



# FFY 2020 COMMUNITY SERVICE BLOCK GRANT

## APPLICATION RATING FORM

Score: \_\_\_\_\_ / 100 = \_\_\_\_\_ %

Agency Name:	Primary Contact:
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Program Title:

Total Program Cost:	Total CSBG Funding Requested:
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ATTACHMENTS	YES	NO	COMMENTS
<b>ATTACHMENT 1:</b> 501(c) (3) designation letter from the Internal Revenue Service. <i>Not applicable to governmental entities.</i>			
<b>ATTACHMENT 2:</b> Provide a copy of current certification from the GA Secretary of State. <i>Not applicable to governmental entities.</i>			
<b>ATTACHMENT 3:</b> Two most recent audited financial statements that meet the criteria described. <i>Not applicable to governmental entities.</i>			
<b>ATTACHMENT 4:</b> Provide a list of board members and a Conflict of Interest Statement from the Board of Directors and board meeting minutes authorizing the submission of this application. <i>Not applicable to governmental entities.</i>			
<b>ATTACHMENT 5:</b> Resumes of principal staff and personnel directly working on the project; including descriptions of the applicant's previous related program activities provided.			
<b>ATTACHMENT 6:</b> Agency's written financial management procedures and current organizational chart provided.			
<b>ATTACHMENT 7:</b> Certificate of Insurance provided if applicable.			
<b>ATTACHMENT 8:</b> Proof of registration with the U.S. System of Award Management provided.			
<b>ATTACHMENT 9:</b> Provide a projected timeline of proposed activities.			
FINANCIAL MANAGEMENT RISK	Max	Score	COMMENTS
Does the organization have fiscally sound management and all required documentation to show good faith in spending and planning? <u>Review audited financial statements and financial management procedures and note any findings or concerns.</u> <b>Low risk (meets most of all the Uniform Administrative Standards &amp; Cobb County Audit Standards.) 6 - 10 pts. High Risk (fails to meet most of all the Uniform Administrative Standards &amp; Cobb County Audit Standards.) 0 – 5 pts.</b>	10		
Section Total	10		



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ORGANIZATION INFORMATION	Max	Score	COMMENTS
Does the agency meet the following requirements: <ul style="list-style-type: none"> <li>have nonprofit status for at least one (1) full year, or</li> <li>have two (2) full years of operating experience under another nonprofit entity, or</li> <li>be a local governmental entity or agency</li> </ul> <b>Yes = 5 pts. No = 0 pts.</b>	5		
<b>Section Total</b>	5		
ORGANIZATIONAL CAPACITY	Max	Score	COMMENTS
If less than 30% of the organization budget is generated from grant revenue, award 5 points. If 31-50%, award 3 points. If more than 51%, award zero points.	5		
Does the organization have program staff persons dedicated to this project? <b>Note:</b> <i>Project applications that have position vacancies should clearly describe a reasonable approach and criteria to hire experienced and qualified staff.</i> <b>Yes = 5 pts. No = 0 pts.</b>	5		
Does the organization have administrative staff (e.g. Accountants, Executive Directors)? <b>Yes = 5 pts. No = 0 pts.</b>	5		
Has the organization secured funding for the administrative staff for this project? <b>Yes = 5 pts. No = 0 pts.</b>	5		
<b>Section Total</b>	20		
TARGET POPULATION	Max	Score	COMMENTS
Did the organization clearly describe the target population/category of persons to be served in Cobb County? <b>Yes = 10 pts. No = 0 pts.</b>	10		
Did the organization provide the actual number of persons to be served? <b>Yes = 5 pts. No = 0 pts.</b>	5		
Did the organization clearly describe how it will verify and document income for the proposed persons or households to be served? <b>Yes = 5 pts. No = 0 pts.</b>	5		
<b>Section Total</b>	20		
SERVICES & PROJECTED OUTCOMES	Max	Score	COMMENTS
Did the organization select the proposed services and indicate the number of outcomes project for the 2020 Program Year? <b>Yes = 5 pts. No = 0 pts.</b> <b>Note:</b> <i>Service Categories: Education, Employment, Health &amp; Social Development, Housing, Income Management &amp; Asset Building.</i>	5		
<b>Section Total</b>	5		



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NARRATIVE	Max	Score	COMMENTS
Did the organization outline the methods and provide supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, input from other agencies)? <b>0 – 10 pts. with 10 being highest rating.</b>	10		
Did the organization identify the methods used to determine client eligibility for services, including case management protocols from intake to the closeout of cases? <b>0 – 10 pts. with 10 being highest rating.</b>	10		
Did the organization discuss any experience it has in reporting, record-keeping requirements and system(s) in place to track family and agency outcomes? <b>0 – 10 pts. with 10 being highest rating.</b>	10		
<b>Section Total</b>	<b>30</b>		
BUDGET PROPOSAL NARRATIVE	Max	Score	COMMENTS
Did the agency complete and submit the budget line item form? <b>Yes = 2 pts. No = 0 pts.</b>	2		
Does the total program cost and total JAG funding requested in the budget line item form match the dollar amounts in Section III. Requested Funding? <b>Yes = 2 pts. No = 0 pts.</b>	2		
Does the agency already have some funding secured for the project? <b>Yes = 2 pts. No = 0 pts.</b>	2		
Does the detailed description of budget line items support the overall program description and proposed project? <b>0 – 2 pts. with 2 being highest rating.</b>	2		
Has the agency received funding for the proposed project within the past three (3) years? <b>Yes = 2 pts. No = 0 pts.</b>	2		
<b>Section Total</b>	<b>10</b>		
<b>GRAND TOTAL</b>	<b>100</b>		
CONFLICT OF INTEREST	YES	NO	COMMENTS
Do any family relationships (by blood or marriage) exist between organization staff members and/or Agency Board members?			
Do any family relationships (by blood or marriage) exist between staff and/or Cobb County BOC?			
CDBG PROGRAM OFFICE USE ONLY	YES	NO	COMMENTS
Does the organization have a positive spending and record keeping history with CDBG funds or other funds?			

