



Grant Proposal Evaluation Form

Grant Applicant:	Primary Address:
Program Title:	Contact Number:
Primary Contact:	Primary Contact Email:
Secondary Contact:	Secondary Contact Email:

PROJECT SUMMARY: [Briefly describe in roughly three sentences the core of project.]

FUNDING SUMMARY:	HCBF Funding	Match (In Kind)	Match (Other)	TOTAL

SECTION A addresses whether a grant application satisfies minimum eligibility as outlined in the Request for Proposals.

SECTION A: Eligibility - Program Priority Area(s)

- Diagnosis and/or Treatment
 Medical Supplies and/or Pharmaceuticals
 Education and/or Outreach

SECTION A: Eligibility - Service Area(s)

- San Pedro
 Wilmington

SECTION A: Eligibility - Type of Organization

- Local Clinic
 Community Based-Organization
 Nonprofit
 Health Service Provider
 Other:

A grant proposal will be denied if it fails to meet minimum eligibility. Reviewer can stop here if the grant applicant submits a proposal that does not address a program priority area, does not serve Wilmington or San Pedro, or is by an ineligible entity.

APPLICATION RECOMMENDED FOR DENIAL DUE TO FAILURE TO MEET MINIMUM ELIGIBILITY.

SECTION B addresses whether a grant application is responsive to the Request for Proposals.

SECTION B: Application Requirements

Submittal Evaluation	Met	Not Met	Comments
1. Work Plan complied with 7-15 page limit?			
2. Grant applicant has partners? (Optional)			Allies:
a. Partnership Letters of Commitment?			

Budget Evaluation	Yes	No	Comments
1. Does budget provide reasonable details for each expense?			
2. Does budget include a table with appropriate headings?			
3. Does budget include a narrative? If yes, does the narrative mirror the line items and amounts in the budget?			
4. Does the budget reflect the work plan?			

Supporting Documents Evaluation	Met	Not Met	Comments
1. Provided Timeline?			Project Duration:
a. Timeline links activities to a clear project schedule?			
b. Timeline has realistic goals?			
2. Provided Logic Model?			
3. Sustainability Strategy?			
4. Demonstrated Programmatic Capability?			
5. Demonstrated Successful Past Performance?			
6. Provided Organizational Fiscal Year Budget and Financial Statements?			<i>If annual revenues are less than \$2 million, internal financial statements are acceptable.</i>
7. Provided Board of Directors Roster?			<i>Names and Titles:</i>

A grant application may be denied if it is Non-Responsive. It is Non-Responsive if it fails to satisfy all application requirements. Reviewer can stop here if the grant application is Non-Responsive.



APPLICATION RECOMMENDED FOR DENIAL DUE TO NON-RESPONSIVENESS.

SECTION C: Staff Synthesis

Funding Request Synthesis	Yes	No	Comments
1. Matching Funds?			
2. Strategic/Creative Use of Funds?			

Budget Narrative Synthesis	Yes	No	Comments
1. Described Propose Used of Funds?			
2. Discrepancy between budget and narrative?			

Project Synthesis	Yes	No	Comments
1. Address Demonstrated Need?			
2. Project Uniqueness?			Objectives:
3. Focus on targeted population?			

THE FOLLOWING ARE OVERALL COMMENTS:

SECTION D: Weighted Scoring Summary

Project Criteria	Max Points	Score	Rational
1. Completeness & Responsiveness	15		
2. Description & Goal	10		
3. Demonstrated Need	20		
4. Partnerships	10		
5. Uniqueness	10		
6. Budget	10		
7. Sustainability & Capability	10		
8. Timeline	5		
9. Evaluation & Measurement	10		
TOTAL SCORE	100		Rank: ? out of 21