

2010-2011



United Way of Marathon County

Program Proposal Review Form for Impact Team Volunteers

Organization _____

Program _____

Volunteer _____

In your informed opinion, rate the program value for the following items from 0-2 points.
 No = 0 To some extent = 1 point Yes = 2 points

A. Program Focus, Plan and Efficiency

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| PFE1. The program clearly addresses at least one of the priorities in the RFP. |
| PFE2. Data provided in the proposal for funding supports the need for the program. |
| PFE3. The program serves an appropriate population. |
| PFE4. The program demonstrates accessibility for participants. |
| PFE5. The process of how a client moves through services is focused and efficient, as evidenced by the service flow chart. |
| PFE6. The proposal for funding includes a bulleted list of specific program services and strategies that address one of the priorities in the RFP. |
| PFE7. The program meets the strategy requirement for the priority. |
| PFE8. There is a clear alignment of the program's services and strategies to the organization's mission. |
| PFE9. The proposal for funding includes a detailed program logic model that aligns program inputs, activities, outputs and outcomes. |
| PFE10. The proposal for funding includes the required detailed measurement framework. |
| PFE11. The program has determined realistic target numbers for 2011. |
| PFE12. The data source is reliable. |
| PFE13. The data collection method is valid. |
| PFE14. The proposed program budget request is reasonable. |
| PFE15. The organization has a plan for program sustainability. |
| <u>TOTAL</u> 0 |
| Total Possible Points 30 |

In your informed opinion, rate the program value for the following items from 0-2 points.
 No = 0 To some extent = 1 point Yes = 2 points

B. Organizational Capacity

| |
|---|
| OC1. The partner provider has the capacity needed (adequate staff, experience, and track record) to successfully implement and sustain the program. |
| OC2. The partner provider (staff) has adequate knowledge of the needs of the target population. |
| OC3. The partner provider addresses the special needs of the target population in the development of services. |
| OC4. The partner provider has taken steps to avoid unnecessary duplication of services. |
| OC5. The partner provider attended required RFP information sessions and submitted a complete request for funding. |
| <u>TOTAL</u> 0 |
| Total Possible Points 10 |

| | |
|---|--------------------------------------|
| In your informed opinion, rate efforts to work with other community organizations to advance the common good in this priority area. | |
| C. Working Together To Advance the Common Good / Collaboration | |
| C.1 | Level 1 Cooperation = 0-5 points |
| C.2 | Level 2 Coordination = 6-10 points |
| C.3 | Level 3 Collaboration = 11-20 points |
| | TOTAL 0 |
| | Total Possible Points 20 |
| In your informed opinion, rate the program value for the following items from 0-15 points. No=0 To some extent = 1-14 points Yes = 15 points | |
| D. Program Effectiveness / SMART Outcomes | |
| PEO1. The program has established a solid outcomes measurement process that meets United Way's need for reliable information and data relevant to United Way efforts to achieve community level outcomes. | |
| PEO2. The program will make a positive impact on at least one priority. | |
| | TOTAL 0 |
| | Total Possible Points 30 |
| In your informed opinion, rate the program value for the following items from 0-5 points. No = 0 To some extent = 1-4 points Yes = 5 points | |
| E. Budget | |
| B1. Budget forms are complete and accurate. | |
| B2. The budget narrative and program budget clearly delineate intended use of United Way funds. | |
| | TOTAL 0 |
| | Total Possible Points 10 |
| | TOTAL 0 |
| | Total Possible Points 100 |