Emergency Food & Shelter Program Hillsborough County Jurisdiction #163800 Phase 40 Application Review Form

Select Category of Funding: Name of Applicant Agency:

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

Date of Review:

Application Components	SCORE				Comments	
Part 1: PROGRAM AND AGENCY INFORMATION					1	
 Extent to which agency/program attempts to serve and solicit feedback from its clients (Attachment A) 	0	1	2	3		
					Total Points	(Max.3)
 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	0	1	2	3		
 Number of clients currently served without EFSP funding 	0	1	2	3		
General program activities/services	0	1	2	3		
How EFSP funds will be used to enhance current services	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	0	1 1	2 2	3		
anticipated utilization for coming year Number of bed nights / motel rooms to be funded by EFSP	0	1	2	3	Total Points	(Max.9)

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RENT and MORTGAGE ASSISTANCE ONLY:					
The extent to which the applicant clearly describes:	_	_	_	_	
How program will be marketed to community	0	1	2	3	
How customer feedback is encouraged and monitored	0	1	2	3	
Case management practices and organizational capacity	0	1	2	3	Total Points (Max.9)
UTILITY ASSISTANCE ONLY:					
The extent to which the applicant clearly describes:	0	1	2	3	
How the program will be marketed to community	_				
 How customer feedback is encouraged and monitored 	0	1	2	3	
Case management practices and organizational capacity	0	1	2	3	T (1 D) ((1 D)
					Total Points (Max.9)
Part 2: PROGRAM COST ANALYSIS					
The extent to which the cost per unit is reasonable					
The extent to which the cost per unit is reasonable					
	0	1	2	3	
					Total Points (Max.3)
Part 3: OVERALL REQUEST SUMMARY					
The extent to which the applicant's history of like service					
provision/organizational capacity lend credibility to the estimates	0	1	2	3	
offered for the upcoming phase.	Ū	•	_	•	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 4: EFSP GEOGRAPHIC INFORMATION					
Did the application indicate areas served?					
bid the application indicate areas served:					
		Yes	No		
Part 5: 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					
Was the application complete?		Yes	No		
		162	INO		

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*An application must receive the minimum ratin	anner, outstanding 51); (Rent/Mortgage = 51); (Utility = 51) Total Points:
Initial Recommendation:	
☐ Full funding ☐ Partial funding ☐	No funding Amount Suggested: \$
Comments	
Signature of Reviewer	Signature of Reviewer
Signature of Reviewer	Signature of Reviewer