



# Reviewer Proposal Evaluation

Applicant # \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Proposed Service: \_\_\_\_\_  
(as it relates to the RFP Request)

Date of Review: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Directions:** Each application is rated by a reviewer. The ratings range from a score of 0-10 (depending on the maximum available points per question). "0" being the minimum and "5" or "10" being the maximum.

**Maximum      Actual**

- |    |  |           |       |
|----|--|-----------|-------|
| 1. | How well would the grant help assure the continued existence of accessible, affordable health care facilities in the District and the community that are responsive to the needs of the community? _____<br>_____<br>_____     | <b>5</b>  | _____ |
| 2. | Is the grant accompanied by safeguards designed to assure the community continued access to affordable care? _____<br>_____<br>_____   | <b>5</b>  | _____ |
| 3. | Does the grant support the provision of health care to the disadvantaged, the uninsured, and/or the underinsured? _____<br>_____   | <b>5</b>  | _____ |
| 4. | Does the grant support the provision of benefits to the affected community to promote improved health care? _____<br>_____<br>_____  | <b>10</b> | _____ |
| 5. | Does the grant provide support for medical education and teaching programs or medical research programs? _____<br>_____<br>_____   | <b>5</b>  | _____ |
| 6. | Level of clarity, concreteness, and definiteness of the program or project to be supported by the grant, including its specific goals, activities, time-lines, budget, and means of measuring success? _____<br>_____<br>_____ | <b>10</b> | _____ |
| 7. | Level of impact that the program or project is likely to have on the community, including any long-term benefits? _____<br>_____<br>_____  | <b>10</b> | _____ |
| 8. | Level of expected cost of the program or project, the financial needs of the applicant, and the amount of the grant requested. (The lower the cost/needs/amount of grant requested, the better.) _____<br>_____                | <b>5</b>  | _____ |
| 9. | Apparent feasibility and likelihood of success of the program or project. _____<br>_____   | <b>5</b>  | _____ |

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|-----|--|----|-------|
| 10. | Does the applicant operate under sound financial principles? _____<br>_____<br>_____   | 5  | _____ |
| 11. | Past performance of the applicant. _____<br>_____<br>_____   | 10 | _____ |
| 12. | The qualifications and credentials of the applicant's staff who will oversee and carry out the project. _____<br>_____<br>_____  | 5  | _____ |
| 13. | The recommendations of references supplied by the applicant. _____<br>_____  | 5  | _____ |
| 14. | Does the program or project promote cooperation with other organizations and integrate, rather than duplicate, existing community resources and services? _____<br>_____<br>_____  | 5  | _____ |
| 15. | Whether and to what extent other organizations are funding part of the program or project, have made a challenge grant, or will make a matching grant, or the applicant otherwise is able to obtain other funding. _____<br>_____<br>_____ | 5  | _____ |
| 16. | Does the applicant have a plan for future ongoing financial support for the program or project from sources other than the Foundation? _____<br>_____<br>_____   | 5  | _____ |

**(Maximum Possible Score = 100)**

**Actual Total Score** \_\_\_\_\_

How well does this project address needs identified in documents found on the Living Well Foundation website?

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**REVIEWER'S COMMENTS:**

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