

Children's Board of Hillsborough County

FY 2019 Annual Contract Evaluation and Recommendation for Continuation Funding

Part I

Agency: _____

Program: _____

Contract Manager: _____

Contract is a Lead Agency with Collaborative Subcontractors Yes No

Contract activities through May 30	Comments/Explanations	Max Pts	Pts Awarded	Rater Initials
<p>1. Geographic Focus: (see map)</p>	<p><u>Check One:</u> ___ 95%-100% of program participants served reside in geographic focus area(s) specified in scope of services (3 points) ___ 85%-94% of program participants served reside in geographic focus area(s) specified in scope of services (2 points) ___ 75%-84% of program participants served reside in geographic focus area(s) specified in scope of services (1 point) ___ Below 75% of program participants served reside in geographic focus area(s) specified in scope of services (0 points) <i>Enter Comments Here:</i></p>	3		
<p>2. Service Level Achievement: (# of participants served are in compliance with # contracted to serve)</p>	<p>___ Program service levels on track with expected rates of enrollment (3 points) or ___ Program service levels below expected rates of enrollment (0, 1 or 2 points) <i>Enter Comments Here:</i></p>	3		
<p>3. Demonstration of Community Engagement and/or Collaboration:</p>	<p>___ Program at least annually utilizes a customer service/satisfaction survey. (1 point) ___ Participants engaged in program evaluation; staff hiring; decision making; or serve in an advisory capacity. (2 points) ___ Collaboration exists with <u>community</u> partners without formal subcontract agreements to improve service delivery for families. (1 point) <i>Enter Example Here:</i></p>	4		

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<p>4. Compliance with CBHC General Terms and Conditions.</p>	<p>Score 0 or 1 point for each:</p> <ol style="list-style-type: none"> 1. ___ Timely notifications of Board member listing or staff changes (including E.D. or Board Chair) 2. ___ Notification of loss of other Program funds and/or critical incidents. 3. ___ Participation in 2-1-1 4. ___ Disaster Plan Verification and Contact Information 5. ___ Maintains Insurance <p><i>Enter Comments Here:</i></p>	5		
<p>5. Demonstration of CBHC Branding or Marketing Materials Recognizing CBHC Funding Support:</p>	<p>Score 0 or 1 point for each:</p> <ol style="list-style-type: none"> 1. ___ Acknowledges Children’s Board support on any agency and program materials, either electronic or print by publishing the Children’s Board logo or approved program logo with statements such as “funding for services generously provided by the Children’s Board”. 2. ___ Publishes the Children’s Board logo on the Provider website home page. 3. ___ Establishes a link to the Children’s Board website on the Provider website. 4. ___ Displays the Children’s Board logo in Provider service locations and administrative offices. 5. ___ Provides information about the Children’s Board each year to its employees and governing Board of Directors (evidence in minutes). <p><i>Enter Comments Here:</i></p>	5		

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<p>6. Fiscal Review Site Visit</p>	<p><u>Score 0, 1 or 2 points for each:</u></p> <p><input type="checkbox"/> The Fiscal Site Visit Interview Form was completed 3 business days prior to site visit and the provider was ready for the fiscal review when CBHC arrived.</p> <p><input type="checkbox"/> All expenses on the reimbursement request form tested were substantiated.</p> <p><input type="checkbox"/> There was evidence of a process to review expenditures included on reimbursement request prior to submission.</p> <p><input type="checkbox"/> Funds were spent according to the contract budget/narrative.</p> <p><input type="checkbox"/> There was evidence of how allocations were determined.</p> <p><i>Enter Comments Here:</i></p>	10		
Total Points Part I	<i>Enter Additional Comments Here:</i>	30		

Initial Results for Continuation Funding:

- Progress to date indicates program in good standing (*Part I result is 27 – 30 Points*)
- Progress to date indicates improvement may be needed (*Part I result is 22 - 26 Points*)
- Progress to date indicates program may be at risk as a Program of Concern (*Part I result is less than 22 Points*)

Contract Manager Signature: _____

Date completed:

Director of Finance: _____ (initials)

Director of Programs: _____ (initials)