



# 2017/2018 Agency Proposal Evaluation Tool Endowment

Organization Name: \_\_\_\_\_  
 Program/Project Name: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_

	Yes	No
Program should be fully funded?		
Program should be partially funded? Please enter amount \$_____		
<b>This section to be completed by staff</b>		
Program is eligible for Herbert R. Drinkwater Endowment?	Yes	
Program is eligible for Scottsdale Community Endowment?	Yes	
Human Services Staff Evaluation Response Received?	N/A	
<b>Notes:</b>		
<b>THIS SECTION WILL BE COMPLETED BY STAFF ONLY</b>		
Recommended for funding?  <input type="checkbox"/> Yes  <input type="checkbox"/> No (Additional factors to consider prior to recommending this agency's proposal for funding)		
<b>Notes:</b>		