

PERFORMANCE MANAGEMENT SCORECARD

**A performance measurement instrument for
Community Action Agencies**

Revised: 02/2017

PERFORMANCE MANAGEMENT SCORECARD

The creation of the Performance Management Scorecard (Scorecard) was fostered by Mid's involvement in the Pathways process. We felt that we needed a way to evaluate the "health or condition" of the various agency programs. While all programs are not created equal in their ability to pay a living wage; their propensity for on-the-job injuries; or to provide additional training hours. This scorecard was not meant to be a total reflection of a Program Director's ability, but more a report of the condition of the program. The process continues to be a work in progress, and we hope that others may use it as a basis for establishing their own versions. Community Action Partnership of Mid-Nebraska (Mid) welcomes your suggestions and comments. You can visit us at www.communityactionmidne.com or email Jackie Harpst jharpst@mnca.net or Carrie Eurek ceurek@mnca.net, if you have any questions or comments.

WHY A PERFORMANCE MANAGEMENT SCORECARD?

1. It assists in meeting the Organizational Standards, Pathways and Award for Excellence requirements.
2. It provides benchmarks that can be used to evaluate the program's and agency's core weaknesses.
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4. It promotes greater efficiencies in support services (support staff should not have to be continuously following up on requirements).
5. It fosters a spirit of competition. (No one likes to be last)
6. It can provide a partial basis for managerial evaluations.
7. It provides a measure of risk assessment in daily operations.
8. It provides a measure of assurance to funding sources (existing and potential) that additional internal controls are in place.
9. Keeps the Executive Director/CEO informed.
10. Keeps the Board of Directors informed.

PERFORMANCE MANAGEMENT SCORECARD INTERPRETATION

The Scorecard looks at the non-subjective elements of what makes each of Mid's programs function as follows:

1. Under the **Category** heading the basic elements for review are listed. A base point scale (**Base**) was established that is weighted by the interpreted value of the item to Mid's overall operation. For instance, #17. Budget: Revenues meet or exceed expenditures has a base point value of 30; whereas, #4. Accidents involving staff injuries has a base point value of 10. This is not to say that staff accidents are not an important portion of Mid's operation, but realistically the importance to the overall program function is not as important as budgetary considerations.
2. The **Point** is the multiplier based on how well the program scored for each category. If we looked at # 1. Job descriptions current and the program had 100% of their job descriptions current, they would have a point of 3. We would take that 3 and multiply it by the Base which in this case is 20. The resulting score would be 60. This would continue through each of the categories.
3. If a program does not have to achieve any results in a category, they may receive a non-applicable (n/a) score in that category. For instance in our agency, Public Transportation does not keep customer files, thus #11. Customer File review is not-applicable. This is an adjustment from the "Total Possible" points.
4. To recap, the determination of the Base scale was our interpretation of value to the overall function of the agency. This is not to say that an agency should not change this to fit their individual situation. For instance, if your "mod" factor under Worker's Comp happens to be out of control you may want to rate # 4. Accidents involving staff injuries at a higher Base value.

As you can see, there is not much flexibility in the timelines or the achievement of the elements for the score. These elements are essential to our core operational strength and they need to be strictly followed.

Categories 6, 11, 12, and 15 rely on internal control review forms which are included at the end of this document for your reference. For instance, #11. Customer File review the reviewer looks at the key elements a funding source audit would review in a particular program's client files (Proof of income, proof of citizenship, etc.) Checklists were developed that outline the required items and a review of a minimum of 3 files is conducted. In #12. Site Review, an instrument was created that verifies key elements of safety, accessibility, compliance, which are factors in our Risk Assessment Worksheets, as well as, the visibility of our offices. Mid has over 30 offices and classroom locations scattered over 23,000 square miles and consistency and visibility of these locations is important to our overall operation. In 2010-2011, we started tracking and scoring #15. Advocacy. This category tracks public presentations and interactions made by individual programs. This information is used to determine what the acceptable level of advocacy should be in our organization.

In the development of the Performance Management Scorecard, we originally tried to avoid areas that involved the achievement of a program's individual ROMA goals. We were trying to look at what makes the "engine" run well and not necessarily at the destination. We ultimately decided that we were evolving sufficiently in our goal predictions to incorporate the data from National Performance Indicators (NPI) report into a scoring format. In 2010, we incorporated # 10. ROMA Goals (Target) Achieved. It is important to note that we are still emphasizing accuracy in this category, by scoring not only the achievement of the goals but how closely it was predicted.

In addition to this Performance Management Scorecard, we also use another instrument, the Strategic Planning Scorecard. This incorporates the use of the ROMA logic models and the corresponding CSBG/NPI reports in a different scoring format. In 2013, we started scoring program input with Strategic Plan Goals Tracked.

PERFORMANCE MANAGEMENT SCORECARD

Program _____ Director _____

Year ending _____ Total Staff _____

	CATEGORY	BASE (measures)	POINT	SCORE (Base x Point)	COMMENTS
1	Job descriptions current	20			
2	Staff appraisals complete & on time	20			
3	Change in Status complete & on time	20			
4	Accidents involving staff injuries	10			
5	Living Wage Achieved for Full-Time Staff *	10			
6	Total Staff training hours	10			
7	Staff issues resolved appropriately and in a timely fashion	30			
8	ROMA Goals established	30			
9	ROMA Data compiled	30			
10	ROMA Goals (Target) Achieved	10			
11	Customer File review	20			
12	Site Review	20			
13	Customer survey/issues resolved appropriately and in a timely fashion.	30			
14	Partner survey/issues resolved appropriately and in a timely fashion	30			
15	Advocacy	20			
16	Budgets submitted to fiscal on time	20			
17	Budget: Revenues meet or exceed expenditures	30			
18	Reports to Funding sources accurate completed on time.	30			
19	Funding Source Issues/ Audit Results Resolved	30			
20	Match/In-Kind documented/secured.	30			
21	Additional funding streams developed	20			
22	Strategic Plan Goals Tracked	20			
	Total Scored				
	Total Possible			1470	
	Adjustment				
	Adjusted Total				
	Percent				

* could be a funding factor

SCORING CRITERIA

1. **JOB DESCRIPTIONS CURRENT**

(Current is defined as reviewed in last 3 years in alignment with Strategic Plan)

Standard 7.3: *“The organization has written job descriptions for all positions, which have been updated within the last five years.” Job descriptions should be notated when they were last updated/reviewed.*

Basis	Score
100% of regular staff have current job descriptions	3
90-99% of regular staff have current job descriptions	2
80-89% of regular staff have current job descriptions	1
< 80% of regular staff have current job descriptions	0
Verifying party	Human Resources

2. **STAFF APPRAISALS COMPLETED ANNUALLY AND ON TIME**

(In alignment with individual’s employment anniversary or set program review date)

Standard 7.6: *“The organization has a policy in place for regular written evaluations of employees by their supervisors.” This standard requires that the agency have a formal process for conducting staff reviews on an annual basis.*

Basis	Score
100% of regular staff appraisals are complete & on time	3
90-99% of regular staff appraisals are complete & on time	2
80-89% of regular staff appraisals are complete & on time	1
< 80% of regular staff appraisals are complete & on time	0
Verifying party	Human Resources

3. CHANGE IN STATUS (Salary Adjustments, FTE, Position Changes) ARE COMPLETE & ON TIME

(Prior to the completion of the next eligible payroll)

Basis	Score
100% of regular staff salary adjustments are complete & on time.	3
90-99% of regular staff salary adjustments are complete and on time.	2
80-89% of regular staff salary adjustments are complete and on time.	1
< 80% of regular staff salary adjustments are complete and on time.	0
Verifying party	Human Resources

