City of Peoria COVID-19 CDBG Public Services Application Evaluation

Organization Name:	Program Name:								
Commissioner Name:									
<u>Directions</u> : Complete an evaluation form for each application. Circle points for each question bas put your total in the "Total" column. Add totals together.	ed on you	ur review o	f each ap _l	plication. N	Multiply yo	our score for	each questi	on by the we	eighted number and
	Lowe	<u>Lowest</u> > >		>	<u>Highest</u>	Weight		<u>Total</u>	
Project activities are clearly defined and described.	0	1	2	3	4	5	x 3	=	/15
2. Need for program is clearly identified.	0	1	2	3	4	5	x 3	=	/15
3. Program provides a data-driven, evidence-based, innovative, and/or creative solution.	0	1	2	3	4	5	x 5	=	/25
4. Program outputs and outcomes are reasonable and connected to client needs.	0	1	2	3	4	5	x 3	=	/15
5. The program clearly prevents, prepares for, or responds to COVID-19.	0	1	2	3	4	5	x 5	=	/25
6. Evaluate the history of publicly funded project management.	0	1	2	3	4	5	× 3	=	/15
7. Organization has the necessary financial management capacity.	0	1	2	3	4	5	x 3	=	/15
8. The funding request is clear and reasonable, and the budgets are balanced.	0	1	2	3	4	5	x 3	=	/15
Comments:								Total Points	s/140