



Form Creator

Iowa Nonprofit Grant Review

[Preview Component](#)

Program Area: Iowa Nonprofit Innovation Assistance

Module: Review

Form Type: Standard

Is the applicant a 501(c)3 organization?

Is the funding request at least \$500,000 and no more than \$3 million?

Project Start date:

Project End date:

Does the applicant own the property?

If NO, when will the applicant have site control?

General comments on ownership/ site control:

Will the applicant own/ operate the project upon completion?

If NO, describe ownership/ operations upon completion:

Does the applicant explain how the project will be able to obligate all program funds by 12/31/2024?

**Did the applicant demonstrate why state funds are necessary for the project to be completed?**

**Comments:**

**Does the applicant explain how COVID-19 created financial hardships for the organization?**

**Comments:**

**Will the project increase services to Iowans?**

**Number of people served before the project:**

**Number of people to be served after project completion:**

**Did the applicant provide information regarding the income levels of individuals served?**

**If yes- please describe median income/ household income data provided by the applicant:**

**Are all other project funds, outside of funds requested for this application committed and available for the project?**

**Were commitments provided for each funding source? (ie. Loan agreements, documentation of cash reserves, grant agreements, etc. )**

**Describe funding commitments, including percentage of matching funds with documented commitments:**

**Are project expenditures listed in the budget eligible program expenditures?**

**If no, describe why costs are**

ineligible:

Did the applicant provide all required attachments including:

Proof of non profit status

Documentation of site control

Project timeline showing milestones and project completion date

Financial statements

Comments about any required attachments:

General questions or comments on the application:

### Score each criterion

Score each criterion below from 0-20 points for a maximum of 100 points. Projects must receive a minimum of 75 points to be considered for funding.

#### Organizational capacity

Does the organization provide a breadth of services to Iowans?

Does the organization demonstrate capacity to complete the project as proposed?

Organizational capacity score:  
(0 - 20 Points)

#### Readiness to proceed

Does the applicant have site control of the property?

Does the timeline indicate funds can be obligated by 12/31/24?

Has initial planning work on the project been completed? (design work, etc.)

Can the project begin immediately after funding is awarded?

Readiness to proceed score:  
(0 -20 Points)

#### Project impact/ increase in services to Iowans:

What are the types of services to be provided as a result of this project?

What is the anticipated increase in Iowans to be served as a result of this project?

**Will the project allow the organization to serve primarily low to moderate income individuals?**

**Will the project serve only a select demographic of Iowans?**

**Is the organization focused on human services?**

**Project impact/ increase in services to Iowans score: (0 - 20 Points)**

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**Financial readiness/ commitments:**

*100-95% of funding for the project committed: 20 points  
94-90% of funding for the project committed: 15 points  
89-80% of funding for the project committed: 10 points  
79-70% of funding for the project committed: 5 points*

**Percentage of project funds committed and available to the project:**

**Financial readiness/ commitments score: (0 - 20 Points)**

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**Need for state assistance:**

**Have other state grants been received for this project?**

**Is the project eligible for other state programs?**

**Did the applicant adequately address why the project would require state funds to be completed?**

**Need for state assistance score: (0 - 20 Points)**

**General comments regarding scoring:**