

Small Grant Team # _____

Small Grant Program

Application Evaluation Work Sheet

Please note: All Small Grant applications must be evaluated using this form in its entirety. A copy of the form must then be retained in the team grant file. However, the team may add additional questions/criteria.

Project Name: _____ Amount Requested: \$ _____

Project Number: _____ Your Name: _____

*Basic Conditions to be satisfied: (Check yes or no for each)

- Yes No The project is within the Small Grant Team's area.
- Yes No The project is one of team's listed eligible priority project types.
- Yes No The application identifies accepted technical guidance.
- Yes No The application budget shows at least a 25% match has been sought (Teams may require more).
- Yes No The application budget is reasonable and administrative costs do not exceed 10% of the OWEB requested direct project costs.
- Yes No The application is complete (has all attachments and signatures).

[Insert any additional conditions set by Team (e.g., additional evaluation criteria)]

***If the answer to any of the above is NO, stop here and work with the applicant to satisfy the conditions.**

Project Application:

0= clearly no or insufficient information to judge 1= generally no, inadequate effort

2= Possibly with unresolved issues 3= primarily yes with some uncertainty 4= clearly yes

1. The watershed problem is clearly identified. **Circle one: 0 1 2 3 4**

Notes: _____

2. It is clear how the applicant's project will address the problem identified.

Circle one: 0 1 2 3 4 Notes: _____

3. The project is the best treatment for the watershed problem.
Circle one: 0 1 2 3 4
4. The Technical Guidance Source(s) identified are appropriate for this project.
Circle one: 0 1 2 3 4
5. The project is consistent with a local natural resource plan (i.e. action plan, AWQMAP, etc.). Circle one: 0 1 2 3 4
6. The post-project monitoring is reasonable to determine the effectiveness of the project. Circle one: 0 1 2 3 4
7. The post-project maintenance is appropriate for sustaining the value of the project. Circle one: 0 1 2 3 4
8. The project has other active partners (district, council, agencies, landowners, etc.). Circle one: 0 1 2 3 4
9. The budget is cost effective/reasonable. Circle one: 0 1 2 3 4
Notes: _____
10. The project can realistically be completed within 24 months.
Circle one: 0 1 2 3 4 Notes: _____

Additional Team Questions/Comments:

Evaluation Score: _____

Notes:

Recommendation:

Fund

Do Not Fund

Resubmit with additional information by _____ (date) on the following:

Comments on ways to improve the project:
