

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 of 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	Member Hours	Percentage Involved	Time Involved	Documentation	Presentation	Uniqueness	Total

Notes: _____
