**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 | | | | | | | | | | |

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| V. | Conditions of Award if Funded: | | | | | | | | | | | | |
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|  | | | | | | | | | | | Signed: | | |
|  | | | | | | | | | | | Dated: | | |
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| MCH Grant Proposal Review Form  Division of Family Health  Continuation 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: | | | | | | | | | | | | |
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|  |
| II. | Does this proposed budget need revision or further explanations?  Please elaborate: | | | | | | | | | | | | |
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|  |
| 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)