

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 achieve positive change	1	2	3	4	5		
OUTCOMES	IV. Program/project has measurable ways to determine what they have achieved	1	2	3	4	5		
STRUCTURE	V. Program/project's structure is well-designed and achievable <u>Please consider:</u> Program/project's leadership has relevant experience Program/project is likely to continue after grant	1	2	3	4	5		
BUDGET	VI. Program/project has appropriate cost for its scope	1	2	3	4	5		
Total:								/30

Share one thing you like about the program/project.

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

Comments: