

Rural Municipality of Belfast

Capital Investment Plan - Evaluation Sheet

Evaluation Date: _____

Applicant: _____

Project Title: _____

Project Category: _____

Funds Requested: _____

Time Period: _____

Contact Info: _____

ITEM	RATING CRITERIA	ASSIGNED WEIGHT (out of /100)	SCORE
1	Meets Criteria (must meet all application criteria #10 to proceed with evaluation)	Yes/No	
2	Alignment (Fits within Rural Municipality of Belfast Vision and Mission)	30	
3	Municipality Impact (Positive impact on Social, Economic, and/or Environmental aspirations of the Municipality)	30	
4	Municipality Need (Addresses a recognized need within the Municipality)	20	
5	Organization Strength (Appropriate structure to successfully fulfill its mandate/submission)	10	
6	Financial Need (Percentage of funds requested in comparison to self and other partner funding)	10	
	Total Points Awarded	(total 100 maximum)	

Notes: _____

