Name of Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Score ranges from 1-5 where five indicates highly meets the criteria and one indicates the criteria is certainly not met.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Score** | **Comments** |
| The fees were used to purchase items that were listed in the original approved application. |  |  |
| The fee account did not leave a significant amount of revenue remaining. |  |  |
| The fee account did not have a significant deficit. |  |  |
| The review form was completed appropriately and included all required elements. |  |  |
| The review form and attachments were submitted by the deadline. |  |  |
|  |  |  |

Comments: Do you feel that there should be any adjustments in this fee (reductions, increases, eliminations or expansion of allowable expenditures)? Do you have any other recommendations? Please explain your rationale.