

# Tazewell County Agency Evaluation Questionnaire

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Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## I. Board of Directors

1. Are you a 501(c)3 organization? If so, please provide I.D. # in space provided: \_\_\_\_\_
2. How often does your Board of Directors meet?
3. Is the Board of Directors the principal decision-making body and does it establish agency policy? What other entities influence agency governance and/or operations?
4. Is there staff representation on the Board of Directors (voting or non-voting)?

## II. Budget, Finance and Allocation

1. Amount funded by Tazewell County in FY12 \_\_\_\_\_
2. Amount requested from Tazewell County for FY13 \_\_\_\_\_
3. What percent of this program/agency is being funded by Tazewell County?

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4. What percentage of the budget do salaries represent? What is the overhead ratio (revenue/administrative costs)?
5. Does this agency seek and/or receive additional funding from other sources? Do you have fundraisers? How many? What kind?
6. How would the agency/programs be affected if the funding request is not received? If it is received as requested? If it is received at a reduced amount?

### III. Agency Mission and Programs

1. What are the short term and long term goals of this agency/program? Increase the number of people served? Add additional staff? Additional programs? What outcomes will be accomplished within the next year? 5 years?
2. What is the critical community need being addressed? Please describe the correlation between the need and the service being provided? **Please provide supporting documentation.**
3. What process was used to determine the extent of the need? How often is that process repeated? **Please provide supporting documentation.**

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4. What client group is served by this agency/program? How was it identified? **Please provide supporting documentation.**
  
5. What are the agency's/program's outputs? (How many people are served, meals served, children attending, classes taught, etc.)  
**Please provide supporting documentation.**
  
6. What are the agency's /program's desired outcomes and how are outcomes measured? **Please provide supporting documentation.**  
*Outcomes are benefits for program participants during or after the involvement. Outcomes can relate to knowledge, skills, attitudes, values, behaviors, condition or status. Examples of outcomes include: greater knowledge of nutritional needs, improved reading skills, better conflict resolution skills, job readiness, reduce or eliminate negative behaviors, etc.*
  
7. How does the agency work with other service providers in the community to address common needs? Is the agency active in community partnerships which work to promote a comprehensive response to community issues/needs? Please describe these partnerships and the organizations involved.
  
8. Please describe how volunteers are used to support agency/program activities.
  
9. Beyond funding, please describe any current or possible partnerships between this agency/program and Tazewell County.

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