



ATTACHMENT B
NANAIMO DIVISION OF FAMILY
PRACTICE
GRANT EVALUATION CHECKLIST

COMMUNITY PROGRAM DEVELOPMENT GRANT
EVALUATION CHECKLIST

APPLICANT: Nanaimo Division of Family Practice

DATE: April 29, 2024

CRITERIA	MEETS CRITERIA	DOES NOT MEET CRITERIA	COMMENTS
A. Provides experiential or educational opportunities	Y		Recreation opportunities for isolated seniors referred by physicians
B. Definable community benefit	Y		
C. Potential for sustainability / long-term benefit	Y		
D. Potential to offer short-term (youth) employment	Y		VIU recreation & nursing students will be part of the project as it expands
E. Does not receive other funds from CON	Y		
F. New applicant	Y		
G. Program operates within the CON	Y		Primarily at City recreation centres such as Bowen Complex
H. New program OR expanded program	Y		
I. Sound organizational structure	Y		
J. Applicant is a non-profit organization	Y		
K. Budget & financial statements provided	Y		

RECOMMENDED FOR FUNDING (Y/N): Yes

AMOUNT: \$6120.00

OR:

NO GRANT RECOMMENDED (Y/N): _____

DOES NOT MEET CRITERIA: _____

EVALUATOR: R. Gompelis

POSITION: Aquatic Manager