



# TAP APPLICATION

Lead Applicant Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please attach the following required documents to this application:*

**1. COVER LETTER**

Briefly state the need for a Technical Assistance Panel (TAP), including how the proposed TAP meets ULI Chicago's Selection Criteria (below).

**2. STUDY AREA SYNOPSIS**

Define the study area and provide a one to two-page description including background information, previous development efforts and their outcomes, and current or future plans and activities (both public and private).

**3. SCOPE OF WORK**

Provide three to four well-defined questions for the panel to respond to during the Panel.

**4. DOCUMENTED LEADERSHIP SUPPORT**

Provide a letter from the municipality in support of the TAP process, agreement with the criteria outlined in this application, and the program fee. Letters of support from local businesses and/or community-based organizations are encouraged but are not required.

**SELECTION CRITERIA**

- Strong local leadership capacity.
- A clearly defined scope of work, and three to four well-articulated questions to be addressed during the two-day session.
- A clearly defined geographic boundary (a neighborhood, district, corridor, etc.).
- Transferability to other communities in the region.

**REVIEW PROCESS**

TAP applications are reviewed by the ULI Chicago Public Policy Committee on an ongoing basis. .



**Return Completed Applications to:**

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