

2024 OKOTOKS FCSS PROGRAM FUNDING APPLICATION REVIEW GUIDE

Name of Program: \_\_\_\_\_

Criteria	Rating			
1. Does this application address a community need that is clearly identified?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
2. Does this applicant provide a unique service in our community?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
3. Did the application and presentation identify how their expected outcomes fit with the FCSS mandate of prevention?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
4. Has this applicant shown how they will achieve their expected outcomes?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
5. Has the applicant shown how they will measure success?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
6. How significant is the role of volunteers in this organization?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
7. Are there other sources of funding available to this organization?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
8. Is there potential for this agency to partner or work more collaboratively to reduce overlap or duplication?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
9. What is the “reach” or value and impact of this program? (written response)				
NOTES:				

ADDITIONAL NOTES/QUESTIONS:
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