



**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

Doña