

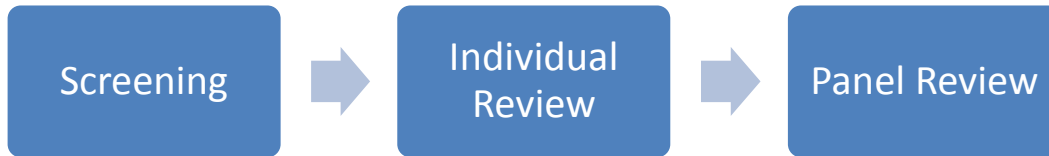


National Health Corps Florida

An AmeriCorps Program



Host Site Application: Screening and Review Process



1. Host site applications will be screened by the NHC Program Director using the Host Site Application: Screening Tool **A**.
2. If screened applications are deemed incomplete or require more information, the NHC Program Director will contact the applicant and identify the information that is required. The applicant will be given 48 hours to complete the application and/or clarify questions.
3. The Program Director will conduct a phone or on-site visit for new applicants and evaluate each potential new host site using New Host Site Assessment Tool **D**.
4. A panel of reviewers will have the opportunity to individually review the applications and position descriptions, using the Host Site Application: Individual Review Form **E**, prior to a review panel meeting. The review panel will be comprised of the Program Director and two additional reviewers.
5. The review panel will meet to discuss their individual scores for each application/position description and to make a final selection score using the Host Site Application: Selection Form **F**, which includes scores from Host Site Member Assessment Tool **B** and Host Site Assessment Tool **C** (for previous host sites) and New Host Site Assessment Tool **D** (for new host site applicants).
6. Applicants will be scored, and a recommendation will be given to each position description that the agency has submitted. Recommendation options are 1) Select, 2) Select with conditions, or 3) Do not select.
7. Applications that are “Select with conditions” will be contacted by the NHC Program Director to discuss the conditions and determine the next steps.
8. The review panel will determine a waiting list if the number of applicants exceeds the number of available positions. The wait list agencies will be selected if another agency cannot fulfill its responsibilities, additional funding is made available, or there is a need for an alternative host site during the program year.
9. A final decision will be made by March 30, 2016. The NHC Program Director will contact all applicants with the decision. Final position descriptions will be posted on the NHC Florida website by April 1st, 2016 for the member recruitment process.

An initiative of the

Northeast Florida Healthy Start Coalition

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A



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Host Site Application: Screening Tool

Applicant Organization: _____

Screener Name: _____

Date: _____

Number of members requested: _____

Eligible for full review

Requires second screening

Instructions: Please circle "Yes" or "No" for each question. If "Yes" is selected for every question, the proposal meets screening criteria and is eligible to go on for review. If "No" is selected for *any* question, this application will require a second screening to confirm ineligibility and/or incompleteness.

Host Site Application

Is this section complete?	Yes	No
Does this organization meet AmeriCorps criteria as a 501(c)3 or government entity?	Yes	No
Does the organization's mission complement the AmeriCorps/NFHC mission?	Yes	No
Does the organization have the appropriate infrastructure to support a NFHC member?	Yes	No
Did the organization answer need and member role questions completely/clearly?	Yes	No
Are all of the questions answered completely? If no, provide comments below.	Yes	No
Comments:		
Are the organizations commitments initialed?	Yes	No
Are the signatures of approval complete?	Yes	No

Member Position Description

Was application submitted electronically with the position description in Microsoft Word?	Yes	No
Is the site supervisor information complete?	Yes	No
Is the organization description complete?	Yes	No
Is the Member Role section completed and clearly described?	Yes	No
Are member activities and responsibilities clearly defined?	Yes	No
Are the outputs compatible with NHC goals and allowed activities?	Yes	No
Are skills/qualifications, schedule, dress code, and travel information complete?	Yes	No
Will proposed activities provide a member with a quality year-long experience?	Yes	No
Will the member provide direct service to underserved individuals?	Yes	No
Do the activities correspond to NHC performance measures?	Yes	No

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NHC Host Site Member Assessment Tool

Member Name: _____
Service Term: _____
Host Site: _____
Site Mentor: _____

A) During Host Site Pre-Service Orientation and Training, did your host site mentor provide any of the following during their two week orientation process? Please mark all that apply.

- Overview of host-site organization and flow (an org chart, clinic flow processes, etc)
- Overview of target population served (demographics, etc)
- A list of contacts to help you with your service duties
- Introduce you to host-site staff and THEIR role in the organization
- Introduce you to host-site staff and YOUR role in the organization
- Take you to off site locations where you will complete some of your service duties
- Give you examples, worksheets or training modules to assist you with your service duties
- Give you the necessary information to perform your service duties
- Give you hands-on experience to learn your service duties (practice taking height and weight, practice filling out medication assistance applications, etc)
- Give you an accurate description of day to day activities you would be completing
- Allow you to shadow your mentor or other site staff that perform similar service duties as you
- Shadow your service duties and give feedback before letting you serve independently
- Show a genuine interest in you professionally
- Ask you about your professional career goals
- Involve you in staff meetings and/or events
- Give rationale for hosting an AmeriCorps member at the host site
- Review service expectations as a NHC Florida member at the host site organization

B) Ongoing Host Site Support: please circle the most appropriate response.

