

Citizens Advisory Council 2016 SORT Planning Target Area Score Sheet

My Name: _____

My NIA/NA: _____

Scoring: _____ **NIA's Application**

1. How much of their neighborhood is classified as "Intensive Care" or "At Risk" by the 2014 Neighborhood Health Map in the City's Neighborhood Element of the Comprehensive Plan? **(Planning Dept. score)**

2	4	6	8	10	
All Others	At Risk	At Risk w/out plan or w/ outdated plan	Intensive Care	Intensive Care w/out plan or w/ outdated plan	

2. How is the neighborhood classified as a **Priority Investment Area** in the City's Neighborhood Element of the Comprehensive Plan? **(Planning Dept. score)**

2	4	6	8	10	
Average	Above Average Out Patient	Above Average At Risk	High At Risk	High Intensive Care	

3. Has this NIA previously been designated as a SORT Target Area?

0	5	10	
More than Once	Once	No	

4. Does this NIA have a Neighborhood Plan? **(Planning Dept. score)**

0	5	10	
Yes, within the last 5 years	Yes, within the last 10 years	No	

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NOTE TO CAC MEMBERS: If your NIA is presenting a target proposal, you are excluded from voting or providing comments in reference to other presentations. Thank you!

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5. Did the application address the neighborhood need? Were examples provided?

0	3	4	5
No	Yes, One	Yes, Two	Yes, Three
example of	example of	examples	examples
need given	need	of need	of need
	provided	provided	provided

6. Did the application recognize existing positive features of the neighborhood that can be improved to positively impact the neighborhood?

0	3	4	5
No	Yes, One	Yes, Two	Yes, Three
	example	examples	examples
	provided	provided	provided

7. Did the application recognize the neighborhood's limitations for revitalization? Were details provided?

0	3	5
None	Limitations	Limitations
provided	acknowledged	acknowledged
	but no details	& detail
		provided

8. Did the application describe an overall vision for the neighborhood? Did they describe how SORT will impact the vision?

0	3	5
No	One vision	Neighborhood
	but not	vision & SORT
	both	impact

9. Did the application describe the changes SORT will bring the neighborhood?

0	3	4	5
No	Yes, One	Yes, Two	Yes, Three
	example	examples	examples

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10. Who benefits from the neighborhood vision expressed?

- | | | | | |
|----------------------------------|--------------------|--------------------|-------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| A small
portion of
the NIA | Some of
the NIA | Most of
the NIA | The entire
NIA | The entire
NIA &
surrounding
areas |

11. Does the neighborhood have a committee in place for the Planning stage of the SORT Program?

- | | | |
|----|---------------------------------|---------------------------------|
| 0 | 3 | 5 |
| No | Small committee
(2-3 person) | Large committee
(4+ persons) |

12. Does the neighborhood have an existing Neighborhood Plan? If 'Yes', answer (a) below, if 'no' answer (b) below.

a. Was the current Neighborhood Plan incorporated into the application/presentation? What has been done to specifically implement the plan?

- | | | | | |
|----|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| 0 | 2 | 3 | 4 | 5 |
| No | Yes, but
no
example
provided | Yes, One
examples
provided | Yes, Two
examples
provided | Yes, Three
examples
provided |

b. What activities has the neighborhood already completed that will help them develop a neighborhood plan?

- | | | | |
|----------------|----------------------------|-----------------------------|-------------------------------|
| 0 | 3 | 4 | 5 |
| No
activity | One
example
provided | Two
examples
provided | Three
examples
provided |

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12. Does the neighborhood have the necessary passion & commitment to make SORT a success? Key factors include; examples of past projects lobbied for, dedication, diversity of members, wide support, innovative ideas, active engagement with CAC, & other City programs or projects.

1 2 3 4 5
Poor Below Average Good Excellent
Average

SCORE THIS PAGE	
TOTAL SCORE	

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