

Mini Grant Score Card

Applicant Name _____
Campus _____
Project Title _____
Approx. # of Students Directly Impacted by the Project? _____
Reviewer Name _____

| Judging Criteria - Based on the Application | | |
|---|------------------|--------------------|
| Please rank each criterion from 1-5. A score of 1 = the applicant did not address the criterion; 2 = applicant addressed criterion slightly; 3= applicant addressed criterion moderately; 4 = applicant addressed the criterion well; 5 = applicant addressed the criterion clearly and justified | | |
| Criteria | Max Score | Grant Score |
| 1. The applicant clearly describes a credible need ? | 5 | |
| 2. The applicant clearly demonstrates support of the student learning process or student success ? | 5 | |
| 3. The applicant clearly describes the project's impact on the college community. | 5 | |
| 4. The applicant clearly describes how the results of the project will be clearly documented and measured . | 5 | |
| 5. The applicant provided a detailed budget , including a timeline for actions and expenditures , and plans for finding future funds , if needed. | 5 | |
| Total Score | 25 | 0 |

Please enter the "Total Grant Score" figure (Cell J18) into your Score Summary Sheet.

| Additional Criteria | Yes | No |
|--|-------------|----------------|
| 6. Are you aware of other available funding sources that could fund this project? If Yes, please describe in the "comments" section, provided below. | | |
| 7. Could this project lead to future external funding? | | |
| 8. Do you consider this project a finalist for funding? If yes, continue responding to the sections below. | | |
| Funding Recommendations | Full | Partial |
| 9. Do you recommend this project be fully, or partially, funded? | | |
| 10. If partially funded, what level of funding do you recommend? Please enter \$ amount. | \$ | |