

# Onslow County Partnership for Children

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[www.onslowkids.org](http://www.onslowkids.org)

## Assessment of Activity Applications for FY10/11

**Title of Activity:**

**Applicant:**

**PBIS ID:**

**New Activity**\_\_ **Continuing Activity**\_\_ (check one)

**Application Submission Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Reviewer (Individual or Group):**

	Excellent (4)	Good (3)	Fair (2)	Poor (1)
Evidence of individual or organizational stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of experience with similar type activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience in managing grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation for qualifications to administer/carry out the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of administering/providing services of the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Proposal/Narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Numerical Score:** \_\_\_\_