4. ACCIDENTS INVOLVING STAFF INJURIES

Source: OSHA 300 Form

Basis	Score
Less than 2% of total staff reported staff injuries.	3
2-5% of total staff reported staff injuries	2
Over 5% of total staff reported staff injuries	0
Verifying party	Human Resources

5. LIVING WAGE ACHIEVED FOR REGULAR FULL-TIME STAFF

(Based on single person using Living Wage Calculator (Penn State), or (Appleseed Data))

Basis	Score
100% of staff earn Living Wage	3
90-99% of staff earn Living Wage	2
75-89% of staff earn Living Wage	1
<75% of staff earn a living wage	0
Verifying party	Human Resources/Payroll

6. STAFF TRAINING HOURS

Source: *Staff Development Report Form*

Basis	Score
Average training hours per employee 10 or more hours	3
Average training hours per employee 5-9 hours	2
Average training hours per employee 1-4	1
No training hours recorded	0
Verifying party	Human Resources

7. STAFF ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER

Source: *Employee Grievance Procedure/staff survey*

Basis	Score
No staff issues or staff issues resolved appropriately and in a timely manner.	3
Issues require follow up by Administrative Staff due to complexity. (may still have been handled appropriately)	1
Issues inappropriately handled	0
Verifying party	Human Resources, Administration

8. ROMA GOALS ESTABLISHED

Recommended by July 15th for submission to ROMA Coordinator/Committee (Plan due Aug 1)
Standard 9.4: *“The organization submits its annual CSBG Information Survey Data Report and it reflects client demographics and organization-wide outcomes.”*

Basis	Score
ROMA goals for the annual Plan are established & submitted on time.	3
ROMA goals are established & submitted within 3 working days of the internal deadline.	2
ROMA goals are established & submitted within 4 working days of internal deadline.	1
ROMA goals are established & submitted after the 4th working day of internal deadline.	0
Verifying party	ROMA Coordinator

9. ROMA DATA COMPILED

CSBG reports are due April 1 and October 1 to Mid’s ROMA Coordinator/Committee (Results are due to State annually in February)

Standard 9.3: *“The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustment or improvements identified as necessary.” Could be demonstrated via program committee review and the resulting committee minutes of the discussion and via the report to the full board.*

Basis	Score
ROMA data is compiled & submitted by the internal deadline.	3
ROMA data is compiled & submitted within 3 working days of deadline.	2
ROMA data is compiled & submitted within 4 working days of deadline.	1
ROMA data is compiled & submitted to the ROMA trainer after the 4th working days of deadline.	0
Verifying party	ROMA Coordinator

10. ROMA GOALS (Target) ACHIEVED

Source: CSBG/National Performance Indicator
From reports compiled as of November 1

Basis	Score
Average Percentage achieving outcomes in all categories. 80% > and <120%	3
Average Percentage achieving outcomes in all categories. 60%-79% or 120%-140%	2
Average Percentage achieving outcomes in all categories. < 59% or 141%>	1
<i>If not required, adjust from point total</i>	n/a
Verifying party	ROMA Coordinator

11. CUSTOMER FILE REVIEW

Source: File Review Form

Minimum of 3; maximum of 1% of Program Customers

Basis	Score
Files complete, kept confidential	3
Minor issues with data reviewed, correctable (i.e. checklists, staff signatures etc.)	2
Major issues with data reviewed, correctable (i.e. proof of income or qualifying information)	1
Major issues with data reviewed, not correctable (i.e. over income or not qualified)	0
<i>If not required, adjust from point total</i>	n/a
Verifying party	Admin review team

12. SITE REVIEW

Source: Site Review Form

Number of office/center sites _____

Basis	Score
Sites achieve all 11 of the required elements from the Site Review form.	3
Sites achieve 10 of the required elements from the Site Review form.	2
Sites achieve 9 of the required elements from the Site Review form.	1
Sites achieve 8 or less of the required elements from the Site Review form.	0
Verifying party	Review team

13. CUSTOMER SURVEY/ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER

Source: Grievance Form/correspondence/surveys as of tracking year.

