2024 Public Art Mural Program – Evaluation Form

Submission Number #/Name: _____

SCORING		
Criteria	**Max Points**	**Rating**
Review of Eligibility (Pass/Fail)		
Applicant/Artist Information	10	
Program Goals	20	
Curatorial Standards	25	
Mural Information	20	
Program Budget	10	
Project Schedule/Installation Plan	10	
Local Preference	5	
Total	100	

Evaluator

Print Name: _____

Signature: _____ Date: _____

Comments: _____

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