CAST DEBI Committee
DEBI Grants EVALUATION FORM

	LO				HI	YOUR SCORE	YOUR SUMS
1. Project Description							
Is the project description clear?	1	2	3	4	5		0 / 5
2. Objectives							
Are the objectives/goals clear?	1	2	3	4	5		
Are the objectives/goals measurable?	1	2	3	4	5		0 / 10
3.Timeline							
Can the project be completed this AY?	1	2	3	4	5		0 / 5
4. Significance to DEBI							
Is the proposal innovative?	1	2	3	4	5		
Problem/intervention clearly defined?	1	2	3	4	5		
DEBI significance clearly described?	1	2	3	4	5		
Impact: Enhance/promote DEBI?	1	2	3	4	5		0 / 20
5. Assessment							
Assessment clear/appropriate?	1	2	3	4	5		0 / 5
6. Budget Justification							
Are budget items clearly justified?	1	2	3	4	5		0 / 5
TOTAL SCORE							0 / 50

0%