02-15-2023

MARION COUNTY SCORING MATRIX   FOR FISCAL YEAR 2023-2024 GRANTS

Applicant Name:		
Reviewer:	Date:	

Rating Criteria	Possible Maximum Points	Score Given
Project Description	**65**	
Provide a detailed description of your proposed program/project/service. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives of the activity and the method of approach.	20	
What is the location of your program/project/service? (address or parcel identification number, if applicable).	n/a	
Provide a clear and specific problem statement that your program/project/service addresses.	10	
What quantifiable and appropriate documentation justifies this community need?	5	
Describe how your program/project/services have an impact on the identified objective.	10	
How does your organization identify prospective clients and make them aware of the services you provide?	5	
What are the eligibility requirements (if any) for your services?	5	
Will funding of this program/project/service result in the provision of existing, new, or expanded services?	10	
Does your program/project/service include housing renovations and/or purchase assistance? If so, fully describe the performance measures and outcomes.	n/a	
Project Demographics	**15**	
What is the population that will benefit from your program/project/service?	5	
What is the geographic area that will be served by your program/project/service?	5	
How many people do you anticipate this program/project/service serving?	5	
Measurement/Outcomes	**20**	
Share the performance measures and outcomes that are anticipated for this program/project/service.	10	
What is the methodology or process used to measure the anticipated outcomes?	5	
How often is this measurement data collected?	5	
Planning/Budgeting	**50**	
Budget detail: (program)	20	
What expenses will covered by Marion County grant funds?	5	
How does your organization plan to sustain your proposed program/project/service?	10	
Explain how your program/project/service will benefit low and moderate income families and how will you handle income verification.	5	
Are there any other organizations performing the same services that you are proposing in this request? Describe any differences between what you are proposing and other organizations providing the same service.	5	

How do you propose to leverage your program/project/service with other organizations performing the same services?	5	
Administrative/Financial Capacity	**65**	
Identify who will be responsible for planning, implementation, follow-up and reporting.	5	
Does your organization have written policies and procedures in place to ensure that no eligible person(s) are excluded, including those with disabilities and on a non-discriminatory basis?	5	
Does your organization have a formal process for a client to file a grievance?	5	
Is your organization faith-based? If yes, describe how the organization plans to demonstrate compliance with regulations which prohibit religious activities.	5	
Do you have the technology and capacity to work within the Homeless Management Information System? (if applicable)	5	
Regulations require grantees and subrecipients to collect and report demographic information, as well as to document income. How will your organization collect the required information?	5	
Describe your organization's experience administering Federal, State and or local grants.	5	
Was the project completed and were funds expended satisfactorily?	10	
Has your organization spent Federal, State or local funding during its most recent fiscal year?	n/a	
Have you received Marion County grant funding in the last 5 years?	n/a	
Is your organization able to work within the guidelines of the County's reimbursement process? You will be required to have sufficient funds available to purchase/provide payment and submit request for reimbursement to the County. Please explain in detail your ability and process.	20	
Project Readiness (Bonus Questions)	**45**	
Can the project adequately be implemented within the grant period?	10	
Describe the plan for how the grant funding will be implemented, operated and administered.	5	
What additional resources are needed for the implementation of this program/project/service?	5	
What is the timeline and significant milestones for the implementation of this program/project/service?	10	
Is your project in a Community Redevelopment Area (CRA)?	5	
Is your project within the Urban Growth Boundary?	5	
Is your project ready to proceed, and does your organization presently control ownership of the property in which the project/activity will be conducted upon?	5	
Total score (260 points possible)		0.00