

Budget Year: _____

Committee Member _____ Date _____

Community Support evaluation
Human Resource Coalition

Name of organization	
Amount allocated prior year	\$
Amount requested current year	\$
Amount recommended current year	\$

How would you describe the proposed use of the funds: Check one:

- ☐ Operational Funds
- ☐ Program

Criterion	Score 0-5 (0=lowest)	Comment
Activity/program reduces City service requirement or aligns with the City's mission/vision/values.		
Ability to demonstrate benefit according to the Routt County Health and Human Service Plan.		
There is evidence of meaningful collaboration with other service organizations.		
The organization has a stable operation in terms of staff and leaders.		
Organization indicates there is strength/diversity among their other funding sources.		
The organization's overall financial health is good.		
TOTAL SCORE		

Additional Comments: