imply or guarantee that any one or all qualified applicants shall be awarded a grant or result in a contract with HCH.

#### 1.2 Statement of Purpose

The purpose of this RFP is to provide funds to support food insecurity and related programs, events and initiatives in Broward County.

#### 1.3 Eligible Applicants

1. Community-based organizations that have an active 501(c) 3 non-profit designation and provide food services in Broward County are eligible to apply for funding under this RFP.
2. Any Agency's part-time or full-time employee who serves on the HCH Food Security Advisory Committee as a grant reviewer, will not participate in the review, evaluation and/or discussion of any proposal from said agency.

#### 1.4 Match Requirement

Agencies with a total budget less than \$50,000 annually will be required to demonstrate a \$500 match towards their grant award.

Agencies with a total budget more than \$50,000 annually will be required to demonstrate a match of 25% of the total grant award.

#### 1.5 Term

The projects and/or initiative resulting from this RFP will be conducted during the time frame of November 1, 2020 and October 31, 2021, depending upon the availability of funds.

## 2.0 PROGRAM OVERVIEW

### 2.1 Scope of Service

Funding is available to support direct food security projects and initiatives within Broward County.

### 2.2 Major Program Goals

The major goals of the Food Security Program are to provide innovative projects that:

- A. Increase knowledge of food insecurity among people living in Broward County.
- B. Reduce the risk of food insecurity among persons at high risk living in Broward County.
- C. Reduce food insecurity among persons living in Broward County.
- D. Serve as new model for future food insecurity interventions.

### 2.3 Project Examples

Examples of the types of activities that can be funded may include, but are not limited to the following:

- A. Innovative projects – projects strengthening and collecting evidence for innovative practices that have the potential to be replicated. This will involve new interventions that have not yet been proven effective and measure the impact of the project outcomes. Projects will offer the promise of creating new models for future food security interventions.
- B. Projects that promote and increase access to food and sustainability.

***Please note the above are only examples and do not include all food security programs. Applicants are encouraged to be creative.***

### 2.4 Reports/On-site Visit

Reports on funded projects, activities, or initiatives will be due to the HCH designated Project Manager following the close of the reporting period (@ 6 months and/or annual). Said report shall include the following information:

- A. Description of population served
- B. Number of individuals reached
- C. Identification of collaborating partners and their contributions
- D. Materials distributed/provided
- E. Evaluation of the effectiveness of the activity
- F. Progress in achieving project outcomes

Site visits to each funded project may be conducted mid-year by representatives from the HCH Food Program Advisory Committee to review program.

### 2.5 Allowable Costs

Funds may be used to support food security projects, activities, and initiatives impacting vulnerable populations in Broward County and especially those impacted by COVID-19.

## **2.6 Budget Forms**

Each applicant must submit a proposed budget detailing expenditures for its project or initiative and justification for those expenditures. The successful applicant(s) shall be allocated the full amount of the grant award at the onset of the grant period.

## **2.7 Evaluation of Proposals**

Each proposal will be evaluated and scored based on the evaluation criteria identified in Attachment B. Evaluation forms will be used by the Review Committee, comprised of members of the Food Security Advisory Committee, to designate the point value assigned to each proposal. The scores of each member of the Review Committee will be averaged with the scores of the other members to determine the final scoring. The maximum possible score for any proposal is 50 points.

## **2.8 Awards**

HCH reserves the right to revise proposed plans and negotiate final funding prior to finalizing the contracts.

## 3.0 SUBMISSION OF PROPOSALS

### 3.1 Instructions for Submitting Proposals

- A. Proposals need to be emailed as a pdf document from the submitting organization as identified in the timeline. *Electronic submission ONLY will be accepted.*
- B. It is the responsibility of the provider to ensure their proposal is submitted on time as indicated in the timeline. All times are noted as Eastern Standard Time.
- C. Late proposals will not be accepted.

### 3.2 Instructions for Formatting Proposals

- A. Applicants are required to complete, sign (in blue ink), and return the “Cover Page” with their proposal.
- B. The proposal must follow the Order of Submission as identified in Section 3.7.
- C. The pages should be numbered consecutively and one-inch margins should be used.
- D. The font shall be Times New Roman 12 point and double-spaced.
- E. One (1) scanned original proposal with all supporting documents must be submitted on-line.
- F. All materials submitted will become the property of Holy Cross Hospital, Inc. HCH reserves the right to use any concepts or ideas contained in the proposal.

