**Section 630.APPENDIX A MCH Grant Proposal Review Form**

MCH Grant Proposal Review Form

Division of Family Health

New Applicant

|  |  |
| --- | --- |
| Grant Title: |  |
| Proposal Submitted by: |  |
|  | (Agency Name) |
| Rating: In each of the following categories please rate the proposal according to the information provided in the written submission, with five being high and one being low; circle the desired rating. |
| Category |  | Rating |
| I. | Merit of this proposal in addressing the purpose and criteria for the grant (refer to scope and standard of services in the Rules and Regulations). |  | 1 | 2 | 3 | 4 | 5 |
|  | a. | Narratives |
|  | b. | Objectives |
|  | c. | Resources/Program Operation |
|  | d. | Comprehensiveness |
|  | e. | Target Group/Eligibility |
|  | f. | Budget (general review only) |
| II. | Ability of the agency to provide services at a comprehensive single site or adequately coordinate these services with other community agencies. This should include staff capabilities (or capabilities to hire appropriate staff), physical facilities and fiscal management capabilities. |  | 1 | 2 | 3 | 4 | 5 |
| III. | Level of community support for project and maximum use of other funding sources. |  | 1 | 2 | 3 | 4 | 5 |
| IV. | General Comments: |
|  | a. |  |
|  |  |
|  | b. | Overall score of this application |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | – 2 – |  |
|  |
| V. | Conditions of Award if Funded: |
|  |
|  |
|  | Signed: |
|  | Dated: |
|  |
| MCH Grant Proposal Review FormDivision of Family HealthContinuation Application |
| Grant Title:  |  |
| Proposal Submitted by: |  |
|  | (Agency Name) |  |
| Amount of Assistance Requested in this Application: |
| Current Fiscal Year Funding Level: |
| Ratings: In each of the following categories please rate the proposal according to the information provided in the written submission in the performance report with five being high and one being low; circle the desired rating. |
| Category |  | Rating |
| I. | Previous performance based on materials provided by program administrator (site review and summary of previous statistics and fiscal data). |  | 1 | 2 | 3 | 4 | 5 |
| II. | Merit of this proposal in addressing the purpose and criteria for the grant (Scope and standard of services described in the Rules and Regulations). |  | 1 | 2 | 3 | 4 | 5 |
| III. | Reevaluation of need for services within the area of service (refer to Rules and Regulations). |  | 1 | 2 | 3 | 4 | 5 |
|  |
| General Comments: |
| I. | Are there particular strengths or weaknesses in the proposal?Please elaborate: |
|  |
|  |
|  |
| II. | Does this proposed budget need revision or further explanations?Please elaborate: |
|  |
|  |
|  |
| Summary: |
| I. | Overall rank of of continuation grants in this category reviewed by this reviewer. |
| II. | Overall score for this continuation application |
| III. | Stipulations (if any): |
| IV. | Recommended grant award of $ . |
|  |  |  | Signed: |
|  |  |  | Date: |

(Source: Added at 14 Ill. Reg. 11219, effective July 1, 1990)