

GRANT REVIEW SHEET

Organization: _____

Project Title: _____

Requested Amount: _____

Total Project Cost: _____

Should we fund this project?: *(Circle One)*

Yes Maybe No

- **Invest Wisely**
 - Consider the organization’s strengths
- **Prioritize**
 - Determine which applications are most valuable to our county’s current needs
- **Be Diligent**
 - Require clear plans for implementation
- **Think Long-Term**
 - Consider the project’s sustainability
- **Think Bigger**
 - Consider the impact of the project

	YES	MAYBE	NO
Project outcomes align with the mission and values of the Foundation			
The need presented in this application is documented and clear			
Project has clear and realistic goals that will meet community needs			
Project leverages additional resources to ensure completion			
Project collaborates with others to secure financial/in-kind contributions			
Evidence that the project will bring about the desired outcome is provided			
Future plans exist for project <i>(when applicable)</i>			
Organization works with the Foundation to promote their cause <i>(i.e. Nonprofit Challenge)</i>			
Project clearly aligns with the organization’s mission			
Project’s success is dependent upon other funders			
It is clear what our funds will pay for			
It is clear how these costs will be covered in the future			
All of the funds required for the project are already secured			

COMMENTS: