

Program Years 7 - 9: New PROGRAMMING

Winnebago County Community Mental Health Board

Below is the evaluation for a PY7-9 New Programming Abstract. Please select an answer for all multiple-choice questions (*required*), and provide a rationale (*optional, except for the last question*).

PLEASE NOTE: You are able to see your fellow Reviewers' choices and comments on each question. Please click on the three dots and lines icon to the left of the evaluation question.

Should you have any questions, comments, or concerns, please email Jason (jholcomb@r1planning.org) and Alex (amccann@r1planning.org).

Your notes can and will be summarized and provided to organizations to understand the strengths and weaknesses of their application. Please keep this in mind as you write.

Organization Name:

Character Limit: 250

Project Name

Character Limit: 100

Brief Description:*

Please provide a brief overview of the proposal

Character Limit: 10000

Evaluation:

Does this proposal address an identified gap?*

Choices

Yes

No

Rating Explanation:

Character Limit: 10000

Is this proposal realistic to achieve?*

Choices

Yes

No

Rating Explanation:

Character Limit: 10000

Does the proposed budget demonstrate cost-effectiveness of service?*

(i.e., "the degree to which something is effective or productive in relation to its cost")

Choices

Yes

No

Rating Explanation:

Character Limit: 10000

Is the proposal evidence-based, best practice, or promising practice?*

Choices

Evidence-Based

Best Practice

Promising Practice

None of the Above

Rating Explanation:

Character Limit: 10000

Are the proposed goals and anticipated outcomes aligned with the WCCMHB Strategic Plan?*

Choices

Yes

No

Rating Explanation:

Character Limit: 10000

Does the proposal narrative convey authenticity, originality, and concision?*

Choices

Yes

No

Rating Explanation:

Character Limit: 10000

Recommendation:

Is an application recommended?*

Please review Question 2 under 'Proposal Information' to see if this request is eligible to be received within a Renewal Application (i.e., it has been proposed by the same lead organization and is an expansion of the renewal program).

Choices

- Receive Application
- Receive Application with Modifications
- Receive Application with Continued Funding Request (if applicable)
- Not Recommended to Receive Application

Additional Comments:*

Please outline anything you wish to see added or eliminated from the proposal. Otherwise, please indicate that you have reviewed the proposal.

Character Limit: 10000

Thank You

Thank you for taking the time to review this Program Years 7 - 9 New Programming Abstract.