

Program Year 4 - 6: Renewal

Winnebago County Community Mental Health Board

Description

Board Member Name:*

Character Limit: 250

Organization Name:

Character Limit: 100

Proposal Name:*

Character Limit: 250

Total Proposed Budget:*

Character Limit: 20

Which Target Population(s) will this proposal support?*

Please select the Target Population(s) this project will support.

Choices

Infant and Early Childhood Mental Health (0-5 yrs)

Serious Emotional Disturbances (3-21 yrs)

Serious Mental Illness (18+)

Substance Use Disorders (all ages)

Evaluation

How well executed was the proposed program?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How well were funded dollars utilized?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How well did the organization fill their intended Full Time Equivalent Positions (FTEs)?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How well did the organization do in accomplishing their intended outcomes?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How well did the organization do in serving the individuals they intended to serve?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How compliant was the organization working with WCCMHB (Reporting, Site Visits, Communications)?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

How Systems-Oriented was the program?*

Please choose a number based on the criteria above. If there is an aspect of this submission that you believe disqualifies this agency from receiving funding, choose 0 and contact Jason Holcomb.

Scoring Options: 0 - 5

Please utilize the following scale for SCORING:

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- 5 - Outstanding
 - 4 - Very Satisfactory
 - 3 - Satisfactory
 - 2 - Unsatisfactory
 - 1 - Poor

Rating Explanation:*

Provide justification for the score given above. This will be used to provide the organization feedback on their application.

Character Limit: 3000

Final Recommendation**Funding Recommendation:***

Please select your final award recommendation. Please note the ability to select 1 or 3 year awards, based on your previous scoring and evaluation of the organization and its proposal.

Choices

- Continue Funding (3 year award)
- Reduce Funding (3 year award)
- Continue Funding (1 year award)
- Reduce Funding (1 year award)
- Stop Funding

Final Funding Recommendation Explanation:*

Provide justification for your final recommendation above. This will be used to provide the organization feedback on their application.

Character Limit: 3000