

State Service Program Evaluation Form
MICHIGAN KNIGHTS OF COLUMBUS

Date:

District Deputy:

Council # & Name:

Directors Name:

Program Category:

Program Criteria: Use the criteria listed below to determine the top submission in the program category indicated.

Copy this form as needed for each program category. A separate form must be used for each entry.

1. Program Quality (Description / Organization / Impact / Service, etc.): **40 pts.**
 2. Number of Council Members Involved: **05 pts.**
 - (1-10 = 1 pt.) (11-25 = 2 pts.) (26-50 = 3 pts.) (51-75 = 4 pts.) (75 + = 5 pts.)
 3. Percentage of Members Involved: **05 pts.**
 - (1-10% = 1 pt.) (11-25% = 2 pts.) (26-50% = 3 pts.) (51-75% = 4 pts.) (76-100% = 5 pts.)
 4. Total Time Involved (number of hours): **05 pts.**
 - (1-20 hrs. = 1 pt.) (21-50 hrs.) = 2 pts.) (51-100 hrs. = 3 pts.) (100-150 hrs. = 4 pts.) (151 + hrs. = 5 pts.)
 5. Documentation: (council/parish bulletins, newsletters, photos; before, during & after, local news/media items, endorsements, thank you letters, etc.): **20 pts.**
 6. Presentation: (typed, neat, accurate, proper, sequential order, professional display): **15 pts.**
 7. Uniqueness: (new, special, out of the ordinary, etc.): **10 pts.**
- Total Possible Points: 100 pts.**

Rate each submission in the category at the top of this page by using the point system.

Include this completed form with each entry.

Council Number	Project Title	Quality	# of Members	% of Membership	Time Involved	Documentation	Presentation	Uniqueness	Total

Notes: _____