1. Do employees that you regularly interact with (3 or more days per week) understand your role as an AmeriCorps member? **Yes** or **No**
2. Have you given a presentation that explains your service role to the host site staff? **Yes** or **No**
3. Is your host site mentor's office physically located at your host site? **Yes** or **No**
4. Do you have regular one-on-one, uninterrupted weekly meetings with your site mentor? **Yes** or **No**
5. How easy is it to communicate your needs to your site mentor and receive a response within 24 hours (if you had a question about your service duties or wanted to bounce some ideas off of your mentor) **Difficult** or **Moderate** or **Easy**
6. Do you participate in on-going staff meetings? **Yes** or **No**
7. Does your site mentor support your professional development and career goals (provide suggested trainings, give advice, help you network, etc.)? **Yes** or **No**
8. Is your host site mentor understanding of your NFHC program participation in all program components (committee meetings, outside service, etc.)? **Yes** or **No**
9. Do you feel like part of the team at your host site? **Yes** or **No**

C) Do your weekly meetings with your site mentor include any of the following? Please mark all that apply.

- Positive feedback on your service duties
- Constructive criticisms on your service duties
- Your professional goals

D) Service Activities

1. Are your service activities enough to keep you consistently utilized 40 hours per week at your host site? **Yes** or **Most of the time** or **Some of the time** or **No**
2. Are the service activities you perform “meaningful” (i.e. direct service, varied, align with NFHC mission and Performance Measures?) **Yes** or **Most of the time** or **Some of the time** or **No**
3. Does your position description accurately reflect the service activities you perform? **Yes** or **Somewhat** or **No**
4. Would you recommend that your site be a site next year? **Yes** or **Maybe; there is potential** or **No**

E) In an ideal situation, please describe a structured 2-day orientation plan that you feel next year’s member would benefit from receiving knowing what you know now. Add any additional training ideas you’d suggest be completed at the host site.

F) Please list the major skills needed to perform your site service duties.

NHC Host Site Assessment Tool

Completed by NHC Florida Program Director

C



Host Site: _____

Site Mentor: _____

Member(s) Assigned: _____

Date: _____

Expectation	Select one		Comments:
The service activities included in the member position description reflect the actual duties performed by the member.	Yes	No	
Member received orientation at the host site which included an introduction of the member and his/her role to staff and community partners and all of the needed trainings to perform the service activities in the position description as outlined in the training plan.	Yes	No	
Member experiences at the host site and with the site mentor are positive.	Yes	No	
Site mentor is easily accessible and meets with member on a weekly basis to provide feedback, support, and guidance to member.	Yes	No	
Host site signed the contract and paid the cash contribution required by the NHC Florida program on time.	Yes	No	
Host site has reimbursed member in a timely manner (within 45 days) for travel expenses (mileage)	Yes	N/A	No
Host site has provided: supervision, office space, necessary supplies, materials, administrative support and equipment for members, including <u>telephone, computer, and desk</u> for member to complete his/her services.	Yes	No	
Host site designated a Site Mentor who has provided supervision to ensure/maintain member accountability, member development, program development, and completed program timesheets in a timely manner.	Yes	No	
Site mentor attends the quarterly site mentor meetings as scheduled by the NHC Florida Program Director.	Yes	No	
Site mentor completes required performance reviews and other documentation on member(s) on time.	Yes	No	

Total (from Yes or N/A column): _____ /10

Scoring key for Selection Form:

0 (total = 0-2) **1** (total = 3-4) **2** (total = 5-6) **3** (total = 7-8) **4** (total = 9-10)

<p style="margin: 0;">Total Score for #7 on</p> <p style="margin: 0;">Selection Form: <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/></p>
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NHC New Host Site Assessment Tool

Completed by NHC Florida Program Director



Host Site Applicant: _____

Site Mentor: _____

Date of Site Visit: _____

Conducted by: Phone In Person

Met with site by phone or in person before application was turned in? Yes No

Instructions: For each criterion, provide a rating from 0 to 4, where 0 – poor 1 – fair 2 – average 3 – good 4 – excellent Please provide comments when necessary.

Potential Infrastructure

Expectation	Score	Comments:
Member(s) will have office space, necessary supplies and materials, and administrative support and equipment, including telephone, computer, and desk, in order to complete his/her services.		
Potential host site has provided process/timeline for getting member(s) access to email, on-site systems, etc.		
Accessibility of site mentor to member (i.e. location, position within organization, office hours etc.).		
Potential host site has demonstrated ability to comply with partnership requirements (ready to sign partnership contract, provided contact information for contracts and finance departments, validated ability to pay by deadline, etc.)		

