Applicant Name Focus Amount Reviewer

| Criteria  | 0           | 1   | 2   | 3   | Points |
|---|-------------|---|---|---|--------|
| 1. Tell us about your education and experience, including any ongoing training.   | No response | Brief statement with no details or a listing.                               | Includes a description about their experience and/or education/training.  | All of column 2;<br>details about how or<br>why they pursued their<br>educational path;<br>describes why they<br>selected the ongoing<br>training they did. |        |
| 2. Tell us about the children and families in your program, including how many and some demographic information.  | No response | Brief statement with no details or a listing of children.                   | Description includes<br>number and ages of<br>children; number of<br>families; schedules of<br>the children in care; and<br>brief description of<br>families. | All of column 2; information about the types of families; how many families are using subsidies; relationship with families.                                |        |
| 3. Tell us about the curriculum and/or the types of activities you use; describe your daily schedule.   | No response | Brief statement naming the curriculum or generalizing about the activities. | Includes name of curriculum and why it was chosen; a brief daily schedule.  | All of column 2; gives more details about the schedule and how their grant request may relate to the daily activities.                                      |        |
| 4. Tell us exactly what you will spend the grant monies on. Give very specific brand names of items and/or PD class(es). Tell us why you want these things and how they relate to what you are currently doing in your program. | No response | Statement of PD/items to buy and why they want them.                        | Name and description of items requested for their project; how the requested PD/items will relate to the children and activities in their program.            | Detailed description of<br>the project; how it fits<br>with their other<br>programming; how will<br>this project make your<br>program better.               |        |

| 5. Explain in detail how these items and/or professional development class(es) will benefit your children and/or families. | No response   | Very brief response or one that doesn't answer the question. | Brief description of benefits to children or families.  | Detailed description of<br>the developmental<br>benefits to children and<br>the relationships with<br>families. |  |
|--|---|--|---|---|--|
| 6. How will this request help you with the State Quality Improvement Process?  | No response   | Brief response.  | Statement that describes the activities they are doing to raise the quality of their program. | All of column 2; details how this project will fit into their goals for improving the quality of their program. |  |
| 7. Budget  | No response or amount requested is over the budget allowed with no explanation about the additional funds needed. | General category of materials or PD and total cost.          | Some parts of the form are completed, detailed information lacking.                           | Form is completed accurately; any additional information needed is included in paragraph after the form.        |  |
| TOTAL POINTS   |   |  |   | Maximum 21 points   |  |