

Attachment D

Council on Domestic Violence and Sexual Assault  
Request for Proposals FY 2019 – FY 2021  
**Community-based Victim Services Grant Program**

**Applicant Score Sheet Summary**

Applicant: \_\_\_\_\_

Service Area: \_\_\_\_\_

<b>Review Criteria</b>	<b>Possible Points</b>	<b>Final Score</b>
a. Application Face Page	5	_____
b. Summary of Other Agency Grant Funds	5	_____
c. Application Questions	245	_____
d. Budget Overview	10	_____
e. Budget Narrative	25	_____
f. All Attachments Included	10	_____
<b>Total Score</b>	<b>300</b>	_____

Amount Requested: \_\_\_\_\_ Award Recommended: \_\_\_\_\_

**Comments**

**I have completed this proposal review objectively and thoroughly.**

Reviewer \_\_\_\_\_ Date \_\_\_\_\_