

**ACT 13 MARCELLUS LEGACY FUND
PROJECT RATING FORM**

PROJECT NAME: _____

APPLICANT: _____

AMOUNT REQUESTED: _____

DATE SUBMITTED: _____

| Maximum Points | Category | Staff Rating | Comments |
|----------------|------------------------------------------------------|--------------|----------|
| 15 | Attendance at one of the two Virtual (Zoom) meetings | | |
| 15 | Appropriateness of Solution | | |
| 30 | Proven Need for the Project | | |
| 15 | Level of Activity Planning | | |
| 10 | County Comp Plan Implementation | | |
| 10 | Previous Grant | | |
| 5 | Leverage | | |
| 100 | TOTAL | | |

COMMENTS: _____

AMOUNT RECOMMENDED: _____