

| Northfield Township 2025-26 HSC Application Review Rubric | | | |
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| Name of agency applying: | | | |
| Date of review: | | | |
| Application Rubric: | | | |
| Criteria Description | Possible Points | Applicant Points (required) | Notes/Comments (optional) |
| The application clearly explains the agency's mission. | Fails to explain (0); partially explains (10); fully explains (20) | | |
| The application clearly describes how Township funding would be used. | Fails to explain (0); partially explains (10); fully explains (20) | | |
| The application clearly explains how the funding the agency is requesting aligns with one of the Township's stated strategic priorities (as stated in the memo and application itself). | Fails to explain/no alignment with Township priorities (0); partially explains and/or aligns with Township priorities (10); fully explains/aligns with Township priorities (20). | | |
| Number of Township residents served. | Fewer than 10 Township residents (0); Between 10-50 Township residents served (10); More than 50 Township residents served (20) | | |
| Percentage of residents who received direct services. | 0% - 33% (0); 34% - 66% (25); 67% - 100% (50) | | |
| Average number of hours spent per Township resident | Avg. # of hours: N/A | | |
| The agency has diversified funding strategies. | Fails to demonstrate diversified funding/explain efforts to raise funding (0); partially demonstrates diversified funding/explains efforts to raise funding (5); fully demonstrates diversified funding/explains efforts to raise funding (10). | | |
| The application clearly explains the agency's collaboration with other agencies/organizations, to reduce duplication of services and improve results for the community. | Fails to demonstrate collaboration (0); partially demonstrates collaboration (5); thoroughly demonstrates collaboration (10). | | |
| Are the services or programs for which funding is requested unique to our community? | Yes No | | |
| Has the organization undergone an independent financial audit within the past fiscal year, and if so, were the results of the audit clean or unqualified? Please provide details on any findings or corrective actions recommended by the auditors. | Yes No N/A | | |
| Total Application Points: | | | |
| Interview Rubric: | | | |
| Criteria Description | Possible Points | Applicant Points (required) | Notes/Comments (optional) |
| Did the agency participate in an interview? | No (0); Yes (20) | | |
| Did the agency fully or effectively respond to any follow-up questions asked by the Commissioner? | No (0); Yes (20) | | |
| Total Interview Points: | | | |
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| | | Total Rubric Points: | |
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