**CCCHS Robert T. Ott Seed Grant Checklist 2020**

**Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(To be Completed by Seed Grant Committee)**

**Applicant being reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criteria:**

**(No’s may disqualify applicant)**

|  |  |  |
| --- | --- | --- |
|  |  **YES** |  **NO** |
| * Received by midnight, September 30, 2020
 |  |  |
| * CCCHS Member in Good Standing or Sponsored Letter
 |  |  |
| * Description of the program, activity, or initiative
 |  |  |
| * Description of the community need and how this need will be met
 |  |  |
| * Is this a direct service?
 |  |  |
| * A projected time frame for start-up and completion
 |  |  |
| * A projected budget for the proposed project
* If the money being requested is only a portion of the funds needed for this project, described how the remaining funds will be obtained
 |  |  |
| * Annual Budget information
 |  |  |
| * Certification of not-for-profit status or tax-exempt number
 |  |  |

Estimation of the number of people to be served. (write number) \_\_\_\_\_\_\_\_\_\_\_

Is this start-up funding, expansion funding, or one-year project funding? (circle answer)

**Quality Points:**

What is your rating of the overall concept of this application (1-10) \_\_\_\_\_\_\_\_\_\_\_ (write #)

(1= least effective to 10=most effective)