

Grant Review Criteria Form

Please score each answer with one being the lowest and ten being the highest. Rank each project on its own merit. DO NOT RANK BASED ON COMPARISONS TO PROJECTS SPONSORED BY OTHER AGENCIES. You may increase or lower your individual score after the group discussion based on effective arguments presented by your peers.

Name of Project _____ Agency _____

1. ____ I understand and support the mission of this organization.

Comments:

2. ____ This project is needed in the community.

Comments:

3. ____ I understand this proposal and I think it will work.

Comments:

4. ____ This program will change the lives of those it serves.

Comments:

5. ____ The amount of funds requested in the budget seems reasonable and the organization is using the money wisely to accomplish its goals.

Comments:

6. ____ The program presented is creative.

Comments:

7. ____ The staff has a good plan and seems knowledgeable about this new project.

Comments:

8. ____ This project could be successful without full Youth Philanthropy funding.

Comments:

9. ____ This project is consistent with Jewish values because...

My Total Score

Total Score After Group Discussion

Comments: