



RUBRIC FOR EVALUATING UNIVERSITY ACTIVITIES AND EVENT OPPORTUNITIES

This rubric form will be used to assess the potential for activities and event opportunities to take place on-campus. Favorable opportunities will (1) not conflict/disrupt scheduled academic instruction; (2) have the capacity to provide and enforce a detailed COVID-19 safety protocol/plan (i.e. physical distancing, PPE); (3) aligns with the university's mission and goals assuming risk is low and safety remains the top priority. The evaluation rubric below reflects this current context.

Name/Description of the Event or Activity: _____

Date(s) & Time(s) of Event/Activity: _____ Load-In (Date/Time): _____ Load-Out (Date/Time): _____

Event Location(s): _____ #Attendees: _____

CSUN Campus Contact / Event Organizer: _____ Today's Date: _____

Please answer the following questions and provide details in "Notes" section. "Verified" box to be completed by Repopulation workgroup only.

	YES	NO	VERIFIED	ADDITIONAL NOTES
1) Is the requested venue/location available on requested date(s) / time(s) and do not pose any disruption to academic instruction?				
2) Does the event/activity take place in a location(s) whose attendees can be separated from the rest of the campus community?				
3) Is the venue/location well ventilated and/or large enough to apply physical distancing measures among attendees?				
4) Is the event a fundraiser and/or generate revenue for the university / dept.? <i>If yes, please also explain whether funds are collected prior or during the event.</i>				

	YES	NO	VERIFIED	ADDITIONAL NOTES
5) Did the event organizers complete the Safety Questionnaire and/or submit a separate COVID-19 Safety Protocol/Plan (i.e. PPE, phys. distancing, cleaning plan) for review? (See document pertaining to COVID-19 Safety Guidelines requirements.)				
6) Is the event/activity low impact, thus not requiring much campus staff support or resources (i.e. PPM, Parking / Police services)?				
7) Does the event/activity provide good opportunity for CSUN to foster goodwill/relationships among faculty/staff and students?				
8) Does the event/activity provide learning opportunities for students and/or employment opportunities for intermittent staff?				

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THIS SECTION TO BE COMPLETED BY THE FOLLOWING REVIEWER

Cabinet Member Approver:

Date:

Notes:

Repopulation Reviewer:

Date:

Notes:

Pandemic Health & Safety Team Reviewer:

Date:

Notes: