

**MetroWest Health Foundation
Proposal Evaluation Form**

Applicant: _____ **Control #** _____

Title: _____ **Reviewer's Name:** _____

AREA	Poor	Below Average	Average	Above Average	Excellent
Clear and significant need:	1	2	3	4	5
Well designed project:	1	2	3	4	5
Appropriate budget:	1	2	3	4	5
Organizational capacity:	1	2	3	4	5
Plan to address health disparities:	1	2	3	4	5
Realistic goals & outcomes:	1	2	3	4	5
Evaluation method & process:	1	2	3	4	5
Collaboration/community support:	1	2	3	4	5
Sustainability plan:	1	2	3	4	5

TOTAL SCORE: _____ (Note: In general, a score of 26 or less would not qualify for funding.)

1. Please describe the essence of the proposal, including the unmet need this proposal will address and, if applicable, how this will improve the capacity of the applicant organization to provide health services:

2. What are the strongest arguments in favor of funding this proposal?

3. What are the strongest arguments against funding this proposal?

4. What are your unanswered questions about this proposal?

RECOMMENDATION:

- _____ Fund as presented.
- _____ Fund with technical or budget modification. Specify: _____
- _____ Reject with suggestions for improvement for the next round of funding. _____
- _____ Reject.

USE REVERSE FOR ADDITIONAL COMMENTS