

**Emergency Food & Shelter Program  
Pinellas 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
<b>Part 1: PROGRAM AND AGENCY INFORMATION</b>		
<ul style="list-style-type: none"> <li>• Extent to which agency/program attempts to serve and solicit feedback from its clients (Attachment A)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<ul style="list-style-type: none"> <li>• The extent to which the applicant's mission appears to relate to and complement EFSP purposes? (Item A)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<ul style="list-style-type: none"> <li>• 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)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<ul style="list-style-type: none"> <li>• The extent to which the applicant clearly describes proposed services, including: (Item E)               <ul style="list-style-type: none"> <li>○ Target population</li> <li>○ Number of clients currently served <i>without</i> EFSP funding</li> <li>○ General program activities/services</li> <li>○ How EFSP funds will be used to enhance current services</li> </ul> </li> </ul>	<b>0   1   2   3</b> <b>0   1   2   3</b> <b>0   1   2   3</b> <b>0   1   2   3</b>	Total Points ____ (Max.12)
<ul style="list-style-type: none"> <li>• The extent to which the applicant has demonstrated coordination of services or collaboration with local groups (Item F)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<ul style="list-style-type: none"> <li>• 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)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<ul style="list-style-type: none"> <li>• The extent to which participant eligibility criteria are documentable and within EFSP guidelines (Item H)</li> </ul>	<b>0   1   2   3</b>	Total Points ____ (Max.3)
<b>SHELTER ONLY:</b>		
<ul style="list-style-type: none"> <li>• The extent to which the applicant clearly describes:               <ul style="list-style-type: none"> <li>○ Shelter bed or motel room capacity</li> <li>○ Bed utilization or motel room capacity for last fiscal year and anticipated utilization for coming year</li> <li>○ Number of bed nights / motel rooms to be funded by EFSP</li> </ul> </li> </ul>	<b>0   1   2   3</b> <b>0   1   2   3</b> <b>0   1   2   3</b>	Total Points ____ (Max.9)

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<p><b>RENT and MORTGAGE ASSISTANCE ONLY:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the applicant clearly describes: <ul style="list-style-type: none"> <li>○ How program will be marketed to community</li> <li>○ How customer feedback is encouraged and monitored</li> <li>○ Case management practices and organizational capacity</li> </ul> </li> </ul> <p><b>UTILITY ASSISTANCE ONLY:</b></p> <ul style="list-style-type: none"> <li>• The extent to which the applicant clearly describes: <ul style="list-style-type: none"> <li>○ How the program will be marketed to community</li> <li>○ How customer feedback is encouraged and monitored</li> <li>○ Case management practices and organizational capacity</li> </ul> </li> </ul>	<p><b>0 1 2 3</b></p> <p><b>0 1 2 3</b></p> <p><b>0 1 2 3</b></p> <p><b>0 1 2 3</b></p> <p><b>0 1 2 3</b></p> <p><b>0 1 2 3</b></p>	<p>Total Points ____ (Max.9)</p> <p>Total Points ____ (Max.9)</p>
<b>Part 2: PROGRAM COST ANALYSIS</b>		
<ul style="list-style-type: none"> <li>• The extent to which the cost per unit is reasonable</li> </ul>	<p><b>0 1 2 3</b></p>	<p>Total Points ____ (Max.3)</p>
<b>Part 3: OVERALL REQUEST SUMMARY</b>		
<ul style="list-style-type: none"> <li>• The extent to which the applicant's history of like service provision/organizational capacity lend credibility to the estimates offered for the upcoming phase.</li> </ul>	<p><b>0 1 2 3</b></p>	<p>Total Points ____ (Max.3)</p>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b>0 1 2 3</b></p>	<p>Total Points ____ (Max.3)</p>
<ul style="list-style-type: none"> <li>• In describing proposed services, the extent to which the applicant displays the capacity to provide such services.</li> </ul>	<p><b>0 1 2 3</b></p>	<p>Total Points ____ (Max.3)</p>
<b>Part 4: EFSP GEOGRAPHIC INFORMATION</b>		
<ul style="list-style-type: none"> <li>• Did the application indicate areas served?</li> </ul>	<p><b>Yes No</b></p>	
<b>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</b>		
<ul style="list-style-type: none"> <li>• Was the application complete?</li> </ul>	<p><b>Yes No</b></p>	

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**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 = 42); (Shelter = 51); (Rent/Mortgage = 51); (Utility = 51) **Total Points:** \_\_\_\_\_

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

Baselines: (FOOD = 27) (SHELTER = 42) (RENT & MORTGAGE = 42) (UTILITY = 42)

**Initial Recommendation:**

Full funding     Partial funding     No funding    Amount Suggested: \$

**Comments**

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Signature of Reviewer

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Signature of Reviewer

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Signature of Reviewer

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