Applicant:	Is the Applicant a CLG:	
Program Area(s):		
Project Title(s): Support of the Board of Museums and History		
Federal Share Requested:		\$
Required Match:		\$
Non-Federal Share (per Application):		\$
Non-Federal Share Sources:	Total Project Costs:	\$

After reading subgrantee applications, assign a score for each criterion above between 1 and 10, with 1=Poor and 10=Excellent. The Revised Score column should be left blank until the scheduled evaluation meeting.

Below is some brief guidance on factors to consider when reviewing applications:

Demonstrated grant experience.

- Did the applicant provide sufficient data to convince you that the project will be effective and produce a viable product? Was the proof compelling?
- Are you confident that this applicant has the knowledge, skills and abilities to perform all its tasks well? Will the applicants resources be adequate to meet their match needs? Does the applicant suggest new ways to enhance performance? Did the applicant present sufficient performance history to convince you of its ability?
- Has the applicant applied for subgrant funds in the past? Has the applicant been successful in their previous subgrants? Has there been any history of problems with the applicant? Does the applicant list or describe prior experience that will ensure all the skills necessary to perform tasks well?
- Does the applicant indicate they have experience or knowledge of the Secretary of the Interior's Standards? Has the applicant provided adequate documentation in the form of photos, project descriptions, resumes/vitas for proposed consultants?

<u>Clear and Precise Description of Project.</u>

- Did the applicant's proposal provide all the necessary information requested in the application in a professional manner?
- Did the application cause doubt regarding the applicant's ability to complete the necessary tasks?
- Was the application easy to understand and did it provide answers to questions, or did it create more questions?
- Has the applicant established a budget that is reasonable for the project? Is SHPO receiving good value for its dollars? Does the budget appear cost-effective? Are the costs reasonable compared to similar past projects? Will there be any additional costs or other ongoing expenses?

Question	Evaluation Criteria	Weight	Final Score (1-10)	Revised Score (1-10)	Reason for Revised Score:
1.	 Does the applicant's project fall within the priorities established by SHPO for FY2017? Proposals for projects that will survey and complete National Register of Historic Places evaluations of historic commercial areas with an emphasis on commercial/income producing properties (Nevada State Preservation Plan, 2012, Objectives A-1, B-5, D-4, and D-5). Encourage the creation or updating of preservation or survey plans for local governments within the state (Nevada State Preservation Plan, 2012, Objectives A-1, A-3, B-3, and E-8). Public education projects that will result in products (brochures, webinars, reusable trainings, etc.) to educate the public and local governments about the benefits of historic preservation (Nevada State Preservation Plan, 2012, Objective C-1). 	.20			
2.	 Does the project further SHPO's annual NPS requirements? Creation of a new NR nomination? Addition of newly added properties to the statewide inventory through survey & inventory. Creation of a feasibility report, historic structures report, rehabilitation or preservation plan. Commencement & completion of a rehabilitation or restoration project with attached covenant. 	.20			
3.	Is the project an emergency? <i>Emergency is defined as resource listed in the National Register</i> <i>of Historic Places (NRHP) that is in imminent danger of being</i> <i>lost, demolished, permanently damaged, or on the verge of</i> <i>structural failure.</i>	.20	Circle Yes No		
4.	Is the project description and project budget accurate and detailed enough to evaluate the project? Does the application support the overall goals of the project?	.20			
6.	Does the application include detailed information on previous grant experience?	.10			
7.	Does the application provide overmatch for the proposed project? Have they provided overmatch in the past?	.10			
	Total:	1			

APPLICATION STRENGTHS*	APPLICATION WEAKNESSES*
ADDITIONAL N	OTES/COMMENTS*

*Optional Initial Review Notes

Final Review Score				
Name:				
Signature:	Initial Review Date:			
Committee Review Revised Score (if applicable)				
Name:	Title:			
Signature:	Committee Review Date:			