Name of Initiative/Activity:_____ Proposal Submitted by:_____

Instructions:
Read the Solicitation of Proposals (SOP) carefully. For each item below, mark an "X" in the column that best matches your answer using this scale:

0 – No **1 – Somewhat** **2 – Yes**

Add up the scores for each section and record the total in the "Section Total" blank. Then, add each section total to get the "Overall Score" on Page 4. On Page 4, indicate your recommendation regarding approval and include any comments or concerns about the proposal.

	Application Elements	**0**	**1**	**2**
1.	Are all parts of the application included? (cover sheet, project summary, work plan, statement of need, goals, outcomes, action plan, timeline, evaluation plan, budget form, and letters of support)			
Comments:				

Section Total:_____

	Project Summary	0	1	2
1.	Are the goals and objectives realistic and likely to achieve the project's target outcomes?			
2.	Are the activities clear and specific? Are the timelines reasonable?			
3.	Does the applicant show they understand and are committed to fully including people with disabilities, including those with intense support needs?			
4.	Does the summary include a plan for what happens after the project ends?			
Comments:				

Section Total:_____

	Applicant's Qualifications	0	1	2
1.	Does the applicant have successful experience with similar projects?			
2.	Can the applicant work well with other groups and agencies?			
3.	Does the applicant have a plan to involve people with disabilities and their families in the project?			
4.	Can the applicant handle the contract dollars responsibly?			
Comments:				

Section Total:_____

	Statement of Need	0	1	2
1.	Does the applicant clearly explain why this project is needed?			
2.	Does the project help people with disabilities become more independent and included in the community?			
3.	Is the target group clearly identified, and does the proposal explain why they were chosen?			
4.	Does the applicant explain how many people will benefit and how they will be reached?			
Comments:				

Section Total:_____

	Goals/Objectives	0	1	2
1.	Do the goals and objectives match the expected project outcomes?			
2.	Do the goals match the needs and outcomes of the project?			
3.	Is there a plan for what happens after the project ends or how the project could be repeated by others?			
Comments:				

Section Total:_____

	Outcomes	0	1	2
1.	Do the outcomes match the project's goals?			
2.	Are the outcomes clear and easy to measure?			
3.	Will the outcomes make a positive impact on the target group?			
Comments:				

Section Total:_____

	Action Plan	0	1	2
1.	Does the action plan show how the goals, objectives, and outcomes connect?			
2.	Is the timeline realistic and well-planned?			
3.	Does the action plan explain who will do each task and how it will be done?			
Comments:				

Section Total:_____

	Evaluation Strategies	0	1	2
1.	Does the evaluation plan explain what data will be collected and when?			
2.	Does the evaluation plan explain how the data will show whether the project met its goals?			
3.	Does the plan include ways to handle problems or risks that might come up?			
Comments:				

Section Total:_____

Overall Score:_____/50