

Professional Development Funding Requests Evaluation Rubric

Description	0 Point	1 Point	2 Points	Total
Proposal meets one or more of the Authorized uses for PD funds	Meets none of the authorized uses	Meets one of the authorized uses	Meets more than one authorized uses	
Proposal meets one or more of the SCC Strategic Goals	Meets none of the strategic goals	Meets one of the strategic goals	Meets more than one of the strategic goals	
Proposal provides a narrative that explicitly connects the activity to the Authorized Uses & SCC Strategic Goals	No connection	Connection is weak, implicit, or unclear	Connection is strong and explained with specific details	
Must have scored at least 4 points total between the first three items to continue with evaluation.				
Previously approved PD funding	Applicant received funding within the past two (2) fiscal years Amount: \$ _____	Applicant received funding within past two (2) fiscal years but narrative justifies need for this activity	Applicant has not received funding within the past two (2) fiscal years	
Benefits	Activity benefits the individual	Activity benefits the individual plus students or colleagues at SCC	Activity provides campus-wide benefits	
Stated Utility to SCC	Narrative does not include specifics or examples of how activity benefits SCC	Narrative generally indicates how activity benefits SCC	Narrative clearly specifies how activity benefits SCC with examples	
Planned Dissemination of Information	Narrative does not provide a plan for sharing experience or applying knowledge	Narrative provides a general plan for sharing experience and/or applying knowledge	Narrative provides a detailed plan for sharing experience and applying knowledge	
<input type="checkbox"/> Bonus points (2): applicant presented previously PD funded activity to others on campus <input type="checkbox"/> Bonus points (2): applicant is presenting at event as Solano employee			Total Points:	

Scoring:

8-14 points = Approval

6-7 points = Additional information required for approval

0-5 points = Denied

Name: _____

Grant <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date approved/denied:	Grant number:
Amount approved: \$	Additional information required (specify):	
Date applicant notified:	If denied, reason for denial:	

Professional Development Coordinator

Date

Out-of-State Travel: NA Approved Denied

Superintendent/President

Date