

Sacramento County  
Health Center Co-Applicant Board (CAB)

**Project Director Evaluation**  
**Date of Evaluation: November 17, 2017**

| Project Director Evaluation<br>Performance Rating Scale:<br><b>1 =Unsatisfactory 2=Average 3=Above Average 4=Excellent</b> |   |   |   |   |
|--|---|---|---|---|
| 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:

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