Program: Agency:

Application Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

Thoroughly review the application. Indicate your rating based on the application and investment meeting. Add notes as needed. The committee scores on a zero, half or full point system, which means a program can earn zero points, half the points or full points for each line item.

**Program Description and Needs**

|  |  |  |
| --- | --- | --- |
| Application has selected the correct United Way impact area. | 4 |  |
| Application identifies the targeted population. | 4 |  |
| Application has identified community trends that support funding the program. | 8 |  |
| Section Total | 16 |  |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Results**

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| --- | --- | --- |
| Application explains desired outcomes and how those outcomes are measured. | 8 |  |
| The application identifies an estimated number of unduplicated individuals served with United Way funding. | 4 |  |
| Application includes the number of unduplicated individuals served in the last 12 months. | 4 |  |
| Application estimates number of individuals not served due to limited resources. | 4 |  |
| Section Total | 20 |  |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding**

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| --- | --- | --- |
| Application provides an accurate program budget with sourced costs for providing services. | 16 |  |
| Application lists individual expense line items and shows how they were calculated. | 10 |  |
| Full Agency annual budget is shared in application. | 4 |  |
| Section Total | 30 |  |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Sustainability**

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| --- | --- | --- |
| Application list other current funding sources and amounts for the program. | 4 |  |
| There is evidence of collaborative partnerships with other community entities. | 4 |  |
| The program does not unnecessarily duplicate another service offered in the proposed service area. Program shows how it is different or collaborating with other similar programs. | 4 |  |
| Section Total | 12 |  |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UWMPM Partnership Experience**

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| --- | --- | --- |
| Application has illustrated how agency has complied with funding agreement, including timely submission of documentation and status reports. | 4 |  |
| Application illustrates past partnership effort, including participation in annual UWMPM campaign, support of events and media co-branding. | 4 |  |
| Section Total | 8 |  |

|  |  |
| --- | --- |
| Total Score | / 86 |

|  |  |
| --- | --- |
| New Partner Total Score | / 74 |