Evaluation

Fields with an asterisk (*) are required.

Question Group

Project Name

- Need*
  Project meets essential community need

- Project Plan*
  Clear, reasonable steps connected to meeting need

- Proposed Results*
  Impact on selected strategy

- Capacity*
  Ability of this organization to carry out this plan

- Equity*
  Approach is informed by diversity, equity and inclusion.
**Budget**
Clear, reasonable and matched to community need and project plan

**Overall**
Project value and fit with Early Childhood Fund

**Reviewer Comments**

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**Questions for applicant**

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