



**PY2020 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC FACILITIES &
IMPROVEMENTS APPLICATION
RATING FORM**



Score: ____ / 100 = ____ %			
Agency Name:		Primary Contact & Title:	
Mailing Address:			
Phone Number:		Email Address:	
Program Title:			
Service Center Address:			
Total Program Cost:		Total CDBG Funding Requested:	
ATTACHMENTS	YES	NO	COMMENTS
ATTACHMENT 1: 501(c) (3) designation letter from the Internal Revenue Service. Not applicable to governmental entities.			
ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. Not applicable to governmental entities.			
ATTACHMENT 3: (Part 1 & 2) Two most recent audited financial statements that meet the criteria described. Management letters included if applicable. Not applicable to governmental entities.			
ATTACHMENT 4: (Part 1 & 2) 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. Not applicable to governmental entities.			
ATTACHMENT 5: Resumes of principal staff and personnel directly working on the project; including descriptions of the applicant's previous related program activities provided.			
ATTACHMENT 6: (Part 1 & 2) Agency's written financial management procedures and current organizational chart provided.			
ATTACHMENT 7: Certificate of Insurance provided if applicable.			
ATTACHMENT 8: Proof of registration with the U.S. System of Award Management provided.			

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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> Low risk (meets most of all the Uniform Administrative Standards & Cobb County Audit Standards.) 6 - 10 pts. High Risk (fails to meet most of all the Uniform Administrative Standards & Cobb County Audit Standards.) 0 – 5 pts.	10		
Section Total	10		
IV. ORGANIZATION INFORMATION	Max	Score	COMMENTS
Did the agency provide a mission statement? Yes = 5 pts. No = 0 pts.	5		
Does the agency meet the following requirements: <ul style="list-style-type: none"> • have nonprofit status for at least one (1) full year, or • have two (2) full years of operating experience under another nonprofit entity, or • be a local governmental entity or agency Yes = 5 pts. No = 0 pts.	5		
Section Total	10		
V. 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? Yes = 5 pts. No = 0 pts.	5		
Does the organization have administrative staff (e.g. Accountants, Executive Directors)? Yes = 5 pts. No = 0 pts.	5		
Has the agency secured funding for administrative staff? Yes = 5 pts. No = 0 pts.	5		
Section Total	20		
VI. TARGET POPULATION	Max	Score	COMMENTS
Did the agency clearly define a target population? Yes = 5 pts. No = 0 pts.	5		
Section Total	5		
VII. PERFORMANCE OBJECTIVES & OUTCOMES	Max	Score	COMMENTS
Did the applicant select one (1) objective and one (1) outcome that best described the project? Yes = 5 pts. No = 0 pts.	5		

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Do the selected proposed services appear to be feasible given the program description? Yes = 5 pts. No = 0 pts.	5		
Do the proposed services and activities appear likely to generate stated outcomes based on the historical citation of outcomes? Yes = 5 pts. No = 0 pts.	5		
Section Total	15		
VIII. NARRATIVE	Max	Score	COMMENTS
Does the proposed project qualify under Area Benefit Criteria which the facility benefits all residents of an area where at least 51 percent of the residents are low and moderate income <u>or</u> Limited Clientele Criteria in which the facility will benefit at least 51 percent low and moderate income persons. Yes = 6 pts. No = 0 pts.	6		
Does the agency provide sound evidence for the need their program services address? 0 – 10 pts. with 10 being highest rating.	10		
Does the agency succinctly identify the methods used to determine client eligibility for services, including case management protocols from intake to the closeout of cases? 0 – 7 pts. with 7 being highest rating.	7		
Does the agency have sufficient experience in reporting, recordkeeping requirements and system, in place to track family and agency outcomes? 0 – 7 pts. with 7 being highest rating.	7		
Section Total	30		
IX. BUDGET	Max	Score	COMMENTS
Did the agency complete and submit the budget line item form? Yes = 2 pts. No = 0 pts.	2		
Does the detailed description of budget line items support the overall program description and proposed project? 0 – 2 pts. with 2 being highest rating.	2		
Does the total program cost and total CDBG funding requested in the budget line item form match the dollar amounts in Section III. Requested Funding? Yes = 2 pts. No = 0 pts.	2		
Does the agency already have some funding secured for the project? Yes = 2 pts. No = 0 pts.	2		
Has the agency received funding for the proposed project within the past three (3) years? Yes = 2 pts. No = 0 pts.	2		
Section Total	10		
GRAND TOTAL	100		

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DISCUSSION ITEMS ONLY. MAKE NOTES IN COMMENT SECTION.	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?			
ADDITIONAL COMMENTS			