

Criteria for Cutting Edge Grant Approval Reviewer Score Sheet

Application Number _____

Evaluator _____

Project Title: _____

Amount Requested: _____

Please rank the effectiveness of each item with 3 being high and 0 being low. Circle the number that best describes each statement.

<i>Criteria</i>					<i>Weighted Amount</i>	<i>Weighted Total</i>
Need is clearly stated.	3	2	1	0	X 3	
Replacement or additional equipment clearly needed.	3	2	1	0	X 3	
Supports curriculum and learning.	3	2	1	0	X 3	
Impact is appropriate to the request.	3	2	1	0	X 2	
Budget is complete, realistic, accurate and appropriate.	3	2	1	0	X 2	
GRAND TOTAL						