

Project # _____

TAP Application Review Sheet
(For use by TAP Advisory Board & Committee Members)

Name of the Group Applying: _____ Non-Profit (Y/N) _____

Grant Size: ____ Tier 1: (< \$4,999) ____ Tier 2: (\$5,000 to \$74,999) ____ Tier 3: (\$75,000+)

Project Name: _____ Group Leader / Main Point of Contact / Responsible Party _____

Grant Amount Requested: _____ Total Cost of Project: _____

Estimated Impact (\$ cost / users per year) _____

Previous 3 years of TAP funding:

Last year _____ 2 Years ago _____ 3 Years ago _____

***If scoring criteria is not applicable, category points will be moved to overall impression scoring.**

Value to Community & General Summary (30 points available)

____ 0-10 Does the project fulfill a current & demonstrated need in Wasatch County?

____ 0-20 Does this project meet the intent of TAP? (i.e., Improve the Quality & Accessibility of Trails, Arts, & Parks across the entirety of Wasatch County, for the direct use and benefit of its residents and its visitors.)

Collaboration with other Community Supporting Groups. (15 points available)

____ 0-15 To what extent does the project show collaboration/coordination with other Wasatch County Entities?
(I.e. Letters of support from other entities, and / or, joint work with those entities, that demonstrate support for the project and the Common Good. Thus, demonstrating that this project will reach a greater population.)

Leveraging and Growing Installed Value (30 points available)

____ 0-15 Cash Matching Funds. Encourage Non-Tax dollars from community partners / private sponsors / admissions
>31% = 15pts, 21%-30%=10pts, 13%-20%=5pts, 12.5%=1pts

____ 0-15 In-Kind matching Funds. In-kind includes: 'Volunteer' hours at std rate/ hr, and / or, Donated Materials
>31% = 15pts, 21%-30%=10pts, 13%-20%=5pts, 12.5%=1pts

Cost and Performance Risk Analysis (20 points available)

____ 0-10 Are the cost ratios appropriate? Average Cost Per user. (norm is \$1 to < \$10 /user, mid is \$10 to \$30/user, high is > \$30/ user)

____ 0-5 Are the costs supported by years of history (high confidence), one time estimate (low confidence), or written & official quotes (high confidence)

____ 0-5 Does the application show evidence of adequate planning, project design, budgeting, & project management that will lead to successful, on-time completion of the project?

Discretionary Overall Impression of the Proposal (5 points Available)

____ 0-5

_____ = TOTAL POINTS

_____ **Completion Reports & Audits for previous grants: (REDUCTION OF POINTS) (Staff to provide)**

Previous year(s) Completion Report late: - 10 Pts. No Completion Report: - 25 pts. Entity failed Audit : -25 Pts

Summary Evaluation Comments of Support / Points of Concern / Discussions / Follow-up