**SUNSHINE FUND RUBRIC\* – Page 1 of 2 APPLICANT NAME**

**Proposal Title Project Concept Form & Expense Sheet (Circle one) Yes No**

**Submitted on Time (Circle one) Yes No Date Submitted Total Score**

**RATINGS: 4 = Clearly specifies 3 = Not stated but understood 2 = Stated but unclear 1 = Not stated or understood**

**THIS RUBRIC WILL BE COMPLETED BY THE ASSOCIATE DEAN. It is included in this packet to demonstrate how applications will be evaluated.**

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| --- | --- | --- |
| **EVIDENCED BASED NEEDS** | **TARGET POPULATION** | **PROJECT DESCRIPTION** |
| **Describes the current****problem, question or situation the project will****address** | **Identifies the need or want, resulting from the problem, question or****situation** | **Explains how the project will address the problem or****situation** | **Outlines the Strategic****Planning Goal the project will address** | **Indicates who the project will serve and delineates****whether it is transferable to****other students, classrooms****and/or to other areas on****campus** | **Identifies the number of****people served** | **Specifies how the project****will enhance SUNY Broome students’****learning experience** | **Delineates in detail how project will encourage****interdisciplinary and/or****community agencies;****organization collaboration** | **Outlines, in****detail, the cross- disciplinary****approach or teaching that****this project will employ or****develop** | **Specifies in detail, the innovative teaching****methods this project will promote** | **Identifies in detail the project’s****objectives and expected****outcomes and how they relate to specific****Institutional and Course Learning Outcomes (ILOs and CLOs)** | **Describes where project will be****carried out** | **Indicates who the key players in the project will be** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Over SUB-TOTAL PAGE 1**

Updated February 2024

**SUNSHINE FUND RUBRIC\* – Page 2 of 2 APPLICANT NAME**

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| --- | --- | --- | --- |
| **PROJECT DESCRIPTION CONTINUED** | **DURATION** | **PROJECT NEEDS AND COSTS** | **END OF PROJECT****REPORT** |
| **Explains how the project will be measured for success (i.e. measurable outcomes)** | **Explains the expected****outcomes of project** | **Indicates the duration of the project** | **Outlines whether the****project’s impact will****extend beyond the project timeline** | **Identifies whether the project will****have continuing costs, and if yes, indicates how it will be funded** | **Delineates equipment needs and costs** | **Confirms****consultation with IT, if applicable** | **Specifies****supply needs and costs** | **Outlines personnel needs and****costs** | **Indicates training or****travel needs and costs** | **Provides****information regarding facilities,****furnishings and space****requirements needed** | **Furnishes****insight about other project needs and****costs** | **Acknowledges the need to****submit an end of project****report** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*For PDSC Scoring: X3 = Evidence Based Needs; Project Description SUB-TOTAL PAGE 2**

**X2 = Target Population**

**X1 = All Remaining Categories GRAND TOTAL (PAGES 1 + 2)**

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