

Application - ULI Indiana - Technical Assistance Panel

1a. Applicant		1b. Project Site	
Name:		Name:	
Title:		Address or Boundaries:	
Organization:		City:	
City:		County:	
County:		Zip:	
Zip:		Please attach a map if applicable.	
Phone:			
Email:			
Circle preference:	Phone	Email	

2. Please describe the problem in your own words. Provide supporting data and graphics as appropriate to help support your description.

3. What expertise do you hope that ULI can provide?

4. Cost Estimate		Example:	Applicant's Estimate:	ULI Estimate:
1	Number of Panelists Needed:	5		
2	Number of Hours Needed:	15		
3	Cost per hour: (fixed at \$200.00)	\$200.00	\$200.00	\$200.00
4	Estimated Value of TAP: (line 1 x line 2 x line 3)	\$15,000		
5	Match Required: (line 4 x .5)	\$7,500		
6	Reimbursable Expenses (copies, supplies, food, lodging)	varies		
Estimate	Line 5 + Line 6	\$8,000-9,000		

Note: All estimates are non-binding. The final value, match requirement, and reimbursable expense will be stated in the contract between ULI and the applicant.

5. Have you identified a source of matching funds?

Yes. Please explain:

No. What is your timeline for identifying funds?

6. From your perspective when would be a good time to schedule the TAP?

Please allow 45-90 days for planning.