**CCCHS Robert T. Ott Seed Grant Checklist 2024**

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

 **(To be Completed by Seed Grant Committee)**

**Applicant being reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criteria:**

**(No’s may disqualify applicant)**

|  |  |  |
| --- | --- | --- |
|  |  YES |  NO |
| * Applicant is a CCCHS Member in good standing (holds a current 2024 membership) or has provided a sponsor letter
 |  |  |
| **Narrative:**  |  |  |
| * Description of the program, activity, or initiative
 |  |  |
| * Description of the community need and how this need will be met
 |  |  |
| * A projected time frame for start-up and completion
 |  |  |
| * Will funds, programming, or services provide **direct service** or have **community impact**?
 |  |  |

Estimation of the number of people to be served. (write number) \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Budget & Finance Information:**  | YES | NO |
| * A projected budget for the proposed project
* If the money being requested is only a portion of the funds

 needed for this project, described how the remaining funds will be obtained |   |  |
| * Annual Budget information for organization (Audit information is not necessary)
 |  |  |
| * Certification of not-for-profit status or tax-exempt number
 |  |  |

Is this start-up funding, expansion funding, or one-year project funding? (circle answer)

**Quality Points:**

What is your rating of the overall concept of this application (1-10) \_\_\_\_\_\_\_\_\_\_\_ (write #)

(1= least effective to 10=most effective)