

## **Committee Scoring Sheet for Grant Applications**

Thank you for your time and thoughtful consideration! Based on the information submitted by the applicant, your valued input will assist in determining how best to support our communities in the categories of Community Assistance/Low Income, Education, and Environment. You'll note that the areas to be scored coincide directly with the application form. Rating scale is lowest to highest, with a higher score indicating the applicant's answers better meet the criteria.

Committee Me Name of Organ County/Service Project Name: Category of Re	nization: e Area		
	Education	Environment/Sustainability	Community Assistance/Low Income
Grant Request		,	, ,
SCORE:	_		
Grant Amount	Recommended	d:	
/10	Overall Mission and Impact of Organization		
/15	Specify the need, issue and/or opportunity in your community that the project will address		
/20	How TEP/UES funds will be used and their anticipated impact		
/10	Partnerships/collaborations with other entities, including volunteers, other funds and in-kind sources		
/10 this pr	Identify major steps and timelines and objectives intended to achieve through roject		
/5	Monitoring and evaluation of the outcomes of the project (Note-TEP/UES will require an impact update 6 months after funds are received)		
/5	Financial Standing		
/75	TOTAL POINTS		
Comments:			