

**Colorado Nursing Facility Culture Change Accountability Board  
CMP Distribution Grants 2009-2010**

**Grant Application Score Sheet**

**Application #:** \_\_\_\_\_ **Amount Requested: \$** \_\_\_\_\_ **Reviewer Initials:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**ORGANIZATIONAL INFORMATION**      **Possible Points: 6**      **Section Score:** \_\_\_\_\_

Describe your agency or organization. What does your agency or organization do? Who do you serve?

	<b>Possible</b>	<b>Points</b>
How well did this application follow the instructions for this section and include the requested and suggested information?	<b>2</b>	
How clearly did this application describe who the organization is and what they do?	<b>2</b>	
How clearly did this application clearly describe who is served by this organization?	<b>2</b>	
Penalty for substandard quality of care deficiencies. (nursing homes)	<b>-5</b>	
Penalty for repeat Level G deficiencies. (nursing homes)	<b>-5</b>	
Other adverse organizational deficiencies/circumstances. (non-nursing homes)	<b>-10</b>	

**PROJECT INFORMATION**      **Possible Points: 20**      **Section Score:** \_\_\_\_\_

How do you propose to use these grant funds?

What is the full cost of your project and, if more than the grant, where will you get the remaining funds?

	<b>Possible</b>	<b>Points</b>
How well did this application follow the instructions for this section and include the requested and suggested information?	<b>3</b>	
How clearly did this application explain what they propose to do with the grant funds?	<b>7</b>	
How well did this application justify the amount of funds requested and describe what the full cost of the project would be?	<b>7</b>	
How well did the application describe the process for evaluating and measuring the impact?	<b>3</b>	

**IMPACT OF PROJECT**      **Possible Points: 16**      **Section Score:** \_\_\_\_\_

How will receipt of this grant make a difference in the quality of life of residents in nursing facilities?

	<b>Possible</b>	<b>Points</b>
How effectively will this project be at improving the quality of life of residents residing in nursing homes?	<b>8</b>	
How well did the application demonstrate the continuing and long-term impact of the project?	<b>8</b>	

**BUDGET INFORMATION**      **Possible Points: 4**      **Section Score:** \_\_\_\_\_

What was your annual budget in 2009 – revenues and expense?

In general, where do you get your funding? Please use percentages.

	<b>Possible</b>	<b>Points</b>
How well did this application follow the instructions for this section and include the requested and suggested information?	<b>2</b>	
Given the brevity of this section, did the information provided adequately describe the organization's general budget and sources of funding?	<b>2</b>	

**OVERALL QUALITY AND APPEAL**

Possible Points: 4    Section Score: \_\_\_\_\_

*Grant applications always compete with the other applications submitted for the same round. These questions relate to how this application compared overall to the other applications in this round.*

	Possible	Points
Overall, compared to the other applications you reviewed, how effectively did this application complete the application form and use the space provided to their advantage?	2	
Overall, compared to the other applications you reviewed, how effectively does the information in this application make a clear and compelling case for being funded?	2	

**SCORING SUMMARY**

GRANT #	Possible Score	Section Score
ORGANIZATIONAL INFORMATION	6	
PROJECT INFORMATION	20	
IMPACT OF PROJECT	16	
BUDGET INFORMATION	4	
OVERALL QUALITY AND APPEAL	4	
<b>TOTAL</b>	<b>50</b>	

**Funding Recommendation: (Circle One)****Full Funding****No Funding****\*Partial Funding - \$ \_\_\_\_\_**

\*If you recommend partial funding, is there a particular portion of the project you would fund?

**Suggestions or Comments** *(These comments are shared with the applicant, and so very appreciated. Please take the time to make a few.)*

**STRENGTHS****WEAKNESSES****SUGGESTIONS**