



## Funding Assistance Review Form

Project Lead Name: \_\_\_\_\_

Proposed Project Working Title: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

### President's Cabinet Evaluation

Score 1-5 (1 being the lowest fit - 5 being the best fit)

Criteria	1	2	3	4	5	Total
Aligned w/ SCC priorities and policies						
Need						
Financial potential						
Benefits to students and/or SCC						
Resource Burden						
Match requirement						
Sustainable and/or manageable						
Enough time to complete application						
<b>Total Rating</b>						

**Comments:**

**President's Cabinet Decision**

Decision	Grants Writer to write narrative	Faculty to write narrative	Pursue under SCC Foundation
Recommended			
Not Recommended			

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date