## **MSTU Special Projects Funding Evaluation Review Form**

Evaluation Review Form (Completed by Selection Committee members)				
Rate each item with a check mark indicates the project meets the criteria.				
Organization Name: Suncoast Animal League, Inc.				
Reviewer Name: Nancy McKibben Program Name: Suncoast Animal League Equipment for Spay & Neuter Clinic				
PROJECT NARRATIVE				
Organizational Profile  1) Organization demonstrates capacity to effectively undertake the proposed project  2) Proposed project supports the organization's mission			Yes Yes	
Organizational Profile Subtotal				
Problem and needs are described and well assessed     Application demonstrates that the project addressed the community	es an under-served i			Yes Yes
Community Need Subtotal				
<ol> <li>Project Summary</li> <li>Proposed project is fully described and understand</li> <li>Project addresses gaps or needs in the community</li> <li>Applicant proposes to leverage other funding source desired outcome</li> </ol>		chieve		Yes Yes Yes
Project Summary Subtotal				
<ul><li>Project Outcomes</li><li>1) Goals and activities are detailed</li><li>2) Timeline is defined and achievable</li></ul>				Yes Yes
Project Outcomes Subtotal				
<ol> <li>Alignment with Strategic Plan</li> <li>Project aligns with Delivering First Class Service</li> <li>Project aligns with Promoting Public Health and Safet</li> <li>Project aligns with Practicing Superior Environmental</li> <li>Project aligns with Fostering Continual Economic Grows</li> <li>Project aligns with Maintaining Social, Economic, Cult</li> </ol>	Stewardship wth & Vitality			Yes Yes Yes yes yes
Project Alignment Subtotal				
Budget  1) Funding request is reasonable for type and level of project  2) Application demonstrates the ability to successfully execute project through defined budget			Yes Yes	
	<b>TOTAL</b> 5-1		dget Subtotal	
14	TOTAL CRI	TERIA IT	EMS MET:	
Reviewer Signature: Date: August 18, 2022				022