

The Governor's Office of Faith-Based and Community Initiatives



MODULE E
Performance Measure Review



Date:

Visit Number: 1 2 3 4 5 6

Agency (Legal Applicant):

Program Name:

Physical Address:

Mailing Address (if different):

Phone:

Fax:

E-Mail:

GFBCI Commission Staff Completing Site Visit:

Program Staff Present:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Notes:

The Governor's Office of Faith-Based and Community Initiatives

Note: Documents that will be reviewed during the site visit are the current year's progress reports and performance measures.

I. Performance Measures

Program has identified at least 3 outcome measures (*List*)

1.

2.

3.

Other:

How does program collect data? (*Attach data collection instrument*)

What is the frequency of data collection?

Who is responsible for data collection?

The Governor's Office of Faith-Based and Community Initiatives

How is raw data compiled?

Is program meeting or exceeding their objectives?

Is program utilizing the information captured to make any programmatic adjustments?

Does program need additional technical assistance with performance measures?

Notes/Recommendations: