

CE-FCS AMBASSADORS PROGRAM DEVELOPMENT

Dorothy Blackwell Supplemental Grant

(Complete the top portion of the form and attach to the back of application)

Name of Applicant(s):		
Title of Project:		
Instructions for Selection Committee: Indicate the score which best describes your rating of the application on the criteria listed below. The maximum number of points for each item is designated at the end of the item, with a total of 100 points.		
Checklist/Score Sheet	Correct/ Revise	Score
Application was submitted by deadline		
Timeline fits calendar year. Funds can be spent between July 1 of year awarded and June 30 of following year.		
Applicant(s) provided documentation of donation to FCS Ambassadors in the past 12 months		
Up to 3 pages long, Typed & double spaced		
At least 1" margins on all sides, using font size 12		
1) Project is significant to OCES for families &/or youth (20)		
2) Project Proposal (25) Situation Statement; Objectives; Detailed outline of use of supplemental grant		
3) Background of the applicant (5) Include information about education; Extension and other related work and/or community experiences; Areas of expertise, significant experiences, other relevant information		
4) Includes a component of Family Resource Management (15)		
5) Includes collaboration with the appropriate state specialist and others (15)		
6) Proposed Budget (10) Expenses involved in implementing the supplemental grant; Budget developed for the duration of the entire project; Other anticipated funding sources designated.		
7) Letter of Recommendation from supervisor (10)		