	Organization Name:			
	Criteria:	**Points Possible**	**Total Score**	**Reviewer Notes**
1	**Organization** o History/Longevity of organization o Services provided o Location o Nonprofit status/type	15		
2	**Program Proposal** o National objective and priority need identified o Program description (existing or new) o Program objectives o Needs justification o Service timeline o Sustainability beyond one-time funding o Target populations o Outcomes o Extent to which the program is ready to be implemented o Measurable success metrics	30		
3	**Relevant Experience** o Demonstrated ability to administer similar programs o Track record of success & capacity to deliver o Staffing levels o Use of volunteers o Ability to leverage/match grant amount	20		
4	**Service to Rocklin Residents** o Current residents served o Projected numbers o Reliable residency verification process	15		
5	**Funding Request & Budget** o Reasonable and transparent budget o Justified expenditures o Staff roles tied to program delivery (if applicable)	15		
6	**Requested Information** o Contact information o Contract signing authority o Insurance information (if applicable)	5		
	Total Score	100	0	