**SCREENING CHECKLIST**

* 1 2 3 4 5 +

Initials \_\_\_\_

Date \_\_\_\_\_\_\_

Project #1

**P**

Project #5

Project #4

Project #3

Project #2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (Title here)Req: $\_\_\_\_\_\_\_\_\_\_\_\_ | Req: $\_\_\_\_\_\_\_\_\_\_\_\_\_ | Req: $\_\_\_\_\_\_\_\_\_\_\_\_ | Req: $\_\_\_\_\_\_\_\_\_\_\_\_ | Req” $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Degree of environmental impact: Does it reduce pollution, conserve natural resources, and/or save energy?
 |  |  |  |  |  |
| 1. Degree of youth direction in planning and management.
 |  |  |  |  |  |
| 1. Educational value for youth implementing the project and for the community.
 |  |  |  |  |  |
| 1. Creative problem-solving.
 |  |  |  |  |  |
| 1. Variety of roles/responsibilities for volunteers.
 |  |  |  |  |  |
| 1. Appropriateness of budget for services.
 |  |  |  |  |  |
| 1. Value for the dollar.
 |  |  |  |  |  |
| TOTAL SCORE:(Add numbers in boxes) |  |  |  |  |  |
| I had a positive/negative impression of this project. (Circle one) |  + -Why: |  + -Why: |  + -Why: |  + -Why: |  + -Why: |
| Recommendation: Full amount Adjusted amount (suggest amt.) Do not recommend |  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |