



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

### RATIONALE AND APPROACH/PROGRAM DESIGN

#### *Problem/Need*

*Instructions: Assess how well the applicant met the standards below. Check the box that corresponds to your Rating. Provide significant strengths and significant weaknesses at the end of the section.*

*Criterion: Describe the community need the members will be addressing.*

*Criterion: Provide information about the extent/severity of the need in the communities where members will serve.*

**Standard:** The community problem/need is prevalent and severe in the communities where members will serve.

RATING	<input type="checkbox"/> Greatly Exceeds the Standard	<input type="checkbox"/> Exceeds the Standard	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---	---	---

**Standard:** The applicant cites specific, relevant data to document the need.

RATING	<input type="checkbox"/> Greatly Exceeds the Standard	<input type="checkbox"/> Exceeds the Standard	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---	---	---

Significant Strengths for Problem/Need:

Significant Weaknesses for Problem/Need:



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

AMERICORPS MEMBERS AS HIGHLY EFFECTIVE MEANS TO  
SOLVE COMMUNITY PROBLEMS EVIDENCE BASE AND MEASURABLE COMMUNITY IMPACT

### Theory of Change and Logic Model (Logic Model Worksheet)

#### Logic Model Worksheet – Completeness

Instructions: For each Criterion below, check the box if the item is included in the Logic Model Worksheet.

Check each of the following if present in the applicant's Logic Model Worksheet:

- Criterion: Number of locations and sites where members are providing services
- Criterion: Number of members that will be delivering the intervention
- Criterion: Core activities that define the intervention or program model that members will be implementing or delivering
- Criterion: Duration of the intervention
- Criterion: Dosage of the intervention
- Criterion: Target population for the intervention

#### Theory of Change and Logic Model – Quality

Instructions: Using the Logic Model Worksheet and the Application Narrative, assess how well the applicant met the standards below. Check the box that corresponds to your Rating (note that the "Exceeds" and "Greatly Exceeds" Ratings are not available for some of the Standards). Provide significant strengths and significant weaknesses at the end of this section.

Criterion: Describe how the intervention is designed to address the problem described in the Narrative and the Logic Model Worksheet.

**Standard:** The intervention is an effective way to address the problem/need identified by the applicant.

RATING

- Greatly Exceeds the Standard     Exceeds the Standard     Meets the Standard     Partially Meets the Standard     Does Not Meet the Standard

**Standard:** The theory of change is described consistently in the logic model and application narrative.

RATING

- Meets the Standard     Partially Meets the Standard     Does Not Meet the Standard



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

**Standard:** The inputs, activities and outputs are logically aligned.

RATING	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---

**Standard:** The outcomes identified in the logic model are logically aligned with the problem/need and intervention.

RATING	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---

**Standard:** The Theory of Change and Logic Model cover comprehensively the applicant's entire program (i.e. no significant aspects of the program design are left out.)

RATING	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---

### Evidence Base

#### Number and Type of Studies – Fill in the Blank

*Instructions: Indicate the number and type of studies described by the applicant as evidence for the intervention. If a study is presented, but you are unable to assess with confidence what type of study it is, mark it as Non-Experimental.*

<u>TYPE OF STUDY</u>	<u>NUMBER OF STUDIES</u>
Experimental Studies	
Quasi-Experimental Studies	
Non-Experimental Studies	

*IF NO STUDIES WERE CITED BY THE APPLICANT: Did the applicant collect quantitative or qualitative data from program staff, program participants, or beneficiaries that have been used for program improvement, performance measurement reporting, and/or tracking? Yes  No*

#### Quality of Evidence - Select

*Instructions: For the study or studies that provide the best evidence for the intervention, assess how well the applicant met each of the four Standards below. Check the box that corresponds to your Rating. If no studies were described by the applicant, please select N/A (No Studies Cited) for each standard.*

*Criterion: How closely the program model evaluated in the studies matches the one proposed by the applicant*



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

**Standard:** The program model(s) studied is the same or nearly the same as the model the applicant will implement, in a similar context with similar target beneficiaries or entities.

RATING	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A (No Studies Cited)
--------	---------------------------------------	---	---

*Criterion: The methodological quality of the studies presented (e.g., statistical power, internal and/or external validity, sample size, etc.)*

**Standard:** The study or studies used rigorous and appropriate research methodologies given the design (e.g. non-experimental, quasi-experimental, experimental,) for example, using high quality data, sufficient sample size/statistical power, and a representative sample to identify effects. The study or studies exhibited internal validity, i.e. any effects identified can be reasonably attributed to the program model given the methodological limitations.

RATING	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A (No Studies Cited)
--------	---------------------------------------	---	---

*Criterion: The recency of the studies, with a preference towards studies that have been conducted within the last six years*

**Standard:** Studies conducted within the past 6 years are considered satisfactory. For studies older than six years, a 'Satisfactory' rating may be given if there is reasonable confidence that the relevant conditions in which the program operated when studied are the same or similar as the conditions in which the applicant's program will be operating. For example, for an educational program relevant conditions could include community demographics and educational standards. For an economic opportunity program relevant conditions could be economic climate.

