

# NCTM Affiliate Grants

## Scoring Rubric

Grant #: \_\_\_\_\_

**GRANT CATEGORY:**     Cummins/Partner     Associate Affiliate     Student Affiliate

**TYPE OF GRANT:**         Professional Development                       Affiliate Development

Affiliate: \_\_\_\_\_

Affiliate Status (Affiliate must be In Good Standing): \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_

ASC representative: \_\_\_\_\_

		<b>Required Criteria:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	President's signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application indicates how NCTM support will be acknowledged
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Includes agreement to provide a final report upon completion of grant
<b>All of the above must be present for the grant application to be further evaluated</b>		

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>1. Rationale</b>					
A. Clearly stated need that is to be addressed (maximum <b>5</b> points)					
B. Advances an NCTM strategic priority (maximum <b>5</b> points)					
<b>2. Description</b>					
A. The goals, objectives, activities, and procedures are complete and clearly stated (maximum <b>10</b> points).					
B. The methodology is appropriate to achieve the stated goals (maximum <b>5</b> points)					
C. A clear, achievable, and complete timeline is provided (maximum <b>10</b> points)					
D. Includes a description of how the Mathematics Education Trust (MET) will be acknowledged for its contribution (maximum <b>5</b> points)					
<b>3. Project Evaluation and Dissemination</b>					
A. Includes criteria to be used to assess the effectiveness of the project (maximum <b>10</b> points)					
<b>4. Budget</b>					
A. A detailed budget is included with details of anticipated expenses and revenues, and other sources of funding for the project, if applicable; budget <i>does not</i> include expenses for food or drink (maximum <b>10</b> points)					

**TOTAL EVALUATION SCORE:** \_\_\_\_\_ (60 possible points)

STRENGTHS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEAKNESSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVALUATOR: \_\_\_\_\_

Final Committee Evaluation and supporting comments:	<input type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> Approve Conditionally
If approved conditionally, list what needs to be done to be approved:	

Date Approved: \_\_\_\_\_

Maximum Amount: \_\_\_\_\_

Report Due Date: \_\_\_\_\_



NATIONAL COUNCIL OF  
TEACHERS OF MATHEMATICS

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