

TOWN OF HAMDEN

**CORONAVIRUS STATE AND LOCAL
RECOVERY FUNDS (SLRF)**

SMALL BUSINESS GRANT PROGRAM

Application Evaluation Form

Applicant Name: _____

Review Date: _____

Max. Points	Evaluation Criteria	Score
REQUIRED	The proposed project will address the negative economic and/or health impacts due to the COVID-19 pandemic.	
30	The degree to which the COVID-19 pandemic created or contributed to the demonstrated and clearly-described financial adversity that the business is experiencing	
40	The degree to which it is demonstrated that the applicant's proposed project will assist the business in long-term recovery from that adversity and is not a temporary fix	
15	The degree to which the proposed budget for the project is appropriate and supported by documentation	
15	The degree to which the proposed timeline for completion is reasonable, and the project can be completed within 12 months	
100	TOTAL SCORE	