

FINANCIAL REVIEW TEAM – EVALUATION TOOL

2025-2028 GRANT APPLICATION

Health
 Education
 Financial Stability
 Basic Needs

Organization Name: _____

Program Name: _____

Reviewer's Name: _____ Date _____

Review Questions	Reference	Yes	No
1. According to the auditor's notes and/or management letter (if supplied): Is the audit free of any significant material weaknesses or significant deficiencies?	Organizational Financial Statements		
Comments:			

		Yes	No
2. Is the organization's debt position manageable? <ul style="list-style-type: none"> Are total assets greater than total liabilities? Are current assets greater than current liabilities? 	Agency Profit and Loss Statement, Organizational Financial Statements		
Comments:			

		Yes	No
3. Based on the audit or recent statements, are the organization's administrative costs under 25% of the actual total expenditures? (Note: Use spreadsheet to calculate percentage and indicate that number in the comments section)	Agency Profit and Loss Statement, Organizational Financial Statements, Federal Tax Return		
Comments:			

Review Questions	Reference	Yes	No
4. Is the organization's cash flow acceptable? (Note: Use spreadsheet to calculate number and indicate that number in the comments section)	Agency Profit and Loss Statement, Organizational Financial Statements, Federal Tax Return		
Comments:			

		Yes	No
5. Is the organization's actual net income within 15% of budgeted net income?	Agency Profit and Loss Statement		
Comments:			

		Yes	No
6. If this is an existing program, was the program's actual net income within 15% of budgeted net income last year?	Program Profit and Loss Statement		
Comments:			

		Yes	No
7. If this is an existing program, is the program's budget for the coming year in alignment/ appropriate compared with the previous year's actuals?	Program Budget		
Comments:			

8. Please note any additional concerns, if not stated above:

9. Please note financial strengths:

10. Please note questions that should be asked at the grant review panel:

	Not demonstrate		Poor		Fair		Good		Excellent
	0		1		2		3		4
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please rate the financial strength of this program.

- 0 – Not Demonstrated:** The applicant left the question blank, or did not answer the question that was asked. The applicant gives irrelevant information, or the answer is completely insufficient.
- 1 – Poor:** The applicant provided minimal detail and insufficient descriptions that did not answer the question. The applicant may have answered a part of the question, but missed a key point or was not comprehensive. The answer is unclear.
- 2 – Fair:** The applicant may answer the question, but does not clearly demonstrate optimal answer or plan. The answer is acceptable, but lacks some details and specific examples.
- 3 – Good:** The applicant has a comprehensive answer with significant description, relevant details, and clear examples. The answer is better than average, but not superb.
- 4 – Excellent:** The applicant has answered the question with thorough details and examples. It is clear to the reviewer that the applicant has a strong understanding of the topic and has clearly demonstrated a superb answer.