

Community Enhancement Grant Evaluation Form

Applicant: _____

Project Title: _____

Committee Comments:	Score:
1. Does the project benefit the Gresham community or its residents?	1 2 3 4 5
2. Does the applicant demonstrate the ability to carry out the project (timeframe, experience with similar projects, etc.)?	1 2 3 4 5
3. Does the project budget demonstrate a realistic understanding of necessary expenses?	1 2 3 4 5
4. Does the project demonstrate additional support from sources other than grant funds?	1 2 3 4 5
5. Does the project meet the current needs of the community?	1 2 3 4 5

Total score: _____