Name of Grant/Contract Solicitation: Name

Program Office: Office

Board Date: Date

Example

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number Received | Number Rejected Prior to Evaluation | Reason | Check if currently providing the services | Number Evaluated | Number Awarded | Number  Not Awarded | Reason | Check if currently providing the services |
| 28 | 5 | **Mississippi Jackson Company**  Program Assurances (Form 2) signature did not match the Cover Page (Form 1) |  | 23 | 18 | 5 | **Nebraska Schools**  Did not meet cut score |  |
|  |  | **Holmes are Free Inc**  Summary of Partners Table (Form 7) not included, No Audit provided | X |  |  |  | **Camp Moe**  Did not meet cut score |  |
|  |  | **Avenue Grand LLC**  Program Assurances (Form 2) signature does not match the Cover Page (Form 1), Program Plan section not included |  |  |  |  | **Kids Second to None**  Did not meet cut score |  |
|  |  | **Lacey Doe LLC**  No Audit provided |  |  |  |  | **Dillard’s**  Did not meet cut score | x |
|  |  | **Old Navy**  Summary of Partners Table (Form 7) not included, No Audit provided |  |  |  |  | **TJ Maxi**  Did not meet cut score |  |