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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**Do you recommend funding this project?**
Select yes even if you would recommend partial funding.
- Yes
- No