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. | | |
| * The Application was complete   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Extent to which agency/program attempts to serve and solicit feedback from its clients (Attachment A) | \_\_\_\_\_Yes No\_\_  0 1 2 3 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Points \_\_\_\_ (Max.3) |
| Part 2: PROGRAM AND AGENCY INFORMATION | | |
| * The extent to which the applicant’s mission appears to relate to and complement EFSP purposes? *(Item A)* | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| * 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)* | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| * The extent to which the applicant clearly describes proposed services, including: *(Item E)*   + Target population   + Number of clients currently served *without* EFSP funding   + General program activities/services   + How EFSP funds will be used to enhance current services | 0 1 2 3  0 1 2 3  0 1 2 3  0 1 2 3 | Total Points \_\_\_\_ (Max.12) |
| * The extent to which the applicant has demonstrated coordination of services or collaboration with local groups   *(Item F)* | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| * 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)* | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| * The extent to which participant eligibility criteria are documentable and within EFSP guidelines *(Item H)* | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| SHELTER ONLY:   * The extent to which the applicant clearly describes:   + 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 | 0 1 2 3  0 1 2 3  0 1 2 3 | Total Points \_\_\_\_ (Max.9) |
| RENT and MORTGAGE ASSISTANCE ONLY:   * The extent to which the applicant clearly describes:   + How program will be marketed to community   + How customer feedback is encouraged and monitored   + Case management practices and organizational capacity | 0 1 2 3  0 1 2 3  0 1 2 3 | Total Points \_\_\_\_ (Max.9) |
| Part 3: PROGRAM COST ANALYSIS | | |
| * The extent to which the cost per unit is reasonable | 0 1 2 3 | Total Points \_\_\_\_ (Max.3) |
| Part 4: OVERALL REQUEST SUMMARY | | |
| * 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) |
| * 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) |
| * 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 |  |  |
| * 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

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Signature of Reviewer Signature of Reviewer

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