

## Evaluation of Agency Program Performance - INITIAL APPLICATION

### Community Review Panels

**Program Name:** \_\_\_\_\_  
**Area of Impact:** \_\_\_Health \_\_\_Education \_\_\_Financial Stability  
**Name of Person Evaluating:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_  
**Date Evaluated:** \_\_\_\_\_

		SCORE
1.	Does this <b>agency</b> show evidence of good governance?	
2.	Is this <b>agency</b> an active United Way Partner?	
3.	Does this program have positive collaborations with other service providers?	
4.	Does this <b>agency</b> operate well, showing good financial management and responsible stewardship with their funds.	
5.	Is the <b>program</b> budget balanced?	
6.	Are you able to summarize what the <b>program</b> does and how?	
7.	How beneficial is this <b>program</b> to Allen County?	
8.	Does this program have an effective plan for accomplishing their goals?	
9.	Does this program have the resources (human capital, space, equipment/supplies, cash flow, etc.) to accomplish their goals?	
10.	Does this <b>program</b> impact the community as specified under the Application Section titled "Area of Impact"?	
11.	Do participants in this program obtain skills or resources that positively impact their lives?	
12.	Is this program making a difference as evidenced by their reported outcomes/impact on people's lives?	
13.	Does the Success Story indicate a positive change in the person's life?	
<b>TOTAL SCORE</b>		<b>0</b>

**Evaluate this program in each category using the following Scale:**

**Scale of 1 through 5.**

- 1 = Poor
- 2 = Fair
- 3 = Average
- 4 = Good
- 5 = Excellent

**Highest Score Possible = 65**

- 90% = 59
- 80% = 52
- 70% = 46
- 60% = 39

(Potential Score of 5 through 65.)

**Program Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

(Page 2)

A. 

Do you feel you need additional information to be able to adequately evaluate this program?	___Yes ___No
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If yes, specify the additional information you would like to receive:

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B. 

Does this program merit United Way funding?	___Yes ___No
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Additional Comments:

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