

**ZEF Imagine/Professional Development
Grant Evaluation Form**

Board Member's Name: _____

Imagine Grant # _____ Imagine Grant Title _____

Please score this Imagine Grant in the following 7 categories
(0-5 for category 1, 4, 5 and 7) and (0-10 for category 2, 3 and 6).

Weight	Score	Category
5		1. Reasons for pursuing the experience
10		2. Goals(s) for the Grant
10		3. Planned Activities to accomplish goal(s)
5		4. Costs
5		5. Plans to integrate the experience within the school or community
10		6. Meets ZEF Mission
5		7. Form Followed

Total Score: _____ out of 50