

**Dr. Henry Kepner Long-Term Professional Development Grant
Supported by Dr. Henry Kepner and WMEF**

Grant Applicant Full Name: _____

Grant Title: _____

Check that the following appropriate documentation is included with the application:

- | | |
|--|---|
| <input type="checkbox"/> Completed proposal cover page | <input type="checkbox"/> Itemized Budget |
| <input type="checkbox"/> Delineated proposal | <input type="checkbox"/> District Letter of Support |

Application Rating - Does the application meet the spirit of the grant?

As you read the application rate each of the following criteria on a scale from 1 to 4 (1 weakest and 4 strongest). In addition, list your comments on the strengths and weaknesses for each criteria element in the corresponding row of the table. If needed, list other noteworthy information below the table. Based on your ratings, score tally and comments make your recommendations on whether or not to fund the grant.

Table Rubric (each category is worth a maximum of 4 points; Total Max = 32 points)

Describes the need for the PD proposal	____ / 4
Describes the goals of the PD	____ / 4
Provides details for the implementation of the PD (including timeline)	____ / 4
Number of teachers and students impacted by the PD is significant and clearly outlined	____ / 4
Outside consultant	____ / 4
Budget is itemized and realistic to achieve project goals	____ / 4
Describes how PD will be evaluated	____ / 4
Letter of support demonstrates strong support for the project	____ / 4
Total Score	____ / 32

Other notes and Recommendations:

Recommended Action (choose one):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Definitely fund | <input type="checkbox"/> Possible funding | <input type="checkbox"/> Do not fund |
|--|---|--------------------------------------|

Name of WMEF Member: _____

Date: _____