BED TAX MARKETING GRANT SCORE SHEET

Raters Name: _____

	Wickenburg Breast Cancer Network	Wickenburg Community Hospital	Wickenburg Art Club	Vulture Peak Patchers Quilt Guild	CRAW - Legends of the West		
Provide a brief description of your proposed program/event/activity. Include any previous history, evidence that the event will take place in the Town of Wickenburg, any partnerships with other groups/organizations and how the BTMG funds will be used. (no more than 500 words)	/25	/25	/25	/25	/25	/25	/25
Demonstrate the need for the proposed project/program. (no more than 300 words)	/25	/25	/25	/25	/25	/25	/25
Specify the total number of people expected to be served by this project during the funded year and the number of Wickenburg residents who will be served. (no more than 300 words)	/20	/20	/20	/20	/20	/20	/20
Identify one goal and three measurable objectives which will be met by the project. (no more than 300 words)	/20	/20	/20	/20	/20	/20	/20
Provide evidence of other leverage resources. (no more than 300 words)	/10	/10	/10	/10	/10	/10	/10
TOTAL	**/100**	**/100**	**/100**	**/100**	**/100**	**/100**	**/100**