

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: FEAST, Inc.

Reviewer Name: Nancy McKibben

Program Name: FEAST, Inc. Walk-In Cooler/
Freezer Project

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

Community Need

- 1) Problem and needs are described and well assessed
- 2) Application demonstrates that the project addresses an under-served need in the community

Yes

Yes

Community Need Subtotal

Project Summary

- 1) Proposed project is fully described and understandable
- 2) Project addresses gaps or needs in the community
- 3) Applicant proposes to leverage other funding sources, if available, to achieve desired outcome

Yes

Yes

Yes

Project Summary Subtotal

Project Outcomes

- 1) Goals and activities are detailed
- 2) Timeline is defined and achievable

Yes

Yes

Project Outcomes Subtotal

Alignment with Strategic Plan

- 1) Project aligns with Delivering First Class Service
- 2) Project aligns with Promoting Public Health and Safety
- 3) Project aligns with Practicing Superior Environmental Stewardship
- 4) Project aligns with Fostering Continual Economic Growth & Vitality
- 5) Project aligns with Maintaining Social, Economic, Cultural Equitability

Yes

Yes

na

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

Budget Subtotal

TOTAL CRITERIA ITEMS MET:

Reviewer Signature: 

Date: June 21, 2022