Community Organization Grant Application Scoring Rubric
Request Over $5,000

Applicant Name: _____

Evaluator Name: _____

Funding Category Selected: ☐ Mental and Physical Health   ☐ Housing and Homelessness

☐ Inclusive and Welcoming   ☐ Arts and Culture

☐ Youth Supports   ☐ Other

TOTAL SCORE: ____/60

Supporting Documents

	Yes-1	No-0	Exempt	Score
1. IRS 501(c)(3) Determination Letter				
2. State Corporation Commission Certificate of Good Standing				
3. Most recent IRS Tax Form 990, 990-EZ, or 990-N				
4. An audit by an independent CPA, a financial review, or a compilation				
5. A listing of the agency's current board of directors				

Funding Information

Percentage of clients who are Harrisonburg residents						
5	4	3	2	1	0	Score
Greater than 75%	51%-75%	26%-50%	10-25%	Less than 10%	Did not provide an answer	

Program Overview

1. The applicant clearly describes the specific program and the Harrisonburg client population or the services the organization provides that will be supported with this funding.					
High- 5	4	Medium-3	2	Low-1	Score
Clear summary of the program/services with specific details on how it serves Harrisonburg clients		Somewhat clear summary of the program/services with specific details on how it serves Harrisonburg clients		Vague, incomplete, or confusing summary of the program/services with little or no details on how it serves Harrisonburg clients	

2. The applicant identifies clear, specific outcomes that can be expected as a result of programs or services.					
High- 5	4	Medium-3	2	Low-1	Score
Clear definition of program/services success. Clear picture of how it will demonstrate outcomes are met.		Good understanding of anticipated specific results of success, but lacks detail.		Success difficult to ascertain, flawed by untestable outcomes.	

3. The applicant demonstrates experience delivering the program or services.					
High- 5	4	Medium-3	2	Low-1	Score
Applicant demonstrates it has significant experience or expertise in the field as it relates to providing the program/services		Applicant has gaps in experience or knowledge but demonstrates that it can reasonably bridge gaps to successfully provide the program/services		Applicant does not demonstrate the experience or knowledge to provide the program/services	

4. The program/services help fulfill City Council's vision areas.					
High- 5	4	Medium-3	2	Low-1	Score
More than one vision areas		One vision area		No vision areas	

5. Describe the impact on your organization's ability to carry out the program or services if this request is not funded or only partially funded.					
High- 5	4	Medium-3	2	Low-1	Score
Program/services is highly sustainable without City funding		Program/services is somewhat sustainable without City funding		Program/services is minimally sustainable without City funding	

6. List any other funding sources (e.g. fees, donations, grants) your organization has received or is pursuing to support the program or services.					
High- 5	4	Medium-3	2	Low-1	Score
Demonstrates significant financial support from other funding sources without City funding		Demonstrates some financial support from other funding sources without City funding		Demonstrates minimal financial support from other funding sources without City funding	

Budget

Budget					
High- 5	4	Medium-3	2	Low-1	Score
Strongly detailed and realistic budget with sound use of funds		Budget generally appears to support the program/services as described although there are gaps in detail		Described program is not supported by the budget. Budget seems incomplete or not reflective of actual costs	

Other

Organizational Health					
High- 5	4	Medium-3	2	Low-1	Score
The organization is financially secure: • Audit report does not reveal any on-going and/or going concerns, risks and/or material weaknesses of entity. • 990 or 990 EZ shows liquid unrestricted net assets can cover more than 3 months of operations. • 990 or 990 EZ shows cash on hand will cover more than 3 months of operations.		Finances are stable: • Audit report does not reveal any on-going and/or going concerns, risks and/or material weaknesses of entity. • 990 shows liquid unrestricted net assets can cover 1-3 months of operating. • 990 shows cash on hand will cover 1-3 months of operations.		Finances are unstable: • Audit report reveals on-going and/or concerns, risks and/or material weaknesses of entity. • 990 shows liquid unrestricted net assets are insufficient to cover operations for more than 1 month. • 990 shows cash on hand will cover less than 1 month of operations. **OR** Financial health undeterminable because no audited financial statements were provided or did not provide a 990 or 990EZ.	

Funding Prioritization					
High- 5	4	Medium-3	2	Low-1	Score
Regardless of any of your other scores, you believe this program/services should be a priority. You strongly believe the organization can carry-out its proposed work, and that the community needs this now.		You are ambivalent. You believe the proposal is well written, and you would feel fine if it got funded for any amount, however you're not sure it should be of highest priority.		You do not support funding in any amount, regardless of proposal quality. You do not believe it should be high priority, even if it is well-planned and/or the org has capacity to do it. You think there are too many other important things to fund.	

Organizational Track Record					
High- 5	4	Medium-3	2	Low-1	Score
The organization has received grants from the City with a track record of positive outcomes and management.		The organization has received grants from the City with a track record of challenges with outcomes and/or management.		The organization has no grant history with the City, or a poorly executed grant history with the City.	

Written Comments