

CT Office of Rural Health Grant Application Review Criteria Worksheet

Reviewer: _____

Applicant: _____

Face Sheet Completed: [] yes [] no Postmarked by Deadline: [] yes [] no

Original & 4 copies of grant application received [] yes [] no

Please place a check in the appropriate **Yes** or **No** column to indicate whether or not an item has been included. Also give each section numerical score not to exceed the total point value designated for the section.

Criteria:

I. Introduction: 10 Points	Yes	No	Comments
1. Clearly establishes who is submitting application			
2. Describes applicant agency mission and scope			
3. Describes applicant's previous experience working with rural constituent groups			

Score _____

II. Description of Initiative: 35 Points	Yes	No	Comments
1. Clearly defines need			
2. Clearly describes scope and goals of initiative			
3. Identifies partnerships and the roles each will have for the proposed project			
4. Shows qualifications and successful experience working in healthcare environment			

Score _____

III. Methodology: 35 Points	Yes	No	Comments
1. Provides clear objectives with measurable outcomes			
2. Clearly describes actions to meet project objectives and goals			
3. Provides clear timeline for initiative			
4. Describes staffing of project			
5. Describes evaluative process and reporting mechanism			

Score _____

IV. Budget: 20 Points	Yes	No	Comments
1. Budget form is clearly completed			
2. Budget justification explains each budget category			
3. Budget contains no unexplained amounts			
4. Funding request appears reasonable for described initiative			

Score _____

Section I Score _____

Section II Score _____

Section III Score _____

Section IV Score _____

Total Score _____