

California Spay/Neuter License Plate Fund
Scoring Procedures/Guidelines

Initial Screening Process

1. All proposals must be postmarked by XX in order to be eligible for consideration.
2. Upon receipt, Fund staff members will complete the Preliminary Checklist for each application & will send a confirmation email to each applicant
3. Fund staff members will, at their discretion, disqualify incomplete applications, and will forward complete applications to the Executive Committee for further review

Note: The Fund reserves the right to immediately disqualify incomplete applications, but may, at its discretion, allow organizations the opportunity to complete and re-submit their application for reconsideration.

Executive Committee Scoring Process

1. Members of the Executive Committee will individually review each of the complete applications, and will score each using the Scoring Rubric.
2. Applications will first be reviewed and given a score of 1-10 for their overall demonstration of need (PART A).
3. Applications will then be given a score of 1-5 for each of the following: goal/scope, project design, and assessment. (PART B)
4. Scores from PART A and PART B will be added together to determine the application's TOTAL score.
5. The PART A and TOTAL scores will then be awarded an overall score, based on the average received from the Executive Committee.
6. Fund staff members will then rank the applications based first on their average PART A score, and then based on their average TOTAL score.
7. Applications will then be given to the Board of Directors for final consideration.

Final Award Consideration

1. The Board of Directors will meet to review and approve/reject grant applications, and may disqualify/change the score for applications with a majority vote.
2. Applications will then be re-ranked based on Executive Committee scores and Board of Directors' recommendations.
3. Funding will be awarded to organizations based on their overall ranking among all applications received.

Note: The Fund reserves the right to award partial funding when the original amount requested is deemed excessive or when funds are needed to award to other projects.

California Spay/Neuter License Plate Fund
Preliminary Grant Application Checklist

Name of Organization or Municipality: _____
Amount of Funding Requested: _____

<u>Technical components:</u>	<u>YES</u>	<u>NO</u>
Was it postmarked by deadline?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application itself complete?		
1. Application:	<input type="checkbox"/>	<input type="checkbox"/>
2. Proposal Narrative:	<input type="checkbox"/>	<input type="checkbox"/>
3. Budget:	<input type="checkbox"/>	<input type="checkbox"/>

Enclosures:

For municipalities:

- | | | |
|---|--------------------------|--------------------------|
| 1. Annual Animal Control Services Budget for the past two fiscal years, including what percentage is used for spay/neuter | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Examples of past advertising/outreach done to promote current spay/neuter program or spay/neuter in general | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Annual Report, brochure or other documentation relevant to evaluation of the proposal. | <input type="checkbox"/> | <input type="checkbox"/> |

For non-profit organizations:

- | | | | |
|---|--------------------------|--------------------------|------------------------------|
| 1. Copy of 501(c)(3) determination letter. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. List of Board of Directors/other organizational leadership. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Annual Report, brochure or other promotional materials relevant to evaluation of proposal. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Financial statements for the last fiscal year (form 990 or 990EZ). | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Written statement required for omitted documents listed above. | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> |

Additional Notes:

Confirmation Email Sent? YES _____
Sent to Executive Committee for Further Review? YES _____ NO _____
IF NO, WHY? _____

California Spay/Neuter License Plate Fund
Executive Committee Scoring Template

Name of organization or municipality: _____
Amount of Funding Requested: _____

Part A Content:

On a scale of 1 through 10 (**1 = worst; 10 = best**), please rate the applicant's success at meeting the following criteria:

NEED: The proposal should clearly outline particular need(s) in the targeted area and should adequately describe how the project will address the need.

Examples: Lack of S/N Services in Target Area, % of Low-Income Households, % of Households Below Poverty Level, High Shelter Intake/Euthanasia, High Intake/Euthanasia of a Specific Breed or Species, Other (Explain: _____)

Comments/notes:

Total Rating _____

Part B Content:

On a scale of 1 through 5 (**1 = worst; 5 = best**), please rate the applicant's success at meeting the following criteria:

GOAL/SCOPE: The proposal should state the specific problem the grant funds will address (intake/euthanasia/feral cat colony size/etc). A successful proposal will outline specific goals and demonstrate how those goals will be met and how the target population will be impacted.

Rating _____

Comments/notes:

PROJECT DESIGN: The project should quantify the pet overpopulation problem in the community and present a clear method to reduce pet overpopulation. Successful proposals will document the particular overpopulation sources in the community targeted, and clearly define a plan to address those issues in the most cost-effective and practical manner.

Rating _____

Comments/notes:

ASSESSMENT: Proposal should explain what measurable criteria will be used to determine if the organization reaches its objectives. What will indicate if the program has been a success? A reduction in shelter intake/euthanasia? A reduction in the size of feral cat colonies?

Rating _____

Comments/notes:

Total Score (Part A + Part B): _____

California Spay/Neuter License Plate Fund
Final Award Consideration

Name of Agency/Organization: _____

Amount of Funding Requested: _____

Comments:

Approved? YES _____

NO _____

Change Score: N/A _____

FROM _____ TO _____

Funding: FULL _____

PARTIAL _____ (AMOUNT AWARDED: _____)