



## GRANT APPLICATION EVALUATION FORM

Note: the InMotion Network Participation Committee may use a number of criteria to make a decision upon a program grant application, including the criteria listed on page 2 of this Evaluation Form and other factors such as the number of participants, funding amount requested per participant, the number of previous programs hosted by the grant applicant, in-kind and other donations, and other program support.

**Event Name and Location:**

**Event Date:**

**Funding Amount Requested:**

**Number of Participants:**

**Funding Amount Requested per Participant:**

**Evaluated By:**

### **Applicant History**

History on prior applications, including: number of prior applications, dates of events, amount funded, number of participants stated in application and number of attending participants, and final report submission.

List details on prior applications

**Comments:**

### **In-kind donations and other monetary support**

List details, including estimated, monetary value

**Comments:**

The Participation Committee will rate each grant application using the following scale for each criterion listed below:

- 5 = Excellent
- 4 = Good
- 3 = Average
- 2 = Weak
- 1 = Poor

Criteria	Rating (1-5)	Comments/Questions
<b>In-kind donations and other monetary support.</b> Identifies sources of other monetary support or in-kind donations and/or a process for attaining such support or donations.		
<b>Volunteerism.</b> The number and extent of volunteer involvement.		
<b>Previous Programs.</b> The quality of any previously held programs.		
<b>Participation.</b> Stakeholders, partners, clients, beneficiaries, and funder representatives will participate in the planning, implementation and evaluation of the project.		
<b>Partnerships.</b> Identifies key partners in place and/or describes a process for partnering with local organizations and sponsors.		
<b>Barriers to participation.</b> Efforts to reach participants that have barriers to participation (such as income, culture, proximity to services, obesity, previous health concerns, people with a disability, etc.)		
<b>Innovation/Creativity/Uniqueness.</b> The proposed concept is innovative and not redundant with other projects currently being run by the applicant.		
<b>Host Organization.</b> The organization/individual submitting the application has one or more of the following attributes: related mission and goals, credibility for this type of work, a history or track record of related achievements, unique position, and/or letters of support.		
<b>Overall Value.</b> The overall value of the project (the relationship of benefits to costs) is high.		
<b>TOTAL SCORE</b>	/45	

**Additional Comments:**

Recommendation for Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_