

Application Number _____

Evaluator _____

**ARANSAS COUNTY ISD EDUCATION FOUNDATION
Criteria for 2017-2018 Hurricane Harvey Recovery Grant Approval**

Project Title: _____

Amount Requested _____

Rate Each Item 0-5 Using the Following Scale:

5 Excellent, 4 Very Good, 3 Good, 2 Average, 1 Acceptable, 0 Do not Fund

Need: How well will this proposal address teacher/student need(s)? _____

Purpose: To what degree will this request accomplish the indicated purpose? _____

Expected Benefits: Will this proposal benefit the education of our students? _____

Mission: Does this proposal support The Foundation's overarching mission? _____

Our mission is to promote educational excellence in Aransas County ISD schools by providing funds for teachers to enrich their lessons through creative, innovative projects that enhance career and academic education and promote staff excellence.

Total Score _____

Additional recommendation relevant to the amount of funding available:

a. **Should the full grant be funded? Yes/No**

b. **If not, what part of this grant do you recommend be funded?** _____

(total amount or percentage)