



# FY 2019 JUSTICE ASSISTANCE GRANT

## APPLICATION RATING FORM

| Score: _____ / 100 = _____ %  |     |                              |          |
|---|-----|------------------------------|----------|
| Agency Name:  |     | Primary Contact:             |          |
| Program Title:  |     |                              |          |
| Total Program Cost:   |     | Total JAG Funding Requested: |          |
| ATTACHMENTS   | YES | NO                           | COMMENTS |
| <b>ATTACHMENT 1:</b> 501(c) (3) designation letter from the Internal Revenue Service.<br><i>Not applicable to governmental entities.</i>  |     |                              |          |
| <b>ATTACHMENT 2:</b> Provide a copy of current certification from the GA Secretary of State.<br><i>Not applicable to governmental entities.</i>   |     |                              |          |
| <b>ATTACHMENT 3:</b> (Part 1 & 2) Two most recent audited financial statements that meet the criteria described. Management letters included if applicable.<br><i>Not applicable to governmental entities.</i>  |     |                              |          |
| <b>ATTACHMENT 4:</b> (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.<br><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> (Part 1 & 2) 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.   |     |                              |          |
| 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   |       |          |
| Section Total   | 5   |       |          |
| LEVERAGING & COLLABORATION [FUNDING SUPPORT]  | Max | Score | COMMENTS |
| Has the agency secured funding for this project and/or identified additional funding awarded in the past three years for this project?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5   |       |          |
| Section Total   | 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?<br><b>Yes = 5 pts. No = 0 pts.</b>  | 5   |       |          |
| Does the organization have administrative staff (e.g. Accountants, Executive Directors)?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5   |       |          |
| Is successful completion of the project realistic given the key staff implementing the project? <b>Yes = 5 pts. No = 0 pts. Note: Project applications that have position vacancies should clearly describe a reasonable approach and criteria to hire experienced and qualified staff.</b>   | 5   |       |          |
| Section Total   | 20  |       |          |
| PROJECT DESCRIPTION   | Max | Score | COMMENTS |
| Did the organization clearly describe the nature and scope of the project?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5   |       |          |
| Did the organization clearly describe the proposed activities and approach? Is the approach logical given the characteristics and needs of the identified program areas?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5   |       |          |
| Did the organization document evidence that the model or practice chosen is appropriate for the outcomes the program wants to achieve?<br><b>Yes = 10 pts. No = 0 pts.</b>  | 10  |       |          |
| Did the organization clearly demonstrate how they will achieve fidelity to the evidence-based model being implemented?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5   |       |          |



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|  |            |              |                 |
|--|------------|--------------|-----------------|
| Did the organization explain the steps that will be taken to ensure long term program sustainability (i.e. the ability for the program to maintain its services over time)?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5          |              |                 |
| <b>Section Total</b>   | 30         |              |                 |
| <b>PROJECT OBJECTIVES</b>  | <b>Max</b> | <b>Score</b> | <b>COMMENTS</b> |
| Did the organization describe at least two (2) anticipated changes or outcomes as a result from implementing the proposed projected during the grant period? <b>Yes = 5 pts. No = 0 pts.</b><br><i>Note: Achieved Project Objectives should reflect measurable changes due to services offered by the program.</i> | 5          |              |                 |
| Did the organization identify the performance indicator that identifies how change will be measured and with what instruments and/or tools? <b>Yes = 5 pts. No = 0 pts.</b><br><i>Note: If available, baseline data should be listed for performance indicators.</i>   | 5          |              |                 |
| <b>Section Total</b>   | 10         |              |                 |
| <b>PROJECT TIMELINE &amp; REPORTING</b>  | <b>Max</b> | <b>Score</b> | <b>COMMENTS</b> |
| Did the organization present a comprehensive, thorough timeline that is well defined and comprehensively specifies what will be done, who will do it, and when it will be accomplished?<br><b>Yes = 5 pts. No = 0 pts.</b>   | 5          |              |                 |
| Did the organization describe and discuss any experience it has with reporting and record-keeping compliance with the CDBG Program Office and/or other funding agencies?<br><b>Yes = 5 pts. No = 0 pts.</b>  | 5          |              |                 |
| <b>Section Total</b>   | 10         |              |                 |
| <b>BUDGET PROPOSAL NARRATIVE</b>   | <b>Max</b> | <b>Score</b> | <b>COMMENTS</b> |
| Did the agency complete and submit the budget line item form?<br><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?<br><b>Yes = 2 pts. No = 0 pts.</b>  | 2          |              |                 |
| Does the agency already have some funding secured for the project?<br><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?<br><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?<br><b>Yes = 2 pts. No = 0 pts.</b>   | 2          |              |                 |
| <b>Section Total</b>   | 10         |              |                 |
| <b>GRAND TOTAL</b>   | <b>100</b> |              |                 |



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| 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?                |     |    |          |

| ADDITIONAL COMMENTS |
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