

## Emergency Food Assistance Application RFP EVALUATION SCORESHEET

Reference for scoring:	0	Failure, no response
	1 or 2	Poor, inadequate
	3 or 4	Fair--not fully responsive to questions
	5 or 6	Average, meets min expectation for response
	7 or 8	Above average, good response
	9 or 10	Superior

<b>AGENCY:</b>	Score:	
1. Application accepted as submitted (...not put in correcting status to make complete prior to review) Yes=10 No=0		
2. Is this a rural project/is it located in underserved area?Yes= 10 No=0		

<b>Applicant Information:</b>	
Information in this section is complete and accurate. Yes=10 No=0	

<b>Organization Information:</b>	
Information in this section is complete and accurate? (0-10)	
Quality of response to coordination with other food pantries in a 15 mile radius. (0-10)	

<b>Proposal Information: (Rate each response 0-10)</b>	
--------------------------------------------------------	--

1. In 1-2 paragraphs, please introduce us to your agency, the demographics of the clients your agency serves, whether the emergency food services your agency provides are duplicated within the community, and any geographical characteristics (including hardships) that may affect service and accessibility	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

2. How do these funds help improve the health and safety outcomes of the clients served by your agency?	
---------------------------------------------------------------------------------------------------------	--

3. What will this funding be used for? Be specific including positions and number of FTEs when discussing salaries/benefits and specific operational costs or specific projects that build capacity. If this is an infrastructure improvement project, explain the improvement needed and why it is essential to service.	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

4. How many unduplicated individuals/households did your agency serve in the prior year with this funding (if applicable) and how does your agency plan to serve in the coming year with this funding?	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

5. How do these funds improve access to emergency food resources?	
-------------------------------------------------------------------	--

6. What outcomes will this grant fund? What specific, measurable targets will indicate the agency has met these outcomes?	
---------------------------------------------------------------------------------------------------------------------------	--

7. If your agency does not receive this funding, what is your agency's plan to continue operations?	
-----------------------------------------------------------------------------------------------------	--

8. What percentage of your pantry/food bank/advocacy organizations budget would be funded by this grant application?	
----------------------------------------------------------------------------------------------------------------------	--

9. These funds were established by the Utah Legislature to serve low-income Utahns. How does your agency define and determine low-income eligibility?	
-------------------------------------------------------------------------------------------------------------------------------------------------------	--

<b>Locations and Staffing</b>	
Information in this section is complete and accurate. Yes=10 No=0	

<b>Attachments</b>	
All attachments uploaded and readable. Rate 0-10	
<i>Note: AOGs do not need to upload #1-3 of attachments</i>	

<b>Budget</b>	
Budget filled out completely and correctly. Rate 0-10	
Budget budget makes sense for project. Rate 0-10	

<b>Prior Year Grant Performance Management</b>	
Timeliness of RFFs (0-10)	
Drawdown of funds (0-10)	
Accuracy and responsiveness in reporting (0-10)	

If no grant in prior year--not included in denominator