City of Peoria COVID-19 CDBG Public Services Application Evaluation

Organization Name: _____ Program Name: _____

Commissioner Name: _____

Directions: Complete an evaluation form for each application. Circle points for each question based on your review of each application. Multiply your score for each question by the weighted number and put your total in the "Total" column. Add totals together.

	Lowest	>		>		>	Highest	Weight		Total
1. 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	$\times$ 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

Total Points _____/140

Comments: _____

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