

Scope of Work Program Evaluation Form

Organization Name: _____

Name of Program/Project: _____

Program Goal (Example: To connect low-income uninsured Pajaro Valley residents with access to quality, affordable complex dental care.)

<p>EXPECTED ACTIVITIES</p> <p><i>Example:</i> 1. Present to various dental groups in order to recruit new volunteers.</p>	<p>TIME FRAME AND EXPECTED OUTCOMES (KEY INDICATORS)</p> <p><i>Example: By June 2016, 25 local volunteer dentists will be recruited to provide pro bono dental care to Dental Affinity Program participants.</i> (Please address each activity listed)</p>	<p>DATA COLLECTION FOR KEY INDICATORS</p> <p><i>Example: Utilize online data-base to keep track of all dentists and services provided. Utilize patient satisfaction survey to assess quality of care.</i> (Please address each activity listed)</p>	<p>ACTUAL OUTCOME RESULTS</p> <p><i>Example: By June 2016, 30 local dentists were recruited to provide pro bono dental services. By June 2016, 60 patients received pro bono dental services valued at over \$50,000. Patients had a 96% satisfaction rate.</i> <i>(Please complete at mid year and year end reporting)</i></p>
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