

NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION

Summary Recommendation of State Historical Records Advisory Board

This form should be completed by the State Historical Records Coordinator. On a separate sheet, summarize the views of the state board as expressed on members' individual evaluation forms, in meetings of the state board, and in your conversations with board members. Include a description of how the proposal relates to priorities established by the board. The summary review will be made available to the applicant.

This form, the summary review, and copies of individual evaluation forms should all be sent to the NHPRC. We suggest that all board members be strongly encouraged to submit reviews, and that a minimum of five evaluations (or a number representing a quorum of the board) serve as the basis for a board recommendation.

Proposal Number: Applicant: Proposal Title:	
1) Number of board members completing evaluation forms: _____	
2) From Section II of the individual evaluation forms (round averages to one decimal point): Average of importance/priority ratings: _____ Average of technical merit ratings: _____ Average of overall ratings: _____	
3) Recommendation (choose A, B, or C):	
<input type="checkbox"/> A. The Commission should support the proposal with (select one): <input type="checkbox"/> Full funding <input type="checkbox"/> Partial Funding of \$ _____	
The state board considers this proposal of (check one): <input type="checkbox"/> 1. Highest priority <input type="checkbox"/> 2. High priority <input type="checkbox"/> 3. Average priority	Because of (check one or more): <input type="checkbox"/> The importance of the records to be dealt with <input type="checkbox"/> The likely impact of the project on improving records programs <input type="checkbox"/> The time-critical nature of the project (if support is not given now it may be too late)
<input type="checkbox"/> B. The Commission should reject the proposal for reasons specified in the narrative summary.	
<input type="checkbox"/> C. Other: (Please advise the Commission on the action you wish it to take.)	
Signature: _____ State Coordinator	Date: _____