



PORT ANGELES SCHOOL DISTRICT #121
Assistant Superintendent's Office
GRANT PROPOSAL EFFICACY ASSESSMENT

Please complete this efficacy assessment prior to submitting a Grant Approval Form. Space for Additional Comments is provided at the end of this form. Text fields will expand as you type.

Title of Proposed Grant:
 Funding agency or source:

Competitive? Yes No Amount requested: \$
 Type: Local State Federal Private Other:

1	Is Port Angeles School District (PASD) eligible to apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is the size of the award adequate to fund the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the project match the funder's priorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is the staff prepared for the Request for Proposal (RFP) to be issued at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Does the staff have the time to effectively respond to the RFP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Does PASD currently have the staff with the necessary expertise to develop and administer the project (i.e., to serve as principal research investigator or project director)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does PASD have the necessary facilities in which to conduct the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do the grant guidelines or RFP require matching funds or other support (e.g., cash, personnel, or other resources)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Can PASD meet the match requirement, if there is one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Is long-term project funding available or necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Can PASD sustain the project after the grant ends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Are partnerships required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	If so, have suitable partners been identified and relationships developed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Does this grant project fit in with others PASD already has in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, then which ones?		
15	Can the funds from this project be leveraged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Are the requirements for evaluation and/or dissemination of the project manageable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Are there any restrictions on allowable costs or activities that will hinder the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:		
18	Has PASD developed a relationship with the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19	Can PASD develop a competitive proposal by the grant submission deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Deadline for submissions:		
21	Potential amount of grant award: \$ _____ over _____ year(s).	Circle or boldface one:	
	Enter Additional Comments below, including potential committee members, if the grant needs a committee. Please attach a copy of the RFP and grant abstract or executive summary.	Under \$2,500	Over \$2,500

Employee Proposing Grant

Date

Direct Supervisor or Principal of Employee

Date

For Assistant Superintendent's Office Use Only

- ___ Grant application is not feasible at this time. Reason(s): _____
- ___ Grant application might be possible, but more details are needed: _____
- ___ Grant under \$2,500 and is potentially feasible. Grant application may proceed.
- ___ Grant over \$2,500 may be feasible; will be forwarded to Superintendent's Cabinet for review.

Assistant Superintendent of Teaching and Learning

Date

Date sent to Cabinet: _____

Cabinet Decision: _____

Board approval needed? ___ Yes ___ No

Board approval on date: _____

Grant awarded on: _____