

West Region EMS Injury Prevention Grant Selection Criteria

Reviewer: _____

Project applicant: _____ County _____
 Previously funded? Yes _____ No _____ Year _____

Question	Description	Comments	Max Points Possible	Points Awarded
1	Problem being addressed ✓ What is the need? ✓ How many people are impacted by the problem		15	
2	Supporting data presented		15	
3	Project description ✓ How many people do you plan to reach		10	
4	Objectives: ✓ Specific ✓ Measurable ✓ Attainable ✓ Realistic ✓ Time-based		10	
5	Strategies: ✓ Specific tasks to reach objective(s)		10	
6	Evaluation Plan ✓ How will you know if you reached objectives		15	
7	Timeline		5	
8	List of Partners ✓ Supporting agencies ✓ Letters of support		5	
9	Complete Budget Presented		5	
10	West Region Prevention Priority: Senior Falls 10 Motor Vehicle Crashes 10 Poisoning 10 Suicide 7 Drowning 3		10	
Total			100 possible	