

Organization: _____

The Hive Women's Giving Circle's Video Application Grant Rating Sheet

**Total
Scores**

1. Do you think this organization can complete the project with the requested amount and/or be able to acquire the funds needed from additional sources?	1 No Least	2	3	4	5 Yes Most	
2. Does the project reach a segment of the community whose needs are not being met?	1 No Least	2	3	4	5 Yes Most	
3. Will this project help make the organization more effective, efficient and/or self-sustaining?	1 No Least	2	3	4	5 Yes Most	
4. Does this organization have the viability to complete the objectives of this project?	1 No Least	2	3	4	5 Yes Most	
5. Does this organization have a history of accomplishing its past goals?	1 No Least	2	3	4	5 Yes Most	
6. Is this project feasible? Can it be completed?	1 No Least	2	3	4	5 Yes Most	
7. Should this project be done? Does it meet an important need?	1 No Least	2	3	4	5 Yes Most	
8. Does this project align with the mission of the applying organization?	1 No Least	2	3	4	5 Yes Most	
9. Red Flags? Overall, how comfortable are you with this project?	1 No Least	2	3	4	5 Yes Most	
10. The video was engaging and informative.	1 No Least	2	3	4	5 Yes Most	
TOTAL SCORE						