RATING	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A (No Studies Cited)
--------	---------------------------------------	---	---

*Criterion: Strength of the findings*

**Standard:** The findings from the study or studies indicate with confidence that the program model under study had at least one positive and significant effect on target beneficiaries or entities. "Significant" means the results were statistically significant, for example at the 95% confidence level (or  $p < 0.05$ ).

RATING	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A (No Studies Cited)
--------	---------------------------------------	---	---

### Level of Evidence – Select

*Instructions: Based on your assessments of the Number and Type of Studies and the Quality of Evidence standards above, indicate the overall Level of Evidence presented by the applicant. Provide significant strengths and significant weaknesses at the end of this section*



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

- NO EVIDENCE** means that the applicant did not collect any data or cite at least one non-experimental study from a similar program.
- PRE-PRELIMINARY EVIDENCE** means the applicant presents evidence that it has collected quantitative or qualitative data from program staff, program participants, or beneficiaries that have been used for program improvement, performance measurement reporting, and/or tracking.
- PRELIMINARY EVIDENCE\*** means the applicant presents an initial evidence base that can support conclusions about the program's contribution to observed outcomes.

*Number and Type of Studies:* The evidence base consists of at least 1 non-experimental study conducted on the proposed program (or another similar program that uses a comparable intervention. A study that demonstrates improvement in program participants over time on one or more intended outcomes OR an implementation (process evaluation) study used to learn and improve program operations would constitute preliminary evidence.

—AND—

*Quality of Evidence:* The applicant was rated Satisfactory on all four Quality of Evidence standards.

\*If the program's Number and Type of Studies match the description for Preliminary, but one or more of the Quality of Evidence standards were rated as Unsatisfactory, please select Pre-Preliminary as the Level of Evidence.

- MODERATE EVIDENCE\*\*** means the applicant presents a reasonably developed evidence base that can support causal conclusions for the specific program proposed by the applicant with moderate confidence.

*Number and Type of Studies:* The evidence base consists of 1 or more quasi-experimental studies conducted on the proposed program (or another similar program that uses a comparable intervention) with positive findings on one or more intended outcome OR 2 or more non-experimental studies conducted on the proposed program with positive findings on one or more intended outcome OR 1 or more experimental studies of another relevant program that uses a similar intervention.

—AND—

*Quality of Evidence:* The applicant was rated Satisfactory on all four Quality of Evidence standards.

\*\*If the program's Number and Type of Studies match the description for Moderate, but one or more of the Quality of Evidence standards were rated as Unsatisfactory, please select Preliminary as the Level of Evidence.

- STRONG EVIDENCE\*\*\*** means the applicant presents an evidence base that can support causal conclusions for the specific program proposed by the applicant with the highest level of confidence.

*Number and Type of Studies:* The evidence base consists of 1 or more well-designed and well-implemented experimental studies conducted on the proposed program with positive findings on one or more intended outcome.

—AND—

*Quality of Evidence:* The applicant was rated Satisfactory on all four Quality of Evidence standards.

\*\*\*If the program's Number and Type of Studies match the description for Strong, but one or more of the Quality of Evidence standards were rated as Unsatisfactory, please select Moderate as the Level of Evidence.

### Level of Evidence – Justification

**Instructions:** Provide a short justification for the assigned Level of Evidence, including comments on both the Number and Type of Studies and the Quality of Evidence standards. This justification will be utilized to inform later stages of the grant review process and should be written for a non-technical audience with minimum evaluation expertise.



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

*(This justification will be utilized to inform a later stage of the review and will not be included in the Applicant Feedback.)*

Justification for selected Level of Evidence:

Significant Strengths for **AmeriCorps Members as Highly Effective Means to Solve Community Problems Evidence Base and Measurable Community Impact:**

Significant Weaknesses for **AmeriCorps Members as Highly Effective Means to Solve Community Problems Evidence Base and Measurable Community Impact:**

ORGANIZATIONAL CAPABILITY

*Past Performance*



## INDIVIDUAL REVIEWER FORM

Application ID:

Panel #:

Legal Applicant Name:

Reviewer Name:

Panel Coordinator:

*Instructions: Assess how well the applicant met the Standard below. Check the box that corresponds to your Rating. Provide the significant strengths and significant weaknesses at the end of the section.*

*Criterion: How successful has the applicant been in solving the identified problem?*

**Standard:** The applicant demonstrates success in solving the identified problem.

RATING	<input type="checkbox"/> Greatly Exceeds the Standard	<input type="checkbox"/> Exceeds the Standard	<input type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard
--------	---	---	---	---	---

Significant Strengths for Past Performance:

Significant Weaknesses for Past Performance: