

**INDIVIDUAL EVIDENCE REVIEW FORM**

**A. Reviewer Information**

A1. Application ID <i>*Select to auto-populate app info</i>	
A2. Organization Name	
A3. Program Name	

A4. Reviewer Number <i>*Select to auto-populate panel info</i>	
A5. Lead Reviewer	
A6. Panel Number	
A7. Staff Liaison Name	

**B. Evaluation Requirements**

B1. Evaluation Required	
B2. Evaluation Submitted	

B3. Type of Grantee	
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**Small/EAP Grantee Evaluation Requirements**

B4. Internal or External Evaluator	
B5. Process, Outcome or Impact Evaluation	
B6. At Least One Year of AmeriCorps Program Activity	

**Large Grantee Evaluation Requirements**

B7. External Evaluator	
B8. Impact Evaluation	
B9. At Least One Year of AmeriCorps Program Activity	

B10. Alternative Evaluation Approach (AEA)	
B11. Type of AEA	
B12. AEA Conditions Met	

**C. Evidence Review**

C1. Number of Studies Submitted	
C2. Number of Studies Reviewed	
C3. Evidence Tier Claimed	
C4. Evidence Tier Assessed	

C5. Quality Rating	
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**C6. Evidence Tier Justification**

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**C7. Rating Justification**

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**D. Study 1**

<b>D1. Report Title</b>	
<b>D2. Program Type</b>	