



SMALL GRANT PROGRAM

Application Evaluation Worksheet

Small Grant Team

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).

If a signature is missing, the application may still be reviewed and recommended for funding contingent upon completion of all signature lines.

***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.
Check one: 0 1 2 3 4

Notes: _____

2. It is clear how the applicant's project will address the problem identified.
Check one: 0 1 2 3 4

Notes: _____

3. The project is the best treatment for the watershed problem.
Check one: 0 1 2 3 4

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