

**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 definedAppropriate to GCCF's Focus AreaFeasible, meets community needCollaborativeNew, creative or innovative |  |  |
| **IMPACT:** |  |  |
| Creates or improves services to underservedHas potential for meaningful/lasting changeExemplifies best practices in fieldDoes not duplicate current servicesHas a high likelihood of success |  |  |
| **ORGANIZATION has:** |  |  |
| Established track record Expertise (staff) to complete programStrong governance (board)Record of transparency in operationsShown to be true to their mission |  |  |
| **BUDGET is:** |  |  |
| ClearRealisticCost-effective (for number served)Appropriate for type and level of servicePart of organization’s financial stability |  |  |
| **EVALUATION PLAN:** |  |  |
| Shows identified goalsHas appropriate measuresShows meaningfulness of outcomesBuilds on previous success of organizationProvides appropriate visibility for GCCF |  |  |
|  **Total Score** |  | **(Maximum of 25 points)** |
| **For funding, I would: NOT RECOMMEND CONSIDER RECOMMEND** |
| **GENERAL COMMENTS:** |  |  |
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