

PRC Eligibility Assessment Tool

Applicant/Organization:		Funding Request: \$
Criteria	Rating System 0=criterion not met; 1=partially met criterion; 2=criterion met	Please provide an example.
1. The organization's service or program identifies minimum one area of the following: parks and recreation, arts, culture and heritage, or social wellness.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
2. The organization's program enhances the well-being of Leduc residents.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
3. The organization helps promote the development of accessible services and activities to Leduc residents.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
4. The organization helps enhance the quality of community life for residents of Leduc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
5. The organization generates economic benefits for the City of Leduc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
6. Organization has programs/initiatives that help create opportunities for community engagement.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
7. The organization includes examples of partnership with local, regional or provincial stakeholders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
8. Has the organization actively looked for additional funding sources?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
9. The amount requested is <i>less than 25%</i> of operating expenditures.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
10. The mandate of the organization is in line with the City of Leduc's Community Wellness goal. <i>We support a safe, healthy, active and caring community. We support initiatives that contribute to a health and sustainable environment. We ensure quality opportunities to participate in all aspects of our community and foster a sense of belonging.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
TOTAL SCORE	/20	
If previously granted funding were conditions/recommendations met? See attached letter outlining recommendations.	Y or N	
Additional Comments (please circle)		
A. The organizations program duplicates other Leduc services.	Y or N	
B. Organizations percentage of target area served in the City exceeds identified regional partners (page 5, GTO application).	Y or N	
C. Capital Expenditure (e.g. facility enhancement).	Y or N	
COMMENTS:		
RECOMMENDATION: GRANT or DENY funding \$_____for____Year(s) (please circle)		