

			A: Organizational Background & Cultural Responsiveness		B: Program
Organization Name	Service Area	Total Score	Category Score	Optional Rationale	Category Score
Project Open Hand	Community Health & Wellness	95	32		14
Project Open Hand	Community Health & Wellness	95	33		12
Project Open Hand	Community Health & Wellness	93	34	Project Open Hand has strong mission alignment and 40 years of experience with medically tailored nutrition services. Deep community credibility rooted in the HIV/AIDS response and now expanded to older adults, people with disabilities, and diverse BIPOC and LGBTQ+ communities. Data on client demographics (32% Latino, 26% Black, 47% older adults) shows reach across historically marginalized groups. Two strong examples (GusNIP and Age Well) highlight program innovation and outcomes. Leadership reflects lived experience and professional expertise, with bilingual staff and community advisory mechanisms. Nearly excellent; a minor deduction because leadership pipeline/community co-governance is still emerging (e.g., Community Food Council not yet fully operational).	13

	C: Deliverab		D: Detailed		E: Outreach
Optional Rationale	Category Score	Optional Rationale	Category Score	Optional Rationale	Category Score
	15		10		10
Would like more detail on the timeline.	15		10	Very detailed	10
Clear articulation of purpose (integrated care through MNT, MTM, MTG) and creation of a Tenderloin-based Community Center. Strong integration with clinics (ZSFG Oncology, SF Community Health Center, Alameda Health). Intentional targeting of high-risk groups (Black, Latinx, AAPI, LGBTQ+, disabled). Timeline realistic (pilot clinic embedding in 2025, Community Center by 2026). Deduction because the clinical integration workflow and specific service frequency at the Community Center could be more explicitly defined.	13	Well-structured outputs and milestones: hire liaisons, execute 3 clinic partnerships, launch community center with 24+ annual events, establish Quality Panel. Roles/responsibilities detailed (Nutrition Officer, VP Programs, liaisons, Community Center Manager, Food Quality Manager). Risk mitigation addressed (cross-training staff, secure CRM, backup use of Grocery Center). Slight gap: contingency planning for delays in clinic data-sharing agreements or clinic partner drop-off could be more explicit.	9	Budget aligns with narrative. Staffing, fringe, equipment, supplies, and indirects are reasonable. Teaching kitchen line items directly tied to planned program. Indirect at 10% is appropriate. Minor note: clarity could be improved in fringe calculations (slight inconsistencies across narrative/table), but overall fiscally sound.	10

F: Evaluation		G: Letters of	
Optional Rationale	Category Score	Optional Rationale	Category Score
	9		5 Points
	10		5 Points
Project Open Hand comprehensive outreach strategy grounded in clinic partnerships and mobile delivery. Explicit targeting of marginalized groups (Black patients with high no-show rates at ZSFGH, LGBTQ+, disabled residents). Multiple feedback loops: annual surveys, comment cards, Town Halls, Food Council, advisory groups. Multilingual (Spanish, Chinese, ASL, telephonic interpretation), disability accommodations, universal design for new Community Center. Strong alignment with trusted partners.	9	Robust Quality Panel with evidence-based metrics across four domains (Service Excellence, Intervention Adherence, Client Outcomes, Client Experience). Blend of quantitative (HbA1c, BP, DASH diet scores) and qualitative (surveys, focus groups, advisory groups) measures. Secure data systems (Qualtrics, CRM, encrypted platforms). Slight deduction: reliance on clinic partner data-sharing may present challenges—MOUs and formal agreements not fully detailed.	5 Points