

GRANT REVIEW PANEL EVALUATION FORM – Health Application

2025-2028 GRANT APPLICATION

EACH MEMBER of the Grant Review Panel should complete a form based on application review.

Lead Organization: _____

Program: _____

Reviewer: _____ Date: _____

	Not Demonstrated 0	Poor 1	Fair 2	Good 3	Excellent 4
1. Description: Provide a brief description of the program you are requesting funding for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

	0	1	2	3	4
2. Community Impact: Tell us how your program aligns with the health initiative and serves the ALICE population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

	0	1	2	3	4
3. Funding: How will funds support your program and why are United Way funds right for your program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

	0	1	2	3	4
4. Collaboration: How is collaboration essential to your program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

5. Individualized Question(s): Per Initiative/ Per Program*
Comments:

6. Is there anything else you would like to share?
Comments:

	Not Demonstrated 0	Poor 1	Fair 2	Good 3	Excellent 4
7. The applicant demonstrated the ability to answer questions and to adequately implement the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

TOTAL	
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Strengths:

Weaknesses:
