Doña Ana County Health and Human Services
APPLICATION FOR EVALUATION COMMITTEE FORM

Doña Ana County is soliciting applications for an Evaluation Committee. The following is a list of eligibility criteria. Only applicants that meet the following minimum criteria will be considered. The deadline to submit the application is **June 20, 2019**.

**Evaluation Committee Criteria**
- Not a current member of the Health and Human Services (HHS) Alliance
- Is not employed by, related to an employee or otherwise associated with an agency that has received funding from Doña Ana County in the past two (2) years, or is applying for funding in the current year.
- Has been a resident of Doña Ana County for at least one (1) year.
- Demonstrates familiarity with the healthcare system/services in Doña Ana County.
- Represents providers, consumers, or advocates of healthcare services.
- Has not served on evaluation committee for three consecutive (3) years.

Please answer the following:

Which commission district do you live in? ______ How long have you lived in Doña Ana County? ________

Name: ___________________________________ Title: ___________________________________

Mailing Address: __________________________ City, State, Zip: __________________________

Telephone Number: ______________________ E-mail Address: __________________________

Organization: _____________________________ Field of Work: __________________________

All members will be required to:
1. Attend a training orientation
2. Sign a conflict of interest form
3. Read all proposals (individually to include a weekend or from Friday - Monday).
4. Score each of the proposals (individually).
5. Meet a minimum of two (2) times to discuss Scoring/Funding/Strength & Weakness. This will be done in a group setting facilitated by Doña Ana County staff.
6. May be required to attend Board of County Commissioners (BOCC) Meeting

1. Please indicate the region you reside in?  ☐ Northern  ☐ Central  ☐ Southern

2. Please select number of years that you have been involved in Doña Ana County through community service:
   ☐ 1-3 years of community involvement in Doña Ana County
   ☐ 3-6 years of community involvement in Doña Ana County
   ☐ 6 or more years of community involvement in Doña Ana County
3. Please explain your interest in serving as a member of the Evaluation Committee:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. Please describe the population or community you serve or represent (including geographic area):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. Describe your familiarity with the healthcare system/services in Doña Ana County:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. Do any of the organizations you are affiliated with receive funding from HHS? If yes please describe:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. Please list any additional information you consider important:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature       Date

On behalf of Doña Ana County, we thank you for your interest in the Doña Ana County Evaluation Committee.

**Deadline for submission is June 20, 2019**
Please send this application to:
Doña Ana County
Attn: Health and Human Services
845 N. Motel Blvd., Las Cruces, NM 88007
575-525-5870 or
Email to hhsprogramops@donaanacounty.org

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