

APPENDIX C: FUNDING EVALUATION FORM

Applicants do not need to fill out this form. This will be filled out by Council as they review each application.

Name of Organization:			
Type of Organization:	Charitable <input type="checkbox"/>	Proof of charitable status <input type="checkbox"/> CRA Charitable Status # <input type="checkbox"/> T3010 Registered Charity Return <input type="checkbox"/>	
	Non-Profit <input type="checkbox"/>	Proof of NPO status <input type="checkbox"/> Business Number <input type="checkbox"/> T1044 NPO Information Tax Return <input type="checkbox"/>	
	Other <input type="checkbox"/>	Business Number <input type="checkbox"/> Joint Stocks <input type="checkbox"/>	
Type of Grant:	Community Benefit <input type="checkbox"/>	Active Living <input type="checkbox"/>	Heritage and Art <input type="checkbox"/>
	Date of last grant from Town of Kentville:		
	Final Report Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Application	The following documentation is mandatory:		
	Application Date:		
	Completed application form <input type="checkbox"/>		
	Proposed budget <input type="checkbox"/>		
	Previous year's financial statements if applicable. <input type="checkbox"/>		
	Confirmation of partner funding and (if applicable). <input type="checkbox"/>		
	List of other revenue sources <input type="checkbox"/>		
	Amount requested		
	Percentage of Budget	< 50% <input type="checkbox"/> > 50% <input type="checkbox"/>	
Evaluation Score Card			
1. Program/Service Obligation			3 <input type="checkbox"/>
Core – service the Town would otherwise provide			2 <input type="checkbox"/>
Important – service the Town might otherwise provide			1 <input type="checkbox"/>
Discretionary – service the Town does not normally provide			0 <input type="checkbox"/>
No Mandate – not enabled by legislation, should not do or not now			
2. Council Strategic Plan			3 <input type="checkbox"/>
Vital – fundamental to Council's Strategic Plan			2 <input type="checkbox"/>
Notable – solid fit within Council's Strategic Plan			1 <input type="checkbox"/>
Non-Critical – some relevance to Council's Strategic Plan, not strategic			
3. Public Need			3 <input type="checkbox"/>
Community at Large – general need, broad-based			2 <input type="checkbox"/>
Multiple Interests – some need, a number of areas/communities			1 <input type="checkbox"/>
Vested Interest – special interest group(s), localized			
4. Public Benefit			3 <input type="checkbox"/>
Public Interest – all residents derive benefit			2 <input type="checkbox"/>
Mixed Interest – some residents derive benefit			1 <input type="checkbox"/>
Private Interest – specific residents benefit			

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5. Recreational		3 <input type="checkbox"/>
High – the core purpose is developing social, active, and healthy lifestyles		2 <input type="checkbox"/>
Moderate – components improve social, active, and healthy lifestyles		1 <input type="checkbox"/>
Low – limited opportunity to improve social, active, and healthy lifestyles		
6. Human Development and Inclusion – Volunteer		3 <input type="checkbox"/>
High – equality of access and opportunity (demographic, geographic)		2 <input type="checkbox"/>
Moderate – range of demographic groups and/or development potential		1 <input type="checkbox"/>
Low – limited opportunity, access or development potential		
7. Human Development and Inclusion – Participant		3 <input type="checkbox"/>
High – equality of access and opportunity (demographic, geographic)		2 <input type="checkbox"/>
Moderate – range of demographic groups and/or development potential		1 <input type="checkbox"/>
Low – limited opportunity, access or development potential		
8. Quality of Life		3 <input type="checkbox"/>
Livable Community – important to livable/sustainable community		2 <input type="checkbox"/>
Community Image – enhances image or public perception		1 <input type="checkbox"/>
Community Pride – instills pride, sense of community		
9. Alternate Service Providers		3 <input type="checkbox"/>
Limited – no other potential providers		2 <input type="checkbox"/>
Some – some potential alternate providers		1 <input type="checkbox"/>
Many – many potential or existing alternate providers		
10. Financial Need		1 <input type="checkbox"/>
High – financial statements and/or budget demonstrate significant need		0 <input type="checkbox"/>
Low – financial statements and/or budget demonstrate limited need		
11. Participation Levels		1 <input type="checkbox"/>
Under 100		2 <input type="checkbox"/>
100-200		3 <input type="checkbox"/>
200-500		4 <input type="checkbox"/>
500-1000		5 <input type="checkbox"/>
Over 1000		
12. Accountability		1 <input type="checkbox"/>
Yes – annual report and/or financial statements of previous year received		0 <input type="checkbox"/>
No (or New Org.) – no annual report and/or financial statements received		
Total Score	If score is above 24; applications should be considered for funding	
	If score is below 23; applicant shall not receive funding	34

Date of Evaluation:		Based on Score:	Based on Budget:
		Funding Not Recommended <input type="checkbox"/>	Funding Approved <input type="checkbox"/>
		Funding Recommended <input type="checkbox"/>	Funding Not Approved <input type="checkbox"/>
Name and Signature of Evaluator:			