

2016-2017 COMMUNITY FOUNDATION OF OSCEOLA COUNTY SCORE SHEET

Applicant's Number Assigned by Office: # _____

APPLICANT: _____ PROJECT TOTAL: \$ _____

Project Name: _____

GRANT AMOUNT REQUESTED: \$ _____ TOTAL MATCH DOLLARS: \$ _____

TOTAL MATCH PERCENTAGE: _____% *(Grant Requested / Total project cost subtracted from 1.00)*

REVIEW CRITERIA	MAX. SCORE	YOUR SCORE	NOTES
DESCRIPTION OF ORGANIZATION'S CHARITABLE PURPOSE			
Group's impact in the community <i>(What is the purpose of the group?)</i>	5		
Group's past accomplishments <i>(What have they done in the past?)</i>	5		
Number of people the group serves <i>(People in the county & beyond)</i>	5		
TOTAL MAXIMUM SCORE	15		
REQUEST SUMMARY & PROJECT DESIGN			
Project addresses a clear community need	5		
Project's benefit to the community	5		
Number of people this project will impact	10		
Broad community support for the project <i>(Number of supporters)</i>	5		
Goals are clear and objectives measurable <i>(Can it be completed?)</i>	5		
Matching dollars / in-kind services / donated labor / ect.	5		
TOTAL MAXIMUM SCORE	35		
BUDGET FOR PROJECT			
Is budget complete <i>(All income & expense for the project accounted for.)</i>	5		
Project is sustainable <i>(Can it continue after grant funds are depleted?)</i>	5		
Resources other than Community Grant <i>(donated labor/materials/ect.)</i>	10		
Income and expenses balance on project budget	5		
TOTAL MAXIMUM SCORE	25		
SUBTOTAL SCORE			
	75		
SUBJECTIVE CRITERIA			
Strong focus on community needs <i>(Does it benefit entire community?)</i>	10		
The strength of the plan and idea <i>(Can it be completed?)</i>	5		
Project is a priority for the community	5		
Project can market the Foundation & is a good press story	5		
TOTAL MAXIMUM SCORE	25		
TOTAL SCORE			
	100		