

PROGRAM NAME: _____

ORGANIZATION: _____

Criteria	Measure	Weak		Average		Strong	
		1	2	3	4	5	
PROGRAM DESIGN	• Program is consistent with agency mission	1	2	3	4	5	
	• Agency can carry out program and is prepared to take it on	1	2	3	4	5	
	• Program design and action plan are feasible and understandable	1	2	3	4	5	
	• Program is consistent with funding priorities below	1	2	3	4	5	
	• Implementation timeline is reasonable	1	2	3	4	5	
	• Target population is meaningful and appropriate and/or has expressed a need for this program	1	2	3	4	5	
PROGRAM IMPACT	• Program will have appropriate and/or meaningful impact on the community and population served	1	2	3	4	5	
	• Program differs from existing services in York County	1	2	3	4	5	
	• Program is new or innovative approach to a community need	1	2	3	4	5	
BUDGET	• Budget is logical – proposed expenses & revenues are clear and feasible; <i>(appropriate to total project cost; not subsidizing existing/operational expenses)</i>	1	2	3	4	5	
	• Program appears to be sustainable after YCCF funding ends	1	2	3	4	5	
OUTCOMES	• Program has measurable outcomes, indicators and evaluation criteria that align with statement of need and impact	1	2	3	4	5	
		<i>TOTAL:</i>					
				/60			

Reviewer Recommendation: **YES** **YES, PARTIAL \$ _____** **MAYBE** **NO**

Comments:

Outcome: Enhanced quality of life for older adults.

Indicator: Increase in the # of older adults with general well-being and sense of purpose.