Standard 1.3: *The organization has a systematic approach for collecting, analyzing and reporting customer satisfaction data to the governing board.*

Basis	Score
No issues or Customer/Stakeholder survey/issues resolved appropriately and in a timely manner.	3
Issues require follow up by Administrative Staff.	1
Issues inappropriately handled	0
Verifying party	Grievance Committee, Administration

14. PARTNER SURVEY/ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER

Source: administrative correspondence/partner surveys/grievance reports as of tracking year.
 Standard 2.2: *“The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector and educational institutions.”*

Basis	Score
No issues or Partner survey/issues resolved appropriately and in a timely manner.	3
Issues require follow up by Administrative Staff.	1
Issues inappropriately handled	0
Verifying party	Administration

15. PROGRAM ADVOCACY

Source: *Advocacy Interactions Form*, Advocacy tracking file

Basis	Score
Three or more Advocacy Interactions (maximum of 2 from each category worksheet)	3
Two Advocacy Interactions	2
One Advocacy Interaction	1
No Interactions	0
Verifying party	Grants

16. BUDGETS SUBMITTED TO FISCAL ON TIME

Budgets submitted to fiscal office by both the program fiscal year and agency fiscal year deadlines.

Basis	Score
Budgets completed and submitted to fiscal on time	3
Budget submitted within 3 working days of deadline	2
Budgets submitted after 4 working days of deadline	1
Budgets submitted after 5 working days of deadline	0
Verifying party	Fiscal Department

17. BUDGET: REVENUES MEET OR EXCEED EXPENDITURES

Source: Revenue and Expenditure Reports as of program fiscal year

Basis	Score
Revenues meet or exceed expenditures (within budget)	3
Expenditures exceed revenues (<2%)	1
Expenditures exceed revenues (>2%)	0
Verifying party	Fiscal Department

**18. NEW & ONGOING GRANT APPLICATIONS/ REPORTS TO FUNDING SOURCES
ACCURATE & COMPLETED ON TIME**

Source: Correspondence, funder surveys, internal control

Basis	Score
Grants/Reports to funding sources on time & accurate	3
Grants/Reports on time, but returned for correction	2
Grants/ Reports late	0
<i>If not required, deduct from point total</i>	<i>n/a</i>
Verifying party	Grants, Fiscal Department

19 FUNDING SOURCE ISSUES/AUDIT RESULTS RESOLVED

Source: Funder survey, programmatic audits, monitoring reports, reviews, correspondence
Standard 8.2 “All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.”

Basis	Score
No findings/issues	3
Minor corrections (deficiencies) required	2
Major corrections (deficiencies) required	0
<i>If not required, adjust from point total</i>	<i>n/a</i>
Verifying party	Administration Fiscal Department

20. MATCH/IN-KIND DOCUMENTED AND SECURED

Basis	Score
Match/In-kind documented on an on-going basis	3
Match/In-kind documented only at end of year	2
Match/In-kind not secured as required	0
<i>If not required, adjust from point total</i>	<i>n/a</i>
Verifying party	Fiscal Department

21. ADDITIONAL FUNDING DEVELOPED

Basis	Score
Program is successful in securing additional funding outside of primary grant.	3
Program is active in <u>seeking</u> (not successful) additional funding outside of primary grant.	2
Program is not active in seeking additional funding outside of primary grant.	1
Program is not required to seek additional funds.	n/a
Verifying party	Grant Managers, Administrative Staff

22. STRATEGIC PLAN GOALS ARE TRACKED AND REPORTED

Basis	Score
Strategic Plan goals, objectives, and outcomes (relevant to program) are tracked and progress submitted by deadline (updated every 6 months)	3
Strategic Plan goals, objectives, and outcomes are submitted with 3 working days of deadline.	2
Strategic Plan goals, objectives, and outcomes are submitted with 4 working days of deadline	1
Strategic Plan goals, objectives, and outcomes are submitted after the 4 th working day of the deadline	n/a
Verifying party	Grant Managers, Administrative Staff

PERFORMANCE MANAGEMENT SCORECARD RECAP

The recap is basically a report card. With our first review of our agency programs in 2007, it was interesting to note that the two programs that scored the highest scores (100%), represented our largest program (Head Start with the greatest number of staff) and one of our smallest programs (RSVP with one staff member). We felt that this gave some validity to our scoring criteria and demonstrated that it did not favor either a larger or smaller program. This trend has continued.

