

##### NEIGHBOURHOOD ACTION STRATEGY SMALL GRANTS PROGRAM

##### REVIEW COMMITTEE – SCORING TOOL

# Guidelines for Review Committees

Thank you for agreeing to help us review this small grant proposal! Before you start, here are some things to consider:

* **Conflict of Interest:** Please let us know if you have a conflict of interest with the grant you are reviewing. Conflicts of interest include: reviewing you own application, a proposal from a family member, or an application in which you might benefit from financially.
* **Role of a Small Grant Review Committee:** Each neighbourhood has a unique review process. In general, however, the review committee must come together to:
1. Review a proposed small grant application
2. Complete this scoring tool
3. Come to a decision about the proposed small grant
4. Select a spokesperson to report the decision and any accompanying comments to the grant applicants
* **Decision-Making:** The Review Committee has three options in deciding how a small grant proposal should move forward:
* Approve the application “as is”
* Approve the application with some conditions – Choose this option if you believe the proposal overall is good but you have minor changes to recommend. For example, the review committee could think an event needs more volunteers; the funds requested might be too little or too much; or the applicants should connect with a group putting on a similar project.
* Put the application on hold – Choose this option if you have larger concerns about a proposal. For example, if the project doesn’t align with the purpose or values of the NAS; has an unrealistic budget; or has ineligible expenses included.

There is a ‘Comments and Suggestions’ section in the Scoring Tool where the review committee can include a rationale for their decision and any conditions they would like to see the applicants address.

* **Role of the Planning Team or Hub:** Planning teams are encouraged to celebrate and support grant applicants! At the next scheduled meeting, let the local planning team or hub know about the decisions your small grant committee made.

# Scoring Tool

Neighbourhood the applicants are applying through:

Name of Project or Event:

Is this application complete?

[ ]  YES [ ]  NO

If NO, what components are missing?

Please assess the application and answer YES or NO to the following:

|  |  |
| --- | --- |
| **Assessment Criteria** | **YES/NO** |
| At least one of the grant applicants live in one of the 11 Neighbourhood Action Strategy (NAS) neighbourhoods. |       |
| Grant applicants are requesting an amount within the outlined limits. * A project with one (1) resident can apply for a grant of up to $500. A project with two (2) or more residents in the same neighbourhood can apply for up to $1500.
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|  |  |
| --- | --- |
| The Idea!* The idea is well thought-out and is in line with the purpose of the NAS.
* The NAS is asset-based, addresses the social determinants of health, and has a focus on equity and social justice.
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|  The Need!* A need in the community is identified and the project addresses that need.
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| The Impact!* The project has a benefit to the community.
* It engages people, builds relationships, develops new ways of working and/or grows the existing strengths of community members.
* It can also improve or enhance a neighbourhood’s physical assets.
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| Realistic Plan* The project can be completed with available resources. Consider the amount of people involved in the leadership and planning, the number of volunteers, involvement of community partners, the timeframes outlined, and the money requested.
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**Comments, Suggestions, and Additional Conditions:**

**Review Committee’s Decision:**

[ ]  APPROVED

[ ]  APPROVED with conditions (See conditions above)

[ ]  ON HOLD (See rationale above)

Amount Approved: $

* If the amount approved is different than the amount requested by the grant applicants, please explain why in the ‘Comments and Suggestions’ section above.

The Review Committee must select a spokesperson to report the decision, as well as suggestions and conditions, back to the grant applicants. Please indicate who that person or persons will be:

[ ]  Reviewer 1

[ ]  Reviewer 2

[ ]  Reviewer 3

[ ]  Community Developer

# Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (Month, Day, Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Reviewer 1 Name (Print)

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Signature, Reviewer 2 Name (Print)

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Signature, Reviewer 3 Name (Print)

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Signature, Community Developer Name (Print)