

Weed and Seed Initiatives

Self-Assessment Checklist

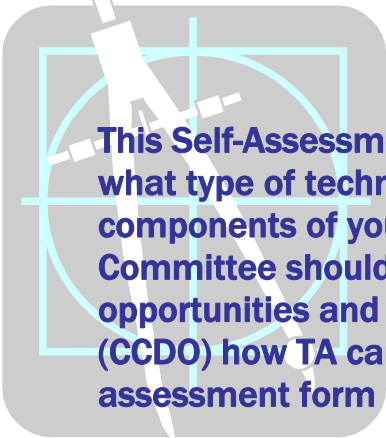
Name(s): _____

Site Name/City/State: _____

Role(s) within Site: _____

Year(s) as a Weed & Seed Site: _____

Contact Information: _____



This Self-Assessment Checklist is designed to assist your site in determining what type of technical assistance (TA) will help you implement various components of your strategy. In completing this checklist, your Steering Committee should review your strategy, goals, activities, challenges, and opportunities and then advise the Community Capacity Development Office (CCDO) how TA can assist your site in implementing your strategy. This self-assessment form must be completed and submitted with your TA request.

Self-Assessment Checklist

1. Does your advisory board/Steering Committee (SC) currently include key decision-making representatives from the following categories?

Nonprofit community-based agencies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Private sector	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Target area residents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Local government officials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Law enforcement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Crime prevention organizations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Religious organizations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Others (List)_____				

2. Please list any other expertise or resources that your SC members bring to your organization (e.g., accounting, legal, fundraising, programs, planning, etc.)?

3. How often does your SC meet?
 - Monthly
 - Quarterly
 - Twice per month
 - Every other month
 - Intermittently, as needed for business
 - Other (specify)_____

4. Does each SC member have a copy of your:

By-laws	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Weed and seed strategy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Policies and procedures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Grant applications	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budgets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5. Please highlight the most significant parts of your strategy below.

6. When was the last time your SC reviewed your strategy?

7. Please list the top three goals to achieve your strategy.

8. Are these goals:
- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Specific | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Achievable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measurable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accepted by all key participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Committed to by all key participants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
9. Are target area residents involved in developing your goals and activities? Yes No
10. Do you notify target area residents about planned activities and events? Yes No
11. Are new goals, program ideas, and activities analyzed in relation to your strategy before they are approved? Yes No
12. Does your site currently have sufficient resources available to achieve your goals? Yes No
13. If not, what key resources are missing?
14. Do you routinely measure the extent to which your activities are achieving the goals? Yes No
15. Are results from these measurements reviewed by the SC? Yes No
16. Does your SC routinely review your budgeted vs. actual expenditures? Yes No
17. Does your site develop an annual report of the progress you have made in implementing your strategy and goals and distribute it? If so, please attach a copy to this checklist. Yes No
18. What key challenges have you faced in implementing your strategy and goals in the last two years?
19. What TA help do you need to improve your capacity to handle current or future challenges or issues regarding your strategy and goals? Please be specific.
20. On the table below list your above TA needs in order of priority. Then list what you expect to achieve upon the completion of this TA and an estimated time for completion.

TA Needs – please list each TA need separately and provide no more than three outcomes for each need.

TA Assistance	Expected Outcome(s) from TA	Estimated Completion Date(s)