Note: This is not to say that a larger program is as easy to manage as a smaller program, just that the standards to which they are held should be the same.

**PERFORMANCE SCORECARD 2016
RECAP**

90-100%	80-89%	70-79%	Below 70%
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Code	Program	Director <i>(italics=new director)</i>	Budget	Staff	Score
31300	Housing				98%
31400	Community Services				97%
31600	Senior Companion				98%
31700	RAFT				92%
32200	Head Start				98%
32600	Child Abuse and Resource Education (CARE)				96%
33000	North Platte Senior Center				99%
	Peterson Senior Center				98%
33500	Minden Senior Center				98%
34000	Women Infants & Children (WIC)				98%
34300	Commodity Supplemental Foods (CSEFP)				93%
34600	Mid-Nebraska Food Bank				94%
34900	Immunization				100%
36500	Weatherization				95%
36700	Owner Occupied Rehab				95%
38400	Transportation				99%
	CAHI/Rental Housing				100%

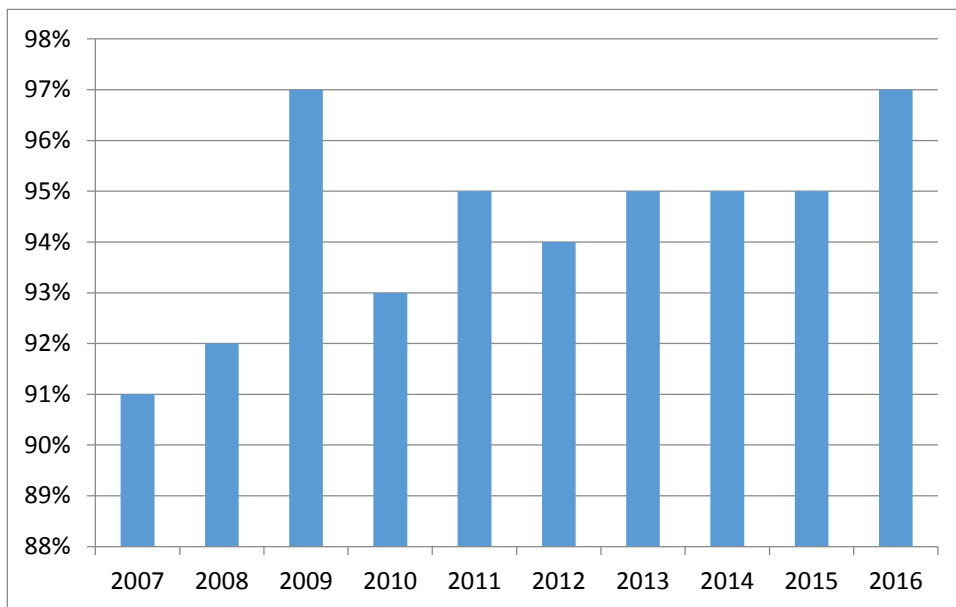
Agency Average 97%

The goal is that all programs score in the blue (80-89%) to green (90-100%) categories. Scoring in the “Yellow” (70-79%) represents at least a passing or acceptable grade. However, scoring in the “Red” (>70%) is unacceptable.

We have charted the results of the total agency scoring since 2007. In 2009, we hit our previous peak in scoring with an agency high of 97% which was repeated in 2016. In 2011, we returned to our agency norm in the mid 90's. This probably is related to the additional categories we added. In 2011's Performance Management Scorecard, we added # 15. Advocacy and utilized a revised #12 Site Review criteria which we outlined above. Previously we were measuring accessibility and appearance, the revised standard grades elements from our Risk Assessment & Management Checklists as well.

