**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:**
  ______