

Children’s Board of Hillsborough County

**FY 2024 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><b>Check One:</b>  <input type="checkbox"/> 95%-100% of program participants served reside in geographic focus area(s) specified in scope of services (3 points)  <input type="checkbox"/> 85%-94% of program participants served reside in geographic focus area(s) specified in scope of services (2 points)  <input type="checkbox"/> 75%-84% of program participants served reside in geographic focus area(s) specified in scope of services (1 point)  <input type="checkbox"/> 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>	<p><b>3</b></p>		
<p>2. Service Level Achievement: (# of participants served are in compliance with contract)</p>	<p><input type="checkbox"/> Program service levels <b>on track</b> with expected rates of enrollment (3 points)  or  <input type="checkbox"/> Program service levels <b>below</b> expected rates of enrollment (0, 1 or 2 points)  <i>Enter Comments Here:</i></p>	<p><b>3</b></p>		
<p>3. Demonstration of Community Engagement and/or Collaboration:</p>	<p><input type="checkbox"/> Program at least annually utilizes a customer service/satisfaction survey. (1 point)  <input type="checkbox"/> Participants engaged in program evaluation <b>and</b> an advisory capacity. (1 point)  <input type="checkbox"/> Participants engaged in staff hiring or serve in a decision-making role. (1 point)  <input type="checkbox"/> 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>	<p><b>4</b></p>		

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<p>4. Compliance with CBHC General Terms and Conditions:</p>	<p><b>Score 0 or 1 point for each:</b></p> <ol style="list-style-type: none"> <li>1. ___ Timely notifications of Board member or staff changes (including ED)</li> <li>2. ___ Timely notifications of critical incidents</li> <li>3. ___ Participation in 2-1-1</li> <li>4. ___ Disaster Communication Form and Contact Information</li> <li>5. ___ Maintains Insurance</li> </ol> <p><i>Enter Comments Here:</i></p>	<b>5</b>		
<p>5. Demonstration of CBHC Branding or Marketing Materials Recognizing CBHC Funding Support:</p> <p><b>Check here if contract has branding special condition</b> <input type="checkbox"/></p> <p><i>(If checked, consult with Public Relations Director)</i></p>	<p><b>Score 0 or 1 point for each:</b></p> <ol style="list-style-type: none"> <li>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”.</li> <li>2. ___ Publishes the Children’s Board logo on the Provider website home page.</li> <li>3. ___ Establishes a link to the Children’s Board website on the Provider website.</li> <li>4. ___ Displays the Children’s Board logo in Provider service locations and administrative offices.</li> <li>5. ___ Provides information about the Children’s Board each year to its employees and governing Board of Directors (evidence in minutes).</li> </ol> <p><i>Enter Comments Here:</i></p>	<b>5</b>		

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6. Fiscal Review Site Visit:	<p><b><u>Score 0, 1 or 2 points for each:</u></b></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>	<b>10</b>		
<b>Total Points Part I</b>	<i>Enter Additional Comments Here:</i>	<b>30</b>		

***Initial Results for Continuation Funding:***

- Progress to date indicates the program is 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)