

CDAC Scoring Template – 2018-19 Emergency Solutions Grant

Please complete one form for each of the applications for the ESG Program. Please return completed forms to Donna Daniels by February 23, 2018, by email at donna.daniels@clarkcountynv.gov, by fax at 702-380-9635 or by mail at Clark County Social Service, 1600 Pinto Lane, Las Vegas, NV 89106. Scoring templates not received by this deadline may forfeit being included in the ranking process.

CDAC Member/Scorer Name: _____

Applicant Organization: _____

Program Name: _____ Amount requested: _____

Circle a score for each question. Use the number scale to indicate how well the application responds to the question with 1 being poor and 5 being excellent. If the application includes no response related to the question, select 0. Share any additional comments on the back of this sheet.

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|---|---|---|---|---|---|---|
| 1. Applicant's mission and purpose are consistent with the proposed program and in alignment with the ESG program. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. The project is feasible given the work to be performed, activities to be undertaken, and the specified time frame. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Applicant has demonstrated they have the knowledge and capacity to develop and administer the proposed project. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. How well does the project identify and meet goals and objectives as specified by the CoC? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Project clearly describes the problem or need being addressed. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. The project outcomes are realistic, measurable, and appear to be achievable. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Budget and costs are reasonable for this project. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Project has adequate partnerships and collaborations needed to successfully implement this project. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. The amount of funds requested is reasonable to serve the number of individuals specified in the proposal. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Rate the overall quality of the application. | 0 | 1 | 2 | 3 | 4 | 5 |

Comments (use back of sheet, if needed)

Recommended award amount: _____ Circle one: Approved Declined Abstain/Recuse

* Note: Award amount and approval/decline above do not denote an official award decision.

Questions? Contact Donna Daniels at donna.daniels@clarkcountynv.gov or 702-455-5025.