Potential Site Support

Expectation	Score	Comments:
Indication of site mentor's commitment to meet with member on a weekly basis to provide feedback, support, guidance and ongoing professional development to member.		
Capacity of mentor to ensure/maintain member accountability, member development, program development, and complete program timesheets in a timely manner.		
Availability of mentor to complete and participate in programmatic responsibilities including but not limited to Pre-Service Orientation and quarterly mentor meetings as scheduled by the NHC Florida Program Director.		

Availability within member position for member to participate in programmatic duties such as monthly member meetings, trainings, group service projects, etc. as determined by NHC Florida.		
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Potential Service Activities

Expectation	Score	Comments:
Service activities proposed will provide a valuable direct service experience and align with NHC performance measures.		
Likelihood that service activities proposed will provide full-time (40) hours each week for the entire service term.		
Site mentor demonstrates an understanding of prohibited member activities established by the AmeriCorps and NHC.		
Service activities proposed are compliant with AmeriCorps non-displacement and role duplication regulations.		
Other Comments:		

Overall impression of potential:

Total Score: _____ /48

Scoring key for Selection Form:
0 (total = 0-9) **1** (total = 10-19) **2** (total = 20-29) **3** (total = 30-39) **4** (total = 40-48)

<p>Total Score for #8 on Selection Form:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: 100px;"></div>



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E

Host Site Application: Individual Review Form

Applicant Organization: _____

Service Position: _____

Number of members requested: _____ **Date of review:** _____

Instructions: For each criterion, provide a rating from 0 to 4, where 0 – poor 1 – fair 2 – average 3 – good 4 – excellent
Please provide comments when necessary.

_____ 1. **Quality of the service activities proposed** (*clarity of described activities and outputs; potential that activities will provide valuable direct service experience; level of compatibility with NHC goals and objectives*)

Comments:

_____ 2. **Feasibility of the service activities proposed** (*likelihood that activities can be performed and completed within project period, fulfill 1700 hours, provide a year-long experience, etc.*)

Comments:

_____ 3. **Applicability of the proposed service activities to the Performance Measures of the NHC** (*services fall in at least one of the NHC measures*)

Comments:

_____ 4. **Level and amount of professional training and development opportunities offered** (*quality of described opportunities; likelihood that opportunities would enhance professional growth*)

Comments:

_____ 5. **Commitment to supervising and supporting member(s)** (*as indicated by organizational infrastructure and position of supervisor*)

Comments:

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Overall application strengths:

Overall application weaknesses:

Individual recommendation:

- Select site
- Select site with conditions (list recommended conditions below)
- Do not select site

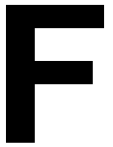
Selection conditions (if any):



National Health Corps Florida

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Host Site Application: Selection Form



Applicant Organization: _____

Service Position: _____

Number of members requested: _____ **Date of panel:** _____

Instructions: For each criterion, provide a rating from 0 to 4, where 0 – poor 1 – fair 2 – average 3 – good 4 – excellent
Please provide comments when necessary.

_____ 1. **Quality of the service activities proposed** (*clarity of described activities and outputs; potential that activities will provide valuable direct service experience; level of compatibility with NFHC goals and objectives*)

Comments:

_____ 2. **Feasibility of the service activities proposed** (*likelihood that activities can be performed and completed within project period, fulfill 1700 hours, provide a year-long experience, etc.*)

Comments:

_____ 3. **Applicability of the proposed service activities to the Performance Measures of the NHC** (*services fall in at least one of the NHC performance measures*)

Comments:

_____ 4. **Level and amount of professional training and development opportunities offered** (*quality of described opportunities; likelihood that opportunities would enhance professional growth*)

Comments:

_____ 5. **Commitment to supervising and supporting member(s)** (*as indicated by organizational infrastructure and position of supervisor*)

Comments:

_____ 6a. **Previous sites: Past member experiences** (*as indicated by member ratings on Host Site Member Assessment Tool*)

_____ 6b. **Previous sites: Past member experiences** (*as indicated by member feedback and cooperation in resolving past issues*)

Comments:

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_____ 7. **Previous sites: Past program participation** (as indicated by Program Director's evaluation of site via Host Site Assessment Tool)

Comments:

_____ 8. **New sites: Site Potential** (as indicated by Program Director's evaluation of site via New Host Site Assessment Tool from phone or on-site visit)

Comments:

Overall application strengths:

Overall application weaknesses:

Panel recommendation:

- Select site (scores 22-32 for previous sites / scores 17-24 for new sites)
- Select site with conditions (list recommended conditions below) (scores 11-21 for previous sites / scores 9-16 for new sites)
- Do not select site (scores 0-10 for previous sites / score 0-8 for new sites)

Selection conditions (if any):

Agency Notification by Program Director:

Date: _____ Method: _____

Agency Response:

Contact Name/Title: _____ Date: _____

Method: _____ Response: Accept Reject Other