

Attachment C

Human Resources Commission CDBG 2014-2015 Program Evaluation Form

Program Name & Agency Name _____ Evaluator _____

Directions: Complete an evaluation form for each application. Circle points for each question based on your review of each application. Multiply your score for each question by the weighted number and put your total in the "Total" column. Add totals together. Recommend a funding amount.

	<u>Lowest</u>	>	>	<u>Highest</u>			<u>Weight</u>	<u>Total</u>
1. The activity addresses the City Council priorities of Youth Services, Abused and Neglected Children, Senior Services, Mental Health Services, and Child Care Services p. 1, 2, 3	0	1	2	3	4	5	x 3	= _____
2. Collaboration with other providers/organizations? (Shared services/costs.) p. 3	0	1	2	3	4	5	x 3	= _____
3. Prevention component in the program? (Prevents something from starting.) p.3	0	1	2	3	4	5	x 1	= _____
4. Consolidated Plan goal addressed by the program? p. 2	0	1	2	3	4	5	x 1	= _____
5. Identified need for the program? (Are facts presented on need?) Logic Model	0	1	2	3	4	5	x 3	= _____
6. Qualified staff to deliver the program? (Have education and/or experience?)p.4	0	1	2	3	4	5	x 3	= _____
7. Are program outcomes clearly defined to address client needs? Logic Model, Column 6	0	1	2	3	4	5	x 3	= _____
8a. Does program have demonstrated success at achieving outcomes? p.3 OR	0	1	2	3	4	5	x 3	= _____
8b. If this is a new program, is it likely to succeed? P All	0	1	2	3	4	5	x 3	= _____
9. Is there funding source diversity? (Other income besides CDBG) p.6, 9, 10	0	1	2	3	4	5	x 2	= _____
10. Is there a need for funding? (Will CDBG funding make a difference?) p.9, 10	0	1	2	3	4	5	x 3	= _____
11. Is the program budget presented clearly? (Is it reasonable? Balanced?) p.9,10,	0	1	2	3	4	5	x 3	= _____
12. Overall, how do you feel about this proposal? (Is it clear, concise, worth funding?)	0	1	2	3	4	5	x 5	= _____

Total Points _____

Requested \$ Amount _____

Recommended \$ Amount _____

Comments _____