

Seed Grant Scoring Sheet	Applicant Name, Facility
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	1	2	3	4	5	
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Applicant Qualifications								
Applicant works in/for a rural healthcare facility	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Yes</i>	0
Project aligns with the mission of CRHC	<i>Strongly Disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
Applicant demonstrates how project success will be measured and evaluated	<i>Strongly Disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
<u>Comments:</u>								

Project Need and Impact								
Applicant provides detailed information on project scope, goals, and time frame.	<i>Strongly Disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
There is convincing evidence of need, supported by details about the organization and/or community.	<i>No Evidence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strong Evidence</i>	0
Applicant demonstrates the impact this project will have on the community, including short term and long term effects.	<i>No Evidence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
<u>Comments:</u>								

Cost Effective Project Budget								
Applicant clear details and notes on project budget	<i>Strongly Disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
Applicant clearly spell out steps taken to secure a match and what the plan is should the funds not be awarded	<i>Strongly Disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Agree</i>	0
Applicant explains how the organization can sustain funding after the grant period has expired (if programmatic)	<i>No Evidence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strong Evidence</i>	0
<u>Comments:</u>								

	Averages	Weight	End Category	Final Score
Applicant Qualifications	0	2	0	0
Project Need and Impact	0	4	0	
Cost Effective Project Budget	0	4	0	

50 points max