

Adams County Open Space

Open Space Advisory Board Score Sheet

Grant Cycle: Fall 2018

Project Type**: Active Use**

Reviewer Name: «OSAB\_Name»

Applicant Name: «Applicant\_Name»

Project Name: «Project\_Name»

**Grant Fund Use**

 **1. Project Description**

**a.** Please describe each component of the project and scope of work in detail.

i. Is there a clear overall picture of the project and its primary components?

Yes No

**b.** Does this project attempt to avoid conflicts between surrounding uses and park uses?

Are there attempts to separate high use areas within the park to avoid user conflicts?

i. Does this project attempt to avoid conflicts between surrounding uses and park uses?

Yes No Not Applicable

ii. Are there attempts to separate high use areas within the park to avoid user conflicts?

Yes No Not Applicable

 **Comments:**

 **2. Community Need/Urgency**

**a.** Clearly describe how this project will fulfill needs of the community (i.e. the project provides recreation opportunities for underserved areas, addresses health and safety issues, etc.).

i. Has the applicant demonstrated why this project is important to the community?

Yes No

ii. Does this project address currently unmet needs of the community?

Yes No

**b.** Explain the urgency to complete this project, including how the scope of the project will be affected if Adams County Open Space Grant funds go unsecured and what, if any, opportunities will be lost if the project does not receive grant funding this cycle.

i. Does the project involve strategic partnerships, especially for funding the project?

Yes No

ii. Are there other details of the funding strategy that make this project urgent to fund now?

Yes No

iii. Outside of funding, is there a clear need to complete this project now (i.e.

health and safety)?

Yes No

 **Comments:**

 **3. Uses/Users**

**a.** Describe all current and anticipated future uses of the project, including all programmed and non programmed activities.

i. Are the intentions for this property or project clearly described?

Yes No

**b.** Explain how this project will appeal to a broad diversity of users or address the needs of specific groups (i.e. the project will provide facilities specifically for youth, the elderly, those with a disability, or will serve a combination of many groups).

i. Have general groups of anticipated users been identified?

Yes No

ii. Has the applicant described how user conflicts will be avoided?

Yes No Not Applicable

iii. Does the project appeal to a broad diversity of users?

Yes No

iv. Does the project address the needs of a specific group?

Yes No

 **Comments:**

 **4. Connectivity**

**a.** Explain how this project fits into a regional or master plan.

i. Does this project have a regional appeal or use?

Yes No

ii. Does the project fulfill needs identified by the public during a master planning process?

 Yes No

**b.** Will this project link to other trails, parks or open space properties in the applicant's jurisdiction or in another jurisdiction, now or in the future?

i. Is it clear how this project fits within the community?

Yes No Not Applicable

ii. Does this project serve connectivity needs within the community?

Yes No Not Applicable

 **Comments:**

**Project Detail**

 **1. Funding Summary**

i. Is the applicant requesting less than 60% of the total project costs?

Yes No

ii. Has the applicant justified the expenses to be incurred for this project?

Yes No

iii. Has the applicant explained where additional funds are coming from, if not from themselves?

Yes No

iv. Do the budget categories relate directly to the project description?

Yes No Not Applicable

v. Have other funding sources been pursued to implement this project?

Yes No

vi. Has this project been submitted for funding in the past?

Yes No

vii. If yes, did the project receive partial funding?

Yes No

 **Comments:**

**Project Support**

 **1. Community Outreach**

**a.** Briefly describe any effort made on the part of the applicant to gain support for this project.

i. Has the applicant engaged in efforts to build support for the project outside the master planning process?

Yes No Not Applicable

ii. Has the applicant shown strong community support through a variety of letters?

Yes No

 **Comments:**

**Project Management and Applicant’s Past Performance of Awarded Projects**

 **1. Long-term Management**

**a.** Describe how this project will be managed to ensure safety of users and for long-term

sustainability.

i. Are there adequate resources to maintain and operate the facility in the future?

Yes No

ii. Have the additional resources necessary to maintain the project long-term been addressed?

Yes No

 **2. Past Performance**

i. Has the applicant completed similar projects in the past?

Yes No Not Applicable

 **3. Pending Projects**

i. Does the applicant have projects extending past the original two-year due date?

Yes No Not Applicable

 **Comments:**

**Overall Funding Decision**

Based on your review of this application, how would you rank this project according to preference, 1-15 (1 represents the highest priority, and 15 is the lowest)? Please give each project a unique ranking.

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**Overall Application Comments:**