Sacramento County Health Center Co-Applicant Board (HCHAB)

Project Director Evaluation Date of Evaluation: June 17, 2016

| Project Director Evaluation Performance Rating Scale: | | | | | |
|---|---|-------------|---|---|--|
| 1 =Unsatisfactory 2=Average | • | 4=Excellent | | | |
| Knowledgeable of grant(s) | 1 | 2 | 3 | 4 | |
| Effective, timely communication | 1 | 2 | 3 | 4 | |
| Communicates Board concerns to appropriate County Administrators | 1 | 2 | 3 | 4 | |
| Educated about characteristics of homeless population | 1 | 2 | 3 | 4 | |
| Dependable | 1 | 2 | 3 | 4 | |
| Initiative and motivation | 1 | 2 | 3 | 4 | |
| Positive attitude and approachable | 1 | 2 | 3 | 4 | |
| Advocates fairly for adequate service | 1 | 2 | 3 | 4 | |
| Provides timely communication regarding County changes and effects on target population | 1 | 2 | 3 | 4 | |
| Demonstrates community awareness and advocacy | 1 | 2 | 3 | 4 | |
| Overall Rating | 1 | 2 | 3 | 4 | |

Comment: