

Midwest City Memorial Hospital Authority

100 North Midwest Boulevard,

 Midwest City, Oklahoma 73110

(405) 739-1201

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**Community Improvement Grant Program**

Fiscal Year 2019-20 SUBMISSION EVALUATION FORM

**Evaluation Procedure:** Please review the grant submission for each of the application criteria listed below and calculate a numeric rating. Maximum rating points are indicated for each criterion. A total of 100 being the best score possible for awarding grant funds.

**Grant Information:**

|  |  |
| --- | --- |
|  | PointsAssigned |
| A: |
| B: |
| C: |
| D: |
| E: |
| F: |
| **TOTAL POINTS ACCUMULATED**  |  |

A. **Quality of the Proposed Project (Max 10 Points)**

Is the description of the grant proposal and timeline reasonable, realistic and achievable?

B. **Demonstrated Need for Proposed Project (Max 10 Points)**

Has the statement of need been clearly stated with evidence to back it up, such as statistics, support letters or surveys?

C. **Appropriateness of Budget (Max 15 Points)**

Is there adequate budget to support the activity/project design? Is it cost effective? Are there other funding sources? Is there a detailed list of proposed expenditures?

D. **Management Capacity (Max 15 Points)**

Has the applicant demonstrated its ability to accomplish the proposed request? Does the applicant have the experience/partnerships to manage the grant funds and project properly? Is it clear who will be responsible for the oversight and financial management of the grant?

E. **Program Evaluation (Max 10 Points)**

Is the desired outcome clearly stated with methodology to measure success of the project?

F. **Overall Impact of the Midwest City Community (Max 40 Points)**

Does the project have an overall benefit and lasting impact on the Midwest City community?

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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