

Children’s Board of Hillsborough County

**FY 2025 Annual Contract Evaluation and Recommendation for Continuation Funding**

**INITIAL**

Agency:

Program:

Contract/Program Manager:

Contract is a Lead Agency with Collaborative Subcontractors  Yes  No

	Comments/Explanations	Max Pts	Pts Awarded	Rater Initials																								
<p><b>1. Geographic Focus:</b> Completed by: Research Representative Rated on: Q1-Q2 data</p>	<p><b>Check One:</b></p> <p><input type="checkbox"/> 95%-100% of program participants served reside in geographic focus area(s) specified in scope of services (3 points)</p> <p><input type="checkbox"/> 85%-94% of program participants served reside in geographic focus area(s) specified in scope of services (2 points)</p> <p><input type="checkbox"/> 75%-84% of program participants served reside in geographic focus area(s) specified in scope of services (1 point)</p> <p><input type="checkbox"/> Below 75% of program participants served reside in geographic focus area(s) specified in scope of services (0 points)</p> <table border="1"> <thead> <tr> <th></th> <th>Number of Participants</th> <th>Percent</th> <th>Number of Zip Codes</th> </tr> </thead> <tbody> <tr> <td><b>In Hillsborough County or Geographic Focus</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Outside Hillsborough County or Geographic Focus with approval/exception</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Subtotal</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Outside Hillsborough County or Geographic Focus without prior approval</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Grand Total</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>Enter Comments Here:</i></p>		Number of Participants	Percent	Number of Zip Codes	<b>In Hillsborough County or Geographic Focus</b>				<b>Outside Hillsborough County or Geographic Focus with approval/exception</b>				<b>Subtotal</b>				<b>Outside Hillsborough County or Geographic Focus without prior approval</b>				<b>Grand Total</b>				<b>3</b>		
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<p><b>2. Service Level Achievement:</b>                      (# of participants served follow contract)                      Completed by: Research Representative                      Rated on: Q1-Q2 data</p>	<p>___ Program service levels <b>on track</b> with expected rates of enrollment (3 points)                      or                      ___ Program service levels <b>below</b> expected rates of enrollment (0, 1 or 2 points)</p> <table border="1"> <thead> <tr> <th></th> <th>Contract</th> <th>Prorated 6 months</th> <th>CATS 3/31/2025</th> </tr> </thead> <tbody> <tr> <td><b>Parents/Caregivers/Teen Parents</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Minor Children/ Youth</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Professionals</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Early Childhood Programs</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>Enter Comments Here:</i></p>		Contract	Prorated 6 months	CATS 3/31/2025	<b>Parents/Caregivers/Teen Parents</b>				<b>Minor Children/ Youth</b>				<b>Professionals</b>				<b>Early Childhood Programs</b>				<b>3</b>		
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<p><b>3. Demonstration of Community Engagement and/or Collaboration:</b>                      Completed by:                      Contract/Program Manager                      Rated on: Completed activities through May 30.</p>	<p><b>Score 0 or 1 point for each:</b>                      ___ Program at least annually utilizes a customer service/satisfaction survey.                      ___ Participants engaged in program evaluation or Family Advisory Council.                      ___ Participants engaged in staff hiring or serve in a decision-making role.                      ___ Collaboration exists with <u>community</u> partners without formal subcontract agreements to improve service delivery for families.</p> <p><i>Enter Example Here:</i></p>	<b>4</b>																						
<p><b>4. Compliance with CBHC General Terms and Conditions:</b>                      Completed by:                      Contract/Program Manager                      Rated on: Completed activities through May 30.</p>	<p><b>Score 0 or 1 point for each:</b>                      ___ Timely notifications of Board member or staff changes (including ED)                      ___ Timely notifications of critical incidents                      ___ Participation in 2-1-1                      ___ Disaster Communication Form and Contact Information                      ___ Maintains Insurance</p> <p><i>Enter Comments Here:</i></p>	<b>5</b>																						

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<p><b>5. Demonstration of CBHC Branding or Marketing Materials Recognizing CBHC Funding Support:</b></p> <p>Check here if contract has branding special condition <input type="checkbox"/></p> <p><i>(If checked, consult with Public Relations Director)</i></p> <p>Completed by: Contract/Program Manager Rated on: Completed activities through May 30.</p>	<p><b>Score 0 or 1 point for each:</b></p> <p>___ 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”.</p> <p>___ Publishes the Children’s Board logo on the Provider website home page.</p> <p>___ Establishes a link to the Children’s Board website on the Provider website.</p> <p>___ Displays the Children’s Board logo in Provider service locations and administrative offices.</p> <p>___ Provides information about the Children’s Board each year to its employees and governing Board of Directors (evidence in minutes).</p> <p><i>Enter Comments Here:</i></p>	<b>5</b>		
<p><b>6. Fiscal Review Site Visit:</b></p> <p>Completed by: Fiscal Representative Rated on Fiscal Site Visit Date:</p>	<p><b>Score 0, 1 or 2 points for each:</b></p> <p>___ 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>___ All expenses on the reimbursement request form tested were substantiated.</p> <p>___ There was evidence of a process to review expenditures included on reimbursement request prior to submission.</p> <p>___ Funds were spent according to the contract budget/narrative.</p> <p>___ There was evidence of how allocations were determined.</p> <p><i>Enter Comments Here:</i></p>	<b>10</b>		
<b>Total Points-Initial</b>	<i>Enter Additional Comments Here:</i>	<b>30</b>		

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*Initial Results for Continuation Funding:*

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

Contract/Program Manager Signature: \_\_\_\_\_ Date completed:

Director of Finance: \_\_\_\_\_ (initials)

Director of Programs: \_\_\_\_\_ (initials)

Director of Strategic Initiatives: \_\_\_\_\_ (initials)