

USTA NORTHERN ADOPT-A-COURT GRANT EVALUATION & REVIEW FORM

Applicant Name: _____

Reviewer Name: _____

Type of Grant Request: ☐ Category I ☐ Category II ☐ Category III

Amount of Grant Request: \$ _____ **Total Project Cost:** \$ _____ **Project Timeline:** _____ to _____

Project Summary: (Write a brief description of what the organization is trying to accomplish through the USTA Northern Grant.)

Criteria for Grant Proposal Review:

- | | |
|---|---------------------|
| 1. Demonstration of Need for Support (Maximum Points = 15) | Total Points: _____ |
| 2. Clarity of Explanation on how Grant Funds will be Used (Maximum Points = 10) | Total Points: _____ |
| 3. Impact on USTA Northern Tennis Landscape
(Maximum Points = 15) | Total Points: _____ |
| 4. Impact on Growth of Tennis in Community (Maximum Points = 15) | Total Points: _____ |
| 5. Community support of project (Maximum Points = 15) | Total Points: _____ |
| 6. Program Plan (Maximum Points = 15) | Total Points: _____ |
| 7. Facility Management (Maximum Points = 5) | Total Points: _____ |
| 8. Evaluation of Project Success (Maximum Points = 5) | Total Points: _____ |
| 9. QuickStart Tennis (Maximum Points = 5) | Total Points: _____ |

Maximum total Points = 100

Cumulative Point Total: _____

Reviewer contacted organization/applicant for further explanation of proposal

☐ Yes ☐ No

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Applicant Name: _____

Reviewer Name: _____

Criteria Comments & General Overall Comments: (Please write brief comments regarding the proposal/applicant)

Overall Recommendation: ☐ A ☐ B ☐ C Recommended Grant Amount: \$ _____

A = High recommendation for funding

B = Moderate recommendation for funding

C = No recommendation for funding at this time

PLEASE FAX, EMAIL OR MAIL THIS FORM TO:

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