

Community Support Agency Grant Program

PROPOSED PERFORMANCE MEASURES FORM

Provide proposed Performance Measures for the agency for the upcoming fiscal year. Include at least one Outcome Measure. Submit this form by July 30 along with a signed Conditions of Grant Award form, the Adopted Budget Form, and the First Quarter Payment Request form.

These are some definitions and examples of performance measures that may be helpful.

Workload Measure (How much did we do?)

- Number of customers served
- Number of activities held

Efficiency/Effectiveness Measure: (How well did we do?)

- Customer satisfaction
- Cost per customer
- Percent of actions that are timely and correct

Outcome Measure: (Is anyone better off?)

- Change in behavior, circumstances, results due to services

Agency Name: _____

Contact Person: _____

Phone: _____ Email: _____

Performance Measure	Type	Prior Year Goal	Prior Year Actual	Current Year Goal	Comments

Signature of Authorized Official

Typed Name of Authorized Official

Date

Submit this form in hardcopy or electronic format to :

City of Newport News
 Department of Budget & Evaluation
 2400 Washington Avenue, 9th Floor
 Newport News, VA 23607
 (757) 926-8733
 budget@nnva.gov