

Pinellas CARES Nonprofit Partnership Fund

Pinellas Community Foundation

Panelist information and Application info

Project Name

Character Limit: 100

Amount Requested

This is the amount the applicant organization is requesting.

Character Limit: 20

What is your name?*

Character Limit: 35

Reimbursement

The application you are reviewing has requested for reimbursement of COVID-19 related program expenses from March 1, 2020 to the time of application. Please carefully review the documentation the organization has provided.

Reimbursement Approval*

Based on the documentation provided and the request for reimbursement, would you approve the reimbursement of COVID-19 related program expenses?

By marking "Yes," you believe that the organization has provided substantive and justifiable documentation that shows costs incurred due to expansion of services because of COVID-19, and the organization has clearly displayed that these costs WERE NOT budgeted for in this fiscal year.

Choices

Yes, the organization should be reimbursed based on the provided documentation.

No, the organization should not be reimbursed based on the provided documentation.

Application Scoring

Section 1: The Program – Up to 30 points

The proposed use of funds aligns with the mission of the organization.*

1 = Poor (Significant mission drift)

5 = Excellent (No mission drift)

Scoring Options: 1 - 5

I understand the problem(s) the organization wants to address.*

The application articulates a clear need, and how the organization can help.

1= Poor — 10 = Excellent

Scoring Options: 1 - 10

The proposed program will help the community respond to the pandemic.*

The program is a natural fit to help address community needs **caused by COVID-19.**

1 = Poor — 10= Excellent

Scoring Options: 1 - 10

Connection to Community*

1 = Shows little to no knowledge of equity and connection to the community it serves

5 = Show great knowledge of equity and is deeply connected to the community it serves

Scoring Options: 1 - 5

Section 2: The Grant Request – Up to 45 points

The proposed programming aligns with the strategic funding priorities of the fund.*

1 = The proposed programming does NOT at all align with one or more of the strategic funding priorities of the Pinellas CARES Nonprofit Partnership Fund (food, behavioral health, eviction mitigation through legal aid).

10 = The proposed programming CLEARLY aligns with one or more of the strategic funding priorities of the Pinellas CARES Nonprofit Partnership Fund (food, behavioral health, eviction mitigation through legal aid).

Scoring Options: 1 - 10

There is a clear plan to deliver client services and resources.*

1 = There is a vague plan and no concrete geographic service area given.

10 = There is a clear plan and a clearly defined geographic area area.

Scoring Options: 1 - 10

The organization has a plan to engage and deliver services to the community it serves.*

1 = There is a vague plan with little to no community engagement.

5 = There is a strong, concrete plan with community engagement to ensure optimal service delivery.

Scoring Options: 1 - 5

The organization has the ability to implement the proposed program with effective collaboration*

1 = There is no demonstration of the organization's ability to implement the program by itself or with Logistical Partner Organizations

10 = There is a clear demonstration that the organization can implement the program by itself or with Logistical Partner Organizations.

Scoring Options: 1 - 10

The projected performance measures are feasible and achievable within the grant period.*

1 = The organization is *unable* to achieve its projected performance measures within the grant period.

10 = The organization is *clearly able* to achieve or exceed its projected performance measures within the grant period.

Scoring Options: 1 - 10

Section 3: The Financials – Up to 25 points

For an example of the kind of budget narrative and budget summary that is adequate for this grant program, please click [HERE](#) to view.

The organization has the fiscal capacity to manage this grant.*

Based on the organization's agency-wide budget, audit, and Form 990:

1 = The organization is in poor financial standing and cannot manage this grant at its current fiscal capacity.

10 = The organization is in excellent financial standing and can successfully manage this grant.

Scoring Options: 1 - 10

The budget narrative and summary effectively reflect program costs and scope of work.*

1 = The budget narrative and summary do not reflect program costs and scope of work.

5 = The budget narrative and summary accurately reflect program costs and scope of work.

Scoring Options: 1 - 5

The budget narrative and summary demonstrate cost sensitivity and program alignment.*

1 = The expenses do not fit the organization's program design **OR** are not applicable to this grant's funding priorities.

5 = The expenses fit the organization's program design **AND** are clearly applicable to this grant's funding priorities.

Scoring Options: 1 - 5

The organization is in good standing with its funding sources.*

1 = The organization is under corrective action and does not have a clear plan for correction.

5 = The organization is in good standing with its funders **OR** does not have other funding sources.

Scoring Options: 1 - 5

Comments

Character Limit: 2000