## **One Good Community Wellbeing Grant Evaluation Sheet**

## **(REVISED February 2020)**

DOC/19/XXXX

|  |  |
| --- | --- |
| Application Unique Identifier: |  |
| Project Title: |  |
| Applicant/organisation: |  |
| Date application received: |  |
| Evaluator 1 name & position: |  |
| Evaluator 2 name & position: |  |
| CAC member name (if appropriate): |  |
| **Due date of this evaluation** (must notify applicant of outcome within 3 weeks of receipt of application) |  |

**Section 1:**

*PREREQUISISTES* **Eligibility Criteria**

|  |  |
| --- | --- |
| The applicant has an Australian Business Number (ABN); |  [ ]  YES [ ]  NO  |
| The applicant resides in the Gippsland region and has a focus on providing services to people in drought and/or bushfire affected communities in Gippsland as justified by supporting evidence of need | [ ]  YES [ ]  NO  |
| Declaration of Conflict of Interest | The applicant has [ ]  declared that there is no conflict of interest[ ] declared a perceived or actual conflict of interest. *Please describe how will this be managed* |
| The applicant meets the criteria as outlined in the next section.  |  [ ]  YES [ ]  NO  |

# **Applicant attached the following requisites:**

# [ ]  YES [ ]  NO Up to $1,500 – requires a brief of up to 250 words and budget.

# [ ]  YES [ ]  NO $1,501 to $10,000 – requires a brief of up to 500 words, budget, any quotes, a letter of support from a representative of the community who will benefit

# [ ]  YES [ ]  NO $10,001 to $30,000 – requires a brief of up to 750 words, a detailed budget, at least two quotes (if relevant) and two letters of support from representatives of the community who will benefit

Region that project will be delivered in:

Post code of Applicant: [ ]  Bushfire affected [ ]  Drought affected

Value of Application: $

Funding Stream: [ ]  Supporting Communities in Recovery (Bushfire – Upto $10,000)

 [ ]  Empowering Our Communities (Drought Upto $30,000)

Letters of Support Provided: (from who)

Budget provided:

Quotes provided:

Partner Organisations:

Start date of proposed activity:

**Brief overview of Proposal:** *insert details*

# **Section 2:**

EVALUATION

|  |  |
| --- | --- |
| **Does the provider meet the eligibility requirements?** |  **Y/N** |

# Evaluation Criteria

# Evaluation criteria are scored using the following scoring guide:

|  |  |
| --- | --- |
| Scoring Guide | Score |
| Exceeds all requirements | 10 |
| Meets all requirements and exceeds some | 9 |
| Satisfies all requirements | 7-8 |
| Meets some requirements only | 5-6 |
| Does not meet requirements | 1-4 |

# The evaluation criteria and weightings are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Criterion | Raw Score /10 | Weight | Weighted Score |
| Is the proposed activity evidence-based or evidence-informed and likely to deliver wellbeing benefits to individuals or communities? | /10 | 20% | /2 |
| Will the proposalpromote resilience and reduce stigma associated with mental illness and suicide prevention? ORstrengthen social connections, community healing and recovery | /10 | 20% | /2 |
| Is the proposed activity community driven and likely to be well- supported? | /10 | 20% | /2 |
| Will the proposed activity provide the community with education on topics such as managing stress, anxiety, depression, stigma, healing and recovery? | /10 | 20% | /2 |
| Will the grant provide sustainable resources to the community? | /10 | 10% | /1 |
| Does the proposal demonstrate principles of collaboration with key community representatives plus key stakeholder involvement and endorsement? | /10 | 10% | /1 |
| FINAL SCORE |  |  | /10 |

Evaluator 1 Comments:

**This application does / does not** *(delete as necessary)* **duplicate a grant proposal that has been earlier approved.**

Evaluator 2 comments:

Community Advisory Committee member:

|  |  |
| --- | --- |
| **Do you support the recommendations from Evaluator 1**  |  **Y/N** |

Comments:

|  |  |
| --- | --- |
| **Do you support the recommendations from Evaluator 2** |  **Y/N** |

**Section 3:**

RECOMMENDATION: *(delete one)*

Approved OR NOT Approved

Next Steps:

Action completed evaluation sheet to Consultant

Consultant to create memo with recommendation to EMO/CEO dependent upon value and generate notification letter for CEO approval within memo

Once above memo approved. Consultant to notify applicant

PCO to draft agreement in consultation with Consultant