



Evaluation Score Sheet

Priority D - Project D3

Mini-Grant Pilot Program



Mini-Grant Application Submittal Date:		Name of Organization or Individual Responsible for Taxes and Insurance:		
		Address:	City:	Zip Code:
Name of Responsible Contact:		Telephone:		E-Mail:
Project Name:		Project Start Date:	Requested Grant Amount (up to \$5,000)	
Project Location:		Project End Date:	Monetary or In-Kind Cost Share Amount:	
SCORING CRITERIA: YES = 1 POINT, NO = 0 POINTS (An additional 1-4 points may be awarded based upon the applicant's response to the question) Total Possible Score = 25; Minimum Score for Recommending Award = 17				
YES	NO	MINIMUM QUALIFICATIONS/EVALUATION		SCORE (0-5)
<input type="checkbox"/>	<input type="checkbox"/>	Did the applicant answer yes to Grant Application Questions 1-2, and 3, if applicable?		<i>Answer of "Yes" is required to move forward.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the applicant attach a written project scope that included: i. Proposed activities ii. Expenditure plan iii. Timeline/Schedule		<i>Answer of "Yes" is required to move forward.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the applicant explain how they will provide the 25% monetary or in-kind services match?		<i>Answer of "Yes" is required to move forward.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is the project located in Santa Clara County?		<i>Answer of "Yes" is required to move forward.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Does the project include educational and/or outreach opportunities related to the priority D3 goals?		
<input type="checkbox"/>	<input type="checkbox"/>	Does the project provide an opportunity for media coverage, and will media be invited?		
<input type="checkbox"/>	<input type="checkbox"/>	Will there be opportunities for Directors to participate in outreach and/or media events?		
<input type="checkbox"/>	<input type="checkbox"/>	Does the project have measurable outcomes?		
<input type="checkbox"/>	<input type="checkbox"/>	Is outcome measurement included as part of the project's proposed activities?		
TOTAL SCORE:				
Staff analysis comments:				

RECOMMENDED ACTION: ☐ APPROVE ☐ DENY

Submitted by:
Grants Program Staff

☐ APPROVED ☐ DENIED

Date: _____

Submitted by:
Grants Program Manager

Date: _____

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