PERFORMANCE MANAGEMENT SCORECARD RESULTS

2007-2016



By taking the original scorecard and calculating the individual category scores separately for our 17 programs, we have identified areas of improvement.

From 2015 to 2016, we saw great improvement in the reduction of staff accidents and our advocacy tracking. Areas of improvement are still needed in ROMA Goals Achieved and Staff Training. ROMA Goals Achieved are based on targeting percentages and numbers served at the beginning of the year. This is difficult to predict due to the changing needs of both our programs and clients throughout the year. Providing quality staff training is essential to our programs but can be effected by program budgets and availability of training. The main issue with this category is making sure staff are turning in their training hours. We did see some improvement here from 2015 but more work needs to be done.

	CATEGORY	MAX	Total Scored	Total Possible	Adjust	Adjust Total	Percent
1	Job Descriptions	60	960	1020	60	960	100%
2	Staff Appraisals	60	960	1020	60	960	100%
3	Change in Status	60	960	1020	60	960	100%
4	Accidents	30	440	510	30	480	92%
5	Living Wage	30	480	510	30	480	100%
6	Staff Training	30	300	510	30	480	63%
7	Staff Issues	90	1440	1530	90	1440	100%
8	ROMA Goals	90	1440	1530	90	1440	100%
9	ROMA Data	90	1440	1530	90	1440	100%
10	ROMA Targets	30	340	510	30	480	71%
11	Customer File Review	60	540	1020	480	540	100%
12	Site Review	60	1020	1020	0	1020	100%
13	Customer Survey	90	1530	1530	0	1530	100%
14	Partner Survey	90	1530	1530	0	1530	100%
15	Advocacy	60	720	1020	180	840	86%
16	Budgets Submitted	60	1020	1020	0	1020	100%
17	Revenues/Expenditures	90	1530	1530	0	1530	100%
18	Reports to Funding	90	1320	1530	180	1350	98%
19	Funding Source Issues	90	1470	1530	0	1530	96%
20	Match Documented	90	690	1530	810	720	96%
21	Additional Funds	60	720	1020	240	780	92%
22	Strategic Plan Goals	60	840	1020	180	840	100%

The following is an example of the Staff Development Report referenced in Category #6.

Mid Staff:
Please type in your info and print
off to sign the form.



Staff Development Report

Name: _____ Program: _____
(Please Print!)

Date(s) of training: _____

Training obtained from: _____
(Name of conference, workshop, etc.)

Topic of training(s) and hours completed: (complete all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Abuse _____ hr(s) | <input type="checkbox"/> Cultural Diversity _____ hr(s) | <input type="checkbox"/> Housing _____ hr(s) |
| <input type="checkbox"/> Financial _____ hr(s) | <input type="checkbox"/> Health (including mental) _____ hr(s) | <input type="checkbox"/> Safety _____ hr(s) |
| <input type="checkbox"/> Legal, HR issues _____ hr(s) | <input type="checkbox"/> Nutrition _____ hr(s) | <input type="checkbox"/> Transportation _____ hr(s) |
| <input type="checkbox"/> Educational _____ hr(s)
(including special needs) | <input type="checkbox"/> Technology _____ hr(s) | <input type="checkbox"/> Other _____ hr(s) list below |

Please List: _____

How will you apply this training to your everyday job duties?

On a scale of 1 to 5, with 1 being not very beneficial and 5 being extremely beneficial, how would you rate the overall training? (Please circle only one)

1 2 3 4 5

Employee Signature

Date

- *Please remember to attach the agenda. Highlight the sessions you attended, if applicable.**
- *If several staff attended the training, please attach an attendance sheet.**

The following is an example of a File Review Form as referenced in Category #11.

