

**Foreshore Trust Small Grants Programme
Application Assessment Form
Round 5 2015-16**

Project Number & Name			
Organisation			
Amount Requested			
Assessor Name		Assessment Date	

Rating Scale: S = Satisfactory I=Incomplete U = Unsatisfactory

Form to be completed by the assessor for each application under consideration. Please identify any weaknesses, strengths and queries etc

Criteria	Rating			Comments (Weaknesses, strengths, queries etc)
	S	I	U	
Project Idea Aim of project, activity or event and fit with programme priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Delivery Organisation capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Costs Budget profile, explanation and value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difference made Identification of beneficiaries, why the project is needed, project promotion, targeting and access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Evaluation Monitoring arrangements, capturing and providing feedback on success or failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall / other comments				

	Recommended for funding
	Not recommended for funding
	Undecided

Date of assessment: