APPLICATION REVIEW TEAM EVALUATION FORM – Health

2025-2028 GRANT APPLICATION

<u>EACH MEMBER</u> of the Application Review Team should complete a form based on application review.

Lead (Organization:						
Progra	am:						
Reviewer:		Date:					
APPL	ICATION PART 1 – General Infomation about Lead Organization The organizational chart clearly shows the board, management and program structure, and seems appropriate for managing the	Reference Application Section(s) & Attachment(s) Organizational Chart	O Not demonstrated	1 Poor	C Fair	B Good	A Excellent
	organization and its programs.	Attachment	-				
1-B	The agency's Board of Directors and/or Advisory Board represents a diversity of skills and knowledge appropriate for overseeing the organization (Ex. including experience in finance, leadership, program management and public relations).	Board of Directors Attachment	0	0	0	0	0
	Subtotal (add all poin	ts for this part)			1	8	
Comn	nents:						

APPL	ICATION PART 2 – Program Information	Reference Application Section(s) & Attachment(s)	0	1	2	3	4
2-A	The program addresses community needs and the goal of the UWGCV initiative.	Application Part 1 (Program Information) & Part 2 (Information)	0	0	0	0	0
2-B	The organization and program management is qualified to deliver this program.	Information	0	0	0	0	0
2-C	Staff and/or volunteers receive appropriate training and supervision.	Information	0	0	0	0	0
2-D	Program aligns with the target population and describes how the UWGCV funds will serve this population.	Target Population	0	0	0	0	0
2-E	The number of individuals served by the program is appropriate, based on the grant request.	Target Population & Funding	0	0	0	0	0
2-F	The program identified specific strategies to target the communities identified in the target population.	Target Population	0	0	0	0	0
2-G	The program has developed (max 2 points) or has implemented (max 4 points) practices and strategies to address diversity, equity, and inclusion.	Target Population	0	0	0	0	0
2-H	The proposed budget is appropriate for the type and quality of work described.	Funding & Budget Attachment	0	0	0	0	0

Health Application Review Team Evaluation Form – United Way of the Greater Chippewa Valley

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2-1	The program has a viable plan for self-sustainability after the grant period is over.	Funding	0	0	0	0	0	
2-J	Program uses research-based methods or best practices.	Goals and More	0	0	0	0	0	
2-K	The program's outcome indicators are realistic and achieveable within the timeframe specified.	Goals and More	0	0	0	0	0	
2-L	Outcomes are clearly defined by outcome indicators and outcome measurement (collection method & instrument).	Goals and More	0	0	0	0	0	
2-M	The strategies used align with UWGCV's health action plan and will meet the needs of the target population	Goals and More	0	0	0	0	0	
2-N	Outcome measurement results are (or will be) used to evaluate and improve the program.	Goals and More	0	0	0	0	0	
Subtotal (add all points for this part)				/ 56				
Comn	nents:							

APPL	ICATION PART 3 – Collaborative Partners	Reference Application Section(s) & Attachment(s)	0	1	2	3	4
3-A	The applicant demonstrates how the collaborating partner(s) are providing appropriate and needed resources to enhance the program.	Collaborative Partners	0	0	0	0	О
Subtotal (add all points for this part)			/ 4				
Comm	nents:						

TOTAL (All sections above; Parts 1-3)	/ 68
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Questions to be asked at the grant review panel presentation:

Strengths of the Program:

Opportunities of Improvement for the program:

End of Evaluation Form