**FRANKLIN-RANDALL PARENT TEACHER ORGANIZATION  
GRANT REVIEW RUBRIC**

Dear Committee Members,  
Please fill out this form after reviewing the grant proposals.

**Project Title:**

**Applicant Name(s) and Title(s):**

Please fill out the following chart based on your review of each proposal. Points may be awarded in any amount up to the maximum for each category. Please be sure to include summary comments or questions at the end.

All categories should be scored on a 1-4 scale:

1 – does not meet criteria; 2 – meets criteria; 3 – exceeds criteria; 4 – greatly exceeds criteria

|  |  |  |
| --- | --- | --- |
|  | **Score** | **Comments/Concerns** |
| **Description of Project or Need** | | |
| Meets stated PTO funding priorities |  |  |
| Does the project introduce a new and innovative idea to our schools |  |  |
| Will the project make a big impact on the target population |  |  |
| **Subtotal** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Score** | **Comments/Concerns** |
| **Evaluation Methods** | | |
| Describes an appropriate plan/project with measures for evaluation |  |  |
| Includes a letter of support |  |  |
| Student project |  |  |
| **Subtotal** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Score** | **Comments/Concerns** |
| **Budget** | | |
| Justification sufficiently explains each budget item and why each is necessary for implementing project |  |  |
| The budget and justification, together, have a strong correlation with the project’s goals, objectives and activities |  |  |
| Is the project achievable with the budget described |  |  |
| Project receives matching support or has no other avenue of support |  |  |
| **Subtotal** |  |  |
|  |  |  |
|  |  |  |

**Total Score (sum of subtotals above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Summary Remarks** | |
| Strengths/Pros | Weaknesses/Cons |
|  |  |

**TO BE FILLED OUT AT THE GRANTS SUBCOMMITTEE MEETING:**

**Committee Actions:**

\_\_ This grant was recommended for full funding.

\_\_ This grant was recommended for partial funding. Amount \_\_\_

\_\_ This grant was not recommended for funding.

\_\_ This is a fundable grant; however this was a competitive year and it was not chosen.  
\_\_ The committee encourages applicant to re-submit next cycle after strengthening the items marked above.

**Committee Member to follow-up with Applicant(s):**