

This rating sheet is for your personal use.

**COMMUNITY SERVICES COMMISSION/EARLY CHILDHOOD CARE AND EDUCATION BOARD/
SENIOR CITIZENS ADVISORY COMMITTEE
2009-2010 PROPOSAL RATING SHEET**

Agency Name: Program Letter: Program Name: Program Area: Program Goal/Priority*:	Proposal #:
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The proposed program demonstrates:

	<u>Yes</u>	<u>Partial</u>	<u>No</u>	<u>Unsure</u>
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Community Resources Program Priority Ranking

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Responsiveness to the mission and to a need described in the 2009-2010 Program Area Goals and Priorities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

Program Description and Problem/Need Statement

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Incorporates an effective program design | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Need for the service or program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Quantifiable, specific outcome objectives and plans for measuring and evaluating outcome objectives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Emphasis on prevention and/or early intervention services, or immediate intervention services (as appropriate to specific program areas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Potential or evidence that the service can have a positive impact on a need or problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Reasonable cost effectiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Coordination and linkage with closely-related programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

City-Related Issues

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Importance of City funding to initiation or maintenance of service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. No other funder has primary fiscal responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Service potential for improving quality of life for diverse and lower-income City residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Promotion and support of programs, which foster a safer community and aid in reducing the need for police services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Potential for diversion from more expensive City services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Neighborhood-based or neighborhood-focused services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Agency Capacity/Fiscal Issues/Fundraising

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Reliable and consistent performance of agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Agency recruits and maintains effective staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Sound fiscal planning and management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Demonstrated efforts and success at securing independent funding sources, volunteer and in-kind support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommended Level of 2009 Funding \$ _____

*As assigned by Community Services Staff

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If my funding recommendation is for no 2009 funding or reduced funding from the 2007 allocation, my reason is:

Additional Comments: