

Score:/	100 =	%		
Agency Name:	Primary Contact:			
Program Title:				
Total Program Cost: Total J		G Funding Requested:		
ATTACHMENTS		YES	NO	COMMENTS
ATTACHMENT 1: 501(c) (3) designation letter from the Inter Revenue Service. Not applicable to governmental entities.	nal			
<b>ATTACHMENT 2:</b> Provide a copy of current certification from Secretary of State. <b>Not applicable to governmental entities.</b>	n the GA			
ATTACHMENT 3: (Part 1 & 2) Two most recent audited finar statements that meet the criteria described.  Management letters included if applicable.  Not applicable to governmental entities.	ncial			
<b>ATTACHMENT 4:</b> (Part 1 & 2) Provide a list of board member a Conflict of Interest Statement from the Board of Directors board meeting minutes authorizing the submission of this application. <b>Not applicable to governmental entities.</b>				
<b>ATTACHMENT 5:</b> Resumes of principal staff and personnel deworking on the project; including descriptions of the applications of the application of the program activities provided.				
<b>ATTACHMENT 6:</b> (Part 1 & 2) Agency's written financial management procedures and current organizational chart provided.				
ATTACHMENT 7: Certificate of Insurance provided if applica	ble.			
<b>ATTACHMENT 8:</b> Proof of registration with the U.S. System Award Management provided.	of			
FINANCIAL MANAGEMENT RISK		Max	Score	COMMENTS
Does the organization have fiscally sound management required documentation to show good faith in spendiplanning? Review audited financial statements and financial plannings or concerning to the concerning that the statement procedures and note any findings or concerning that the statement of all the Uniform Administrative Standards (meets most of all the Uniform Administrative Standards (fails that the standards) or concerning that the standards of all the Uniform Administrative Standards (cobb Audit Standards) or concerning that the standards of the standards	ng and inancial ss. Low dards & co meet			
Section	on Total			



ORGANIZATION INFORMATION	Max	Score	COMMENTS
<ul> <li>Does the agency meet the following requirements:</li> <li>have a 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> <li>Yes = 5 pts. No = 0 pts.</li> </ul>			
Section Total	Dani	Coore	CONANAENTS
LEVERAGING & COLLABORATION [FUNDING SUPPORT]  Has the agency secured funding for this project and/or identified additional funding awarded in the past three years for this project?  Yes = 5 pts. No = 0 pts.	Max	Score	COMMENTS
Section Total			
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.			
Does the organization have program staff persons dedicated to this project?  Yes = 5 pts. No = 0 pts.			
Does the organization have administrative staff (e.g. Accountants, Executive Directors)?  Yes = 5 pts. No = 0 pts.			
Is successful completion of the project realistic given the key staff implementing the project? 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.			
Section Total			
PROJECT DESCRIPTION	Max	Score	COMMENTS
Did the organization clearly describe the nature and scope of the project?  Yes = 5 pts. No = 0 pts.			
Did the organization clearly describe the proposed activities and approach? Is the approach logical given the characteristics and needs of the identified program areas?  Yes = 5 pts. No = 0 pts.			
Did the organization document evidence that the model or practice chosen is appropriate for the outcomes the program wants to achieve?  Yes = 10 pts. No = 0 pts.			
Did the organization clearly demonstrate how they will achieve fidelity to the evidence-based model being implemented?  Yes = 5 pts. No = 0 pts.			



Did the organization describe at least two (2) anticipated changes or outcomes as a result of implementing the proposed projected during the grant period? Yes = 5 pts. No = 0 pts.  Note: Achieved Project Objectives should reflect measurable changes due to services offered by the program.	OMMENTS
PROJECT OBJECTIVES  Did the organization describe at least two (2) anticipated changes or outcomes as a result of implementing the proposed projected during the grant period? Yes = 5 pts. No = 0 pts.  Note: Achieved Project Objectives should reflect measurable changes due to services offered by the program.	OMMENTS
PROJECT OBJECTIVES  Did the organization describe at least two (2) anticipated changes or outcomes as a result of implementing the proposed projected during the grant period? Yes = 5 pts. No = 0 pts.  Note: Achieved Project Objectives should reflect measurable changes due to services offered by the program.	OMMENTS
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Did the organization identify the performance indicator that identifies how the change will be measured and with what instruments and/or tools? Yes = 5 pts. No = 0 pts.  Note: If available, baseline data should be listed for performance indicators.	
Section Total	
PROJECT TIMELINE & REPORTING Max Score C	OMMENTS
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?  Yes = 5 pts. No = 0 pts.	
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?  Yes = 5 pts. No = 0 pts.	
Section Total	
BUDGET PROPOSAL NARRATIVE Max Score CO	OMMENTS
Did the agency complete and submit the budget line item form?  Yes = 2 pts. No = 0 pts.	
Do the total program cost and total JAG funding requested in the budget line item form match the dollar amounts in Section III.  Requested Funding?  Vos. = 2 pts. No. = 0 pts.	
Yes = 2 pts. No = 0 pts.	
Does the agency already have some funding secured for the project?  Yes = 2 pts. No = 0 pts.	
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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