

Application Number _____ Evaluator Name _____

**ARANSAS COUNTY ISD EDUCATION FOUNDATION
Criteria for 2021-2022 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 and district administrators to enrich learning, 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)