2020 COMMUNITY GRANT REVIEW RUBRIC

ORGANIZATION: _____   **PROGRAM/PROJECT NAME:** _____

N/A (only use if you have a conflict of interest)

[Grading scale for scoring 1-5]   **1** (unsatisfactory); **2** (needs improvement); **3** (average); **4** (very good); **5** (exceptional)

Criteria	Measure	Weak		Average		Strong
ALIGNMENT	I. Organization has relevant experience in the requested program/project program area	1	2	3	4	5
PROGRAM DESIGN	II. Program/project is clearly described including key activities and numbers/information about people served	1	2	3	4	5
IMPACT	III. Degree to which program/project will make positive change	1	2	3	4	5
OUTCOMES	IV. Program/project has measurable outcomes to determine success	1	2	3	4	5
STRUCTURE	V. Program/project's structure is well-designed and achievable **Please consider:** Program/project's leadership has relevant experience Program/project will continue after YCCF funding	1	2	3	4	5
BUDGET	VI. Program/project has appropriate cost for its scope	1	2	3	4	5
Total:	* /40*					

Share one thing you like about the program/project and one thing you wish they had included in their application and/or program design.

Comments: