									Subjective	Objective			Subjective			
									Priority Area	Plan of Action	Capacity & Results	Leverage	Community Need	Total	Follow Up Action	
Grant Priority	number previous grants - 10 years	Attended grant seminar	City/Town	Organization	Project	New (N), Existing (E), Core (C) or Service Expansion/Improvement (SE/I)	Total Project Funds	Funds Requested from Community Foundation	Does it support a vibrant healthy, caring community?	How good is the plan of action?	Does the organization have the capacity to achieve its stated results?	Are there any other partners either for funding or in presenting the project or program?	Personal opinion re: level of need in the community for this project &/or the org?	Score	QUESTIONS & QUERIES	Suggested Funding
Rating									Rating scale is 1 - 10 (1 is low and 10 is high)							