**Activity Title: Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

D. Proposal Review – for Reference

1. **ACTIVITY REVIEW**

|  |  |  |
| --- | --- | --- |
| *After reviewing the proposal, please score each of the following statements:* | **Maximum Score Possible** (40 Points Max) | **Points Awarded** |
| The activity aligns with the strategic direction of the Alliance for Children. | 0-10 points |  |
| The activity is designed to address the proposed statement of need. | 0-10 points |  |
| The activity is an effective use of Alliance for Children funding. | 0-10 points |  |
| The activity has made (could make) a lasting impact on the community. | 0-10 points |  |
|  | **Total points:** |  |

1. **FUNDING CONSIDERATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NO** | **Not Sure** | **YES** |
| Should Alliance for Children fund this program? |  |  |  |

|  |  |
| --- | --- |
| *If YES - Review the three options below and pick the* best *financial choice below:* | |
| Continue to fund this program as **currently** operating (at the same level as) in FY18-19? |  |
| Fund this program as **requested** in the proposal? (most have increased their amount) |  |
| Continue to fund, but with some important program (design or implementation) changes?  (Include your recommended changes below.) |  |

**C. PROGRAM CONSIDERATIONS**

|  |  |
| --- | --- |
|  | **Notes & Other Comments** |
| What improvements or changes in program design do you think should be considered? |  | |
| OVERALL RANKING: Prioritize this program compared to the other programs in your review binder. (1 –highest priority 4 – lowest priority. *Use each number only once*) |  | |