### 3.3 Contact Person and Proposal Delivery Information

The Holy Cross Hospital contact person, listed in the timeline, is the sole point of contact from the date of release of the RFP until the selection of the awarded providers. Proposals must be submitted by the due date and the time as indicated in the RFP Timeline.

### 3.4 Inquiries/Questions

The Holy Cross Hospital contact person identified in the Timeline must receive questions related to this RFP by email by the date and time indicated in the Timeline. No questions will be accepted after the date and time indicated in the Timeline. Questions may be submitted by email to Kim Saiswick per the instructions provided in the Timeline.



### 3.5 Proposal Content and Process

#### A. COVER PAGE – *One (1) Page Limit*

Each copy of the proposal must include the Cover Page shown on Page 3, which contains the following:

1. RFP number
2. Title of the Proposal
3. Legal name of the entity (agency's legal name)
4. Entity's mailing address, including city, state and zip code
5. Telephone number, fax number, area code, email and website addresses of the person who can respond to inquiries regarding the proposal
6. Federal Employer Identification Number (FEIN) of the entity
7. Signature (in blue ink) of the person authorized to submit the proposal on behalf of the entity
8. Printed name and title of the person authorized to submit the proposal on behalf of the entity

#### B. AGENCY DESCRIPTION – *One (1) Page Limit*

Describe the agency, its mission, and experience in the provision of food programs in Broward County.

#### C. PROJECT / EVENT / INITIATIVE NARRATIVE – *Three (3) Page Limit*

1. Project Description: Describe the food security project or initiative for which you are requesting funds and how the funds will be used. The description must include a detailed narrative of exactly what the project, event or initiative will include, location, the date(s) it will take place. Brief description as to innovativeness of project if applicable.
2. Statement of Need: Provide a narrative detailing the community need that will be addressed through the proposed program. Include a description of the existing resources and gaps in the system of care. Outline how the proposed project will align the major program goals listed in Section 2.2.
3. Target Population: Describe the population anticipated to be served and how the anticipated population to be served addresses the needs statement. Please include the age range, racial/ethnic, socioeconomic characteristics, homeless status, and/or special conditions, the estimated number of individuals who will be reached through this project.
4. Program Model: Describe how your approach is either an evidence-based best practice model, a promising practice model, or an otherwise innovative model.
5. Collaboration: Outline the Applicant Agency's plan to coordinate with community partners whenever possible.

#### D. PROJECT OUTCOMES – *One (1) Page Limit*

Using the table format provided below, describe the measurable outcomes this project will accomplish? (*Provide at least two measurable outcomes*)

1. Identify the outcome
2. Describe the strategies/activities you will use to achieve the outcome
3. Describe how you will evaluate each outcome

| <b>1. Outcome</b>  | <b>2. Strategies/Activities to Achieve Outcome</b>   | <b>3. Evaluation/Measurement Method</b>  |
|--|--|--|
| <i>Example:</i><br>85% of 200 pregnant women accessing the food bank will receive a hurricane emergency food pack. | <i>Example:</i><br>Pregnancy status will be confirmed at Intake and a Hurricane Emergency Food Pack voucher will be given to the individual. | <i>Example:</i><br>Number of hurricane emergency food packs distributed to pregnant women. |

E. BUDGET – *Two (2) Page Limit*

Budget forms are provided as an attachment to the RFP. Instructions for each section are provided within the document. Instructions for each box become visible when the cursor is placed near the box. The budget summary and narrative should be based on an annual program budget.

1. Annual Budget Summary: Provide a summary of the annual expenses related to the proposed program on the Budget Summary.
2. Annual Budget Narrative: Describe the details of the requested annual program budget for the Cost Categories and Line Items in the Requested Funding (column 1).
3. Non-Allowable Budget items include: Salary, Fringe benefits, Operational Costs (*i.e. utilities*), Indirect costs.

***Budget Narrative Sample***

| EXPENSE             | \$ AMOUNT | JUSTIFICATION   |
|---------------------|-----------|---|
| 1. Direct Purchases | \$1,800   | Purchase of 300 hurricane emergency food packs for pregnant women @ \$6.00 each   |
| 2. Travel           | \$1,392   | 200 miles per month x 12 months @ \$.58 per mile for refrigerated truck to pick up donated fresh produce for pantry distribution. |

### 3.6 Scoring Methodology

Evaluation methodology and criteria are defined in this RFP (Attachment I-A). The following demonstrates the maximum number of points that may be awarded by section, for a total possible score of 50 points.

|           |                    |           |
|-----------|--------------------|-----------|
| Section 1 | Agency Description | 10 points |
| Section 2 | Project Narrative  | 20 points |
| Section 3 | Project Outcomes   | 10 points |
| Section 4 | Budget             | 10 points |

A. Section 1 – Agency Description

The evaluation shall be based on the applicant’s supplied information. See Section 3.5-B for a description of what is to be included in this category. (10 points maximum)

**B. Section 2 - Project/Event/Initiative Narrative**

The evaluation shall be based on the applicant’s supplied information. See Section 3.5-C for a description of what is to be included in this category. (20 points maximum)

**C. Section 3 – Project Outcomes**

The evaluation will be based upon provision of a minimum of two (2) measurable outcomes utilizing the format provided in Section 3.5-D. (10 points maximum)

**D. Section 4 – Budget**

The evaluation shall be based on the applicant’s supplied information. The information should include a justification of all costs. The budget must be comprised of a breakdown and explanation of all elements of the proposed budget, utilizing the format outlined in Section 3.5 E. All costs listed should be justified. (10 points maximum)

### **3.7 Order of Submission**

|  |                   |
|--|-------------------|
| A. Cover Page                            | Page 1            |
| B. Agency Description                    | Pages 2           |
| C. Project Narrative                     | Pages 3, 4, and 5 |
| D. Project Outcomes                      | Page 6            |
| E. Budget Forms                          | Pages 7 and 8     |
| F. IRS 501(c)(3) Letter of Determination | Page 9            |

### **3.8 Authorized Signatory**

The signature on the proposal must be that of an authorized official of the entity. An authorized official is an officer of the prospective provider entity who has legal authority to bind the entity to the provisions of the RFP and the subsequent contract award. The authorized signature certifies that all information, facts and figures are true and correct and that if awarded a contract, the entity will comply with the RFP, contract, all applicable state and federal laws, policies, regulations, contract terms and conditions, action transmittals, review guides, and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these funds will not be used to supplant other resources nor for any other purposes other than the funded program.

## **4.0 SPECIAL INSTRUCTIONS**

### **4.1 IRS Form 501(c)(3)**

Attach a copy of your agency’s IRS 501(c)(3) Determination Letter.

A copy of your agency’s W-9 form.

## ATTACHMENT A: PROGRAM BUDGET FORMS

## 1. Program Budget Summary

| EXPENSES          | 1. Requested Funding | 2. Other Funding | 3. Total Funding |
|-------------------|----------------------|------------------|------------------|
|                   |                      |                  |                  |
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|                   |                      |                  |                  |
| E. TOTAL EXPENSES |                      |                  |                  |

## 2. Budget Narrative for Requested Funding

Identify the expense, amount, and provide a narrative description (justification) for each Expense Category and line Item included in the Requested Funding column (1) in the Program Budget Summary form.

[illegible]

## ATTACHMENT B: EVALUATION CRITERIA

*Prospective Applicant's Name:* \_\_\_\_\_

### Section 1- Agency Description

| Evaluation Criteria  | Maximum Point Value | Points Awarded |
|--|---------------------|----------------|
| How effectively does the applicant describe its agency, its mission and its experience in the field of food programs in Broward County | 10                  |                |
| <b>Total Points for Section 1</b>  | <b>10</b>           |                |

### Section 2- Project/Event/Initiative Narrative

| Evaluation Criteria   | Maximum Point Value | Points Awarded |
|---|---------------------|----------------|
| How effectively does the applicant describe the Food Security project or initiative that it will conduct?   | 20                  |                |
| Does the description include a detailed narrative of exactly what the project or initiative will include? Is the target population, the estimated number of individuals who will be reached through this activity, the desired effect, and how the effectiveness of this project/event/initiative will be evaluated adequately described? |                     |                |
| <b>Total Points for Section 2</b>   | <b>20</b>           |                |

### Section 3-Outcomes

| Evaluation Criteria   | Maximum Point Value | Points Awarded |
|---|---------------------|----------------|
| How effectively does the applicant outline appropriate and measurable outcomes for the activities proposed? | 10                  |                |
| <b>Total Points for Section 3</b>   | <b>10</b>           |                |

### Section 4 - Budget

| Evaluation Criteria  | Maximum Point Value | Points Awarded |
|--|---------------------|----------------|
| How effectively does the applicant provide an appropriate and reasonable budget for the activities proposed? | 10                  |                |
| <b>Total Points for Section 4</b>  | <b>10</b>           |                |

| Total Points                                     | Maximum Point Value | Points Awarded |
|--|---------------------|----------------|
| <b>Record the total score for this proposal.</b> | <b>50</b>           |                |