FILE REVIEW _____(date)

Program: RAFT

Reviewer _____ Number of files checked _____

File						
Criteria	Yes	No	Yes	No	Yes	No
Information Sheet						
Agency Referral						
NMIS Service point entry permission						
Application for Admission						
Background Check release						
Personal Housing History						
Psychosocial Assessment						
Insurance verification (if applicable)						
Identification: Green Card, Social Security						
Packet Review (Committee)						
Program Agreement						

The following is an example of a “Site Review” as referenced in Category #12.

SITE REVIEW

PART I

(All highlighted items required & used in scoring)

Date: _____

Location	Program			
	YES	NO	N/A	COMMENTS
MID SIGN OUTSIDE OFFICE OR BUILDING				
MISSION STATEMENT (framed 8.5 x 11)				
BRAND PROMISE (framed 8.5 x11)				
CODE OF ETHICS (framed 8.5 x11)				
FEDERAL LABOR POSTER (dated 2008 bottom right)				
NEBRASKA or KANSAS LABOR POSTER (minimum wage of \$9.00/hour)				
GRIEVANCE POLICY				
APPEARANCE Office/Classroom clean and free of hazards. Site appealing to Customers (paint, décor, building appearance)				
ADA* Is Office/Classroom (ADA) Accessible or can accommodate				If accommodation required, please note:
NOTICE OF FEDERAL INTEREST (<i>only in Lexington and Ravenna Head Start sites</i>)				
VEHICLE NOTEBOOK (up to date ins/safety info) In sites with agency vehicles				
FAIR HOUSING POSTER (<i>Community Service Coordinator sites, + admin only</i>)				

*ADA audit form is available, if required by program.

**SITE REVIEW
PART II**

LOCATION	PROGRAM

SAFETY ISSUES

(This is an evaluation, not a requirement that all offices be so equipped)

Exception: **Fire & Emergency Plan, Emergency Response (Contact List)**

	YES	NO	N/A	COMMENTS
CRISIS MANUAL or EMERGENCY RESPONSE PLAN (part of Policy & Procedure Manual) Utility Contact, etc. info complete on one or other				
FIRE & EMERGENCY EVACUATION PLAN				
ENTRANCE ALARMS				
SECURITY CAMERAS AT ENTRANCE				
CARBON MONOXIDE ALARM				
RADIO/EMERGENCY BAND				
SPRINKLER SYSTEM (fire suppression)				
FIRE EXTINGUISHERS				
SMOKE ALARMS				
FLASHLIGHT				
FIRST AID KIT				
Other occupants in building?				

The following is an example of the Staff and Board Advocacy Form as referenced in Category #15.

STAFF and BOARD Presentation and Advocacy Interactions* Form

Name : _____ Date of Interaction : _____

Program: _____

Please circle the correct category:

Category A	Category B	Category C	Category D	Category E
Legislative Representatives: State & Federal	Elected Public Officials: County, City	Civic Organizations: United Way, Jaycees, etc.	Media interview/coverage Television, Radio, Newspaper	High Schools, Youth Groups, Churches, Other

Name/Type of group, or person contacted: _____

Estimated size of audience: _____

Were you scheduled as a presenter? _____ Yes _____ No

Did you provide them with an Agency overview? _____ Yes _____ No

Did you provide them with a Program overview? _____ Yes _____ No

Was the Strategic Plan's key priorities (key advocacy goals) of **FINANCIAL LITERACY/LIFE SKILLS, EDUCATION, HEALTH, HOUSING, FOOD SECURITY OR TRANSPORTATION** presented?
 _____yes _____no (please circle those presented)

Was this a training presentation _____ Yes _____ No

Subject matter discussed or presented: _____

***Advocacy requires interaction. If you are not presenting or actively participating in the discussion that provides information or advances an agenda for your program or customer, it would not be considered an advocacy interaction. Please see advocacy policy for addition clarification.**

Return completed form to Martha Stribling, mstribling@mnca.net, at the Administrative Office.