

**DBH Prevention & Early Intervention Services
Comprehensive Prevention & Early Intervention Grant Programs
Fiscal Year 2010**

Grantee Review and Progress Assessment

To be completed by the assigned DBH Project Coordinator for each grant funded Prevention project.

Grantee Agency: _____

Grant No. _____ FY09 funding level: _____

DBH Project Coordinator: _____

Funding Category (please check all funding categories that apply to this grantee agency):

- Community Action Prevention & Intervention (SAPTBG, GF and ADTP)
- Rural Services and Suicide Prevention (GF and ADTP)
- Fetal Alcohol Spectrum Disorders (GF)

Comments:

STEP 3 of SPF: Planning (CONTINUED)

3. The grantee has integrated coalition members' and stakeholder feedback and involvement into their ongoing planning of activities.

Factor Weight (optional): 3 x Score _____ = **Weighted Score** _____

0 1 2 3 4 5

Anchorage Points:

0 = Grantee has not documented continuous planning involving stakeholder and/or coalition participation.

1 = Grantee has documented continuous planning but did not include stakeholders and/or coalition participation.

2 = Grantee has documented continuous planning with stakeholders and/or coalition participation but did not clearly outline the steps that were reviewed.

3 = Grantee has documented continuous planning with stakeholders and/or coalition participation for 1-3 steps.

4 = Grantee has documented continuous planning with stakeholders and/or coalition participation for 4-5 steps.

5 = Grantee has documented and integrated continuous planning with stakeholders and/or coalition participation for all 5 steps.

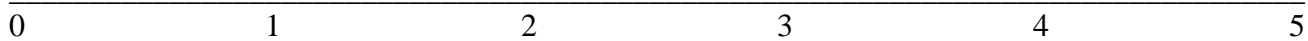
Comments:

SECTION II: Agency Reporting

Please score each of the categories in this section on the scale of 0 to 5. Anchor points for each score are listed below the question. Each question is weighted according to level of importance and impact on the agencies overall reporting progress.

1. Complete, accurate, timely and detailed submission of quarterly narrative and activity reports.

Factor Weight (optional): 2 x Score _____ = **Weighted Score** _____



Anchor Points:

0 = All reports have been submitted late and incomplete.

1 = Minimal reports have been submitted and are incomplete.

2 = Reports have been submitted but lack completeness and/or timeliness.

3 = Most reports have been submitted, they are complete, timely but some lack accuracy and details reflective of activities.

4 = All reports have been completed, are timely, accurate, detailed and reflective of activities.

5 = All reports have been submitted complete, are timely, accurate, detailed and reflective of activities. Also includes relevant program documentation as needed.

Comments: *(Complete and detailed means all questions are responded to with clear and concise information)*

SECTION III: Cost of Services [This category will not be scored and is for informational purposes only at this time].

Cost of services by IOM Prevention Category (Universal, Selective and Indicated). The calculated cost per contact is within the Federal National Outcome Measures (NOM) cost band.

<u>Number of Contacts</u>	<u>IOM Category</u>	<u>Estimated cost per contact (including match dollars)</u>
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Total agency review and progress assessment score: _____ (a total of 170 possible)

