Community Foundation DeKalb County

Grant Proposal Evaluation

Organization:	**Request #:**

		Low	Med	High
Summary of Request	Organization has adequate qualifications	_____	_____	_____
	A specific need has been identified	_____	_____	_____
	Request is proactive rather than reactive	_____	_____	_____
	Past success with project/program	_____	_____	_____
Question 1: Who & How Many Served	Benefits many citizens of DeKalb County	_____	_____	_____
	Degree of community impact	_____	_____	_____
	Number of people reached	_____	_____	_____
	Geographic impact	_____	_____	_____
Question 2: Measuring Impact	Method for measuring outcomes appropriate for the scale of project/program	_____	_____	_____
Question 3: Strengthen Organization	Direct relationship between requested project and applicant's mission	_____	_____	_____
Source of Funds	Commitment to project/program (in-kind, matching funds)	_____	_____	_____
	Seeking funds from several sources	_____	_____	_____
	Requested amount in relation to project/program benefits	_____	_____	_____
	Impact on foundation's visibility in the community	_____	_____	_____

Overall Rating: _____ Low _____ Medium Low _____ Medium _____ Medium High _____ High

Strengths: Reasons to consider request

Concerns: Questions to be answered

Comments: