GRANT APPLICATION EVALUATION FORM (FOR AEF USE ONLY)

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant School/Municipal Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SCORINGSCORE

1 = Poor \_\_\_\_\_\_ Motivation

2 = Fair \_\_\_\_\_\_ Innovation

3 = Good \_\_\_\_\_\_ Collaboration

4 = Very Good \_\_\_\_\_\_ Curriculum

5 = Excellent \_\_\_\_\_\_ Objectives

\_\_\_\_\_\_ Measurement

\_\_\_\_\_\_ Plan of Action

\_\_\_\_\_\_ Timeline

\_\_\_\_\_\_ Thoroughness/Comprehensiveness

**TOTAL:** \_\_\_\_\_\_

# EVALUATION CATEGORIES

* **MOTIVATION** Does the grant proposal address the varied educational needs of the community by exploring and developing new programs, choices, and models for teaching and learning?
* **INNOVATION** Does the grant proposal seek to achieve creative pathways to learning that add depth to the curriculum and motivate students? Is the proposal meaningful and engaging to students?
* **COLLABORATION** Does the grant proposal sufficiently consider all entities within the community who would be affected/involved?
* **CURRICULUM** To what extent does the grant proposal enrich the curriculum? Does the proposal support the goals, curriculum objectives, and educational values of the Avon Public Schools or other educational objectives in the Town of Avon?
* **OBJECTIVES** Are the stated objectives listed clearly?
* **MEASUREMENT** Is the proposed measurement clearly defined and does it adequately reflect achievement of the objectives?
* **PLAN OF ACTION** How complete and well developed is the implementation plan?
* **TIMELINE** Is the timeline clearly defined and feasible?
* **THOROUGHNESS/COMPREHENSIVENESS** Is the grant proposal well thought out? Does it include budget details? Did the applicant successfully answer the applicable questions?

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| **ADDITIONAL COMMENTS** |  |

Grant Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_