

**Emergency Food & Shelter Program
Hillsborough County Jurisdiction #1638-00
CARES Application Review Form**

Circle Service Area:

Food: Served Meals **Other Food**
Shelter: Mass Shelter **Other Shelter**
RMU: Rent / Mortgage **Utility Assistance**

Name of Applicant Agency: _____

Date of Review: _____

Application Components	SCORE	Comments										
Part 1: EFSP Requirements: ALL necessary documentation must be submitted with application AND application must meet ALL program requirements listed in Part A in order to be reviewed.												
<ul style="list-style-type: none"> • The Application was complete 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		_____
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • Extent to which agency/program attempts to serve and solicit feedback from its clients (Attachment A) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
Part 2: PROGRAM AND AGENCY INFORMATION												
<ul style="list-style-type: none"> • The extent to which the applicant's mission appears to relate to and complement EFSP purposes? (Item A) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • The extent to which the described accounting process for EFSP awarded funds appear to be satisfactory for EFSP purposes and the extent to which the agency has implemented procedures to prevent fraud/misuse of funds (Item D) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • The extent to which the applicant clearly describes proposed services, including: (Item E) <ul style="list-style-type: none"> ○ Target population ○ Number of clients currently served <i>without</i> EFSP funding ○ General program activities/services ○ How EFSP funds will be used to enhance current services 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.12)
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • The extent to which the applicant has demonstrated coordination of services or collaboration with local groups (Item F) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • The extent to which the applicant clearly describes the proposed service locations for which EFSP funds are being requested, hours of operation, and number of staff and their role in providing services (Item G) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
<ul style="list-style-type: none"> • The extent to which participant eligibility criteria are documentable and within EFSP guidelines (Item H) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.3)
	Yes	No										
0	1	2	3									
SHELTER ONLY:												
<ul style="list-style-type: none"> • The extent to which the applicant clearly describes: <ul style="list-style-type: none"> ○ Shelter bed or motel room capacity ○ Bed utilization or motel room capacity for last fiscal year and anticipated utilization for coming year ○ Number of bed nights / motel rooms to be funded by EFSP 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.9)
	Yes	No										
0	1	2	3									
RENT and MORTGAGE ASSISTANCE ONLY:												
<ul style="list-style-type: none"> • The extent to which the applicant clearly describes: <ul style="list-style-type: none"> ○ How program will be marketed to community ○ How customer feedback is encouraged and monitored ○ Case management practices and organizational capacity 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>		Yes	No			0	1	2	3		Total Points ____ (Max.9)
	Yes	No										
0	1	2	3									

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Part 3: PROGRAM COST ANALYSIS		
<ul style="list-style-type: none"> • The extent to which the cost per unit is reasonable 	0 1 2 3	Total Points ____ (Max.3)
Part 4: OVERALL REQUEST SUMMARY		
<ul style="list-style-type: none"> • The extent to which the applicant's history of like service provision/organizational capacity lend credibility to the estimates offered for the upcoming phase. 	0 1 2 3	Total Points ____ (Max.3)
<ul style="list-style-type: none"> • The extent to which there appears to be adequate non-EFSP funding to assure the continuation of the program should funding not be awarded to the applicant. 	0 1 2 3	Total Points ____ (Max.3)
<ul style="list-style-type: none"> • In describing proposed services, the extent to which the applicant displays the capacity to provide such services. 	0 1 2 3	Total Points ____ (Max.3)
Part 5: EFSP GEOGRAPHIC INFORMATION		
<ul style="list-style-type: none"> • Did the application indicate areas served? 	Yes No	

SCORING:

- 0 = Does not meet/address criteria
- 1 = Meets/addresses criteria in a minimal way
- 2 = Meets/addresses criteria in a satisfactory manner
- 3 = Meets/addresses criteria in a comprehensive manner, outstanding

Maximum points per rater = (Food = 39); (Shelter = 48); (Rent/Mortgage = 48)

Total Points: _____

*An application must receive the minimum rating of the following to be considered for funding.

Baselines: (FOOD = 27) (SHELTER = 42) (RMU = 42)

Initial Recommendation:

No funding
 Full funding
 Partial funding
 Amount Suggested: \$ _____

Comments

Signature of Reviewer

Signature of Reviewer

Signature of Reviewer

Signature of Reviewer