

**Evaluation of Grant Request**

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for participating on our Grant Review Committee! This evaluation form is intended to provide guidance in the discussion of grant applications and funding recommendations.

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| --- | --- | --- |
| **Score Each Highlighted Category: 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent** | | |
| **CRITERIA** | **SCORE** | **COMMENTS** |
| **PROJECT PLAN is:** |  |  |
| Clearly defined  Appropriate to GCCF's Focus Area  Feasible, meets community need  Collaborative  New, creative or innovative |  |  |
| **IMPACT:** |  |  |
| Creates or improves services to underserved  Has potential for meaningful/lasting change  Exemplifies best practices in field  Does not duplicate current services  Has a high likelihood of success |  |  |
| **ORGANIZATION has:** |  |  |
| Established track record  Expertise (staff) to complete program  Strong governance (board)  Record of transparency in operations  Shown to be true to their mission |  |  |
| **BUDGET is:** |  |  |
| Clear  Realistic  Cost-effective (for number served)  Appropriate for type and level of service  Part of organization’s financial stability |  |  |
| **EVALUATION PLAN:** |  |  |
| Shows identified goals  Has appropriate measures  Shows meaningfulness of outcomes  Builds on previous success of organization  Provides appropriate visibility for GCCF |  |  |
| **Total Score** |  | **(Maximum of 25 points)** |
| **For funding, I would: NOT RECOMMEND CONSIDER RECOMMEND** | | |
| **GENERAL COMMENTS:** |  |  |
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Rev. 11.6.2017