

Evaluation of Agency Program Performance - INITIAL APPLICATION

Community Review Panels

Program Name: _____

Agency Name: _____

Area of Impact: Health Education Financial Stability

Name of Person Evaluating: _____

Date Evaluated: _____

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

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 = 55
 90% = 50
 80% = 44
 70% = 39
 60% = 33

(Potential Score of 5 through 55.)

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

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