



Eau Claire
**Community
Foundation**

For Good. **For Eau Claire.** For Ever.

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www.eccommunityfoundation.org

Grant Reviewer's Evaluation Sheet: PROGRAM GRANT

Applicant Organization: _____ **Reviewer's name:** _____

Program: _____

Do you have a conflict of interest with this organization? Yes _____ No _____

Please refer to the Grantmaking Guidelines document for more information on ECCF grant categories and criteria.

	Low				High
1. How well does the proposal fit within the mission of the applying organization?	1	2	3	4	5
2. How well thought out and feasible is the timeline?	1	2	3	4	5
3. If collaboration with another organization is required for successful implementation of this program, is there evidence of this support? If no collaboration is required, does the organization seem capable of implementing the program successfully on its own?	1	2	3	4	5
4. How well does the program address an important need of the community?	1	2	3	4	5
5. How well prepared and trained are staff members and/or volunteers to implement this program?	1	2	3	4	5
6. Is the program sustainable without future funding from the Eau Claire Community Foundation?	1	2	3	4	5
7. Are the revenue and expenses reasonable for the program?	1	2	3	4	5
8. Are the program's objectives and measurements clearly articulated in the application?	1	2	3	4	5
Overall, what is your opinion of this proposal?	1	2	3	4	5

Maximum possible score: 45 points

Total Score: _____

Percent of Points Possible = Total Score/ 45 = _____%

(Please flip sheet over to continue evaluation)

If you recommend funding this application, how much do you recommend?

Comments:

\$
