MSTU Special Projects Funding Evaluation Review Form

Evaluation Review Form (Completed by Selection Committee members) Rate each item with a check mark indicates the project meets the criteria.

Organization Name: Tierra Verde Communtiy Association

Reviewer Name: Brian Lowack

Program Name: TVCA Playground Equipment Replacement

Prograi	m Name: TVCA Playground Equipment Replacement	
Organ	izational Profile	
1.	Organization demonstrates capacity to effectively undertake the proposed	
	project	
2.	Proposed project supports the organization's mission	V
	Organizational Profile Subtotal	
Comm	unity Need	
1.	Problem and needs are described and well assessed	V
2.	Application demonstrates that the project addresses an under-served need in	
	the community	/
	Community Need Subtotal	
Projec	t Summary	
1.	Proposed project is fully described and understandable	V
2.	Project addresses gaps or needs in the community	V
3.	the branch by the bear of the second	
	desired outcome	
	Project Summary Subtotal	
Project	Outcomes	
1.	Goals and activities are detailed	V
2.	Timeline is defined and achievable	V
	Project Outcomes Subtotal	
Alignm	ent with Strategic Plan	
1.	Project aligns with Delivering First Class Service	\checkmark
2.	Project aligns with Promoting Public Health and Safety	V
3.	Project aligns with Practicing Superior Environmental Stewardship	V
4.	Project aligns with Fostering Continual Economic Growth & Vitality	V
5.	Project aligns with Maintaining Social, Economic, Cultural Equitability	V
	Project Alignment Subtotal	
Budget		
	Funding request is reasonable for type and level of project	V
2.	Application demonstrates the ability to successfully execute project through	,
	defined budget	/
	Budget Subtotal	
TOTAL CRITERIA ITEMS MET:		
Reviewer Signature:		Date:
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