NEEF Student Impact Grant Program Scoring Sheet (If printing, print double sided)

| Gran | t Name: | Campus/Magnet: |
|--------|--|---|
| Full R | Request amount: \$ | Partial Request amount: \$ |
| | every question answered? Yes or No (ci elaborate. | rcle choice) |
| | s grant an addition to a previously awards, how is this grant request expanding u | ded NEEF grant? Yes or No (circle choice) oon the previously awarded grant? |
| | here any other resources committed to , what resources: | this initiative? Yes or No (circle choice) |
| | he application include anything from the eck or circle all that apply): | e "Not Recommended for Funding" list? |
| | Chromebooks, iPads, printers, or technolodevices | ogy used for traditional purposes or to increase the overall number of |
| | Stipends, salaries, teacher workshops/tra | ining |
| | Maintenance, updates, or replacement of traditionally funded by the district. | classroom furniture, musical instruments, books, and other resources |
| | Curriculum | |
| | Test prep materials | |
| | Consumables (food, candy, drinks, member | erships, workbooks, field trips, printer ink, ANYTHING single use) |
| | Subscriptions, products, and technology t | hat require an annual license. |
| | ons for a partial or no funding cor circle all that apply): | |
| | Has little or no tie in to the NEEF Grant M | ission or District Initiatives or Campus Initiatives |
| | Has minimum student impact | |
| | Has a weak or no integration plan | |
| | Has a weak or no sustainability plan | |
| | Has items from the above "Not Recomm | ended for Funding" list |

Please rate the grant application according to the following criteria, using a scale of 1, 3, or 5.

1 = <u>U</u>nsatisfactory

3 = Acceptable/Average

5 = Exceptional/Outstanding

| Criteria Please provide notes | Score 1/3/5 | | |
|--|----------------|--|--|
| Connects to Mission | | | |
| This grant application (circle all that apply): | | | |
| Brings creative, groundbreaking, and non-traditional resources and activities to the students of NEISD | | | |
| Correlates to District initiatives | | | |
| Correlates to Campus initiatives | | | |
| None of the above | | | |
| Student Impact | | | |
| What population of students will be positively affected by this grant? | | | |
| Is the cost appropriate for the number of students reached? Yes or No (circle choice) | | | |
| Viable | | | |
| Can the expected outcomes be achieved and measured? | | | |
| Can the project be integrated in the way described? | | | |
| Sustainable | | | |
| Is there a sustainability plan communicated? Yes or No (circle choice) Is it thorough and feasible? | | | |

Recommendation:

(circle choice)

Mostly 1s: No Funding

Mostly 3s: Partial Funding

Mostly 5s: Full Funding