

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 program/service/project identifies a minimum of 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 program/service/project enhances the well-being and quality of life for Leduc residents.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
3. The program/service/project 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 has demonstrated financial need.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
5. The program/service/project generates economic benefits for the community.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
6. The program/service/project helps create opportunities for community engagement.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
7. The program/service/project 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 <u>less than 25%</u> of operating expenditures.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
10. The mandate of the organization aligns with the City of Leduc's Vision. <ul style="list-style-type: none"> • A great life • A caring community • A thriving region 	<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 program/service/project duplicates other Leduc services.	Y or N	
B. Organization's percentage of target area served in the City exceeds identified regional partners (page 5, GTO application).	Y or N	
COMMENTS:		
RECOMMENDATION: GRANT or DENY funding \$_____for____Year(s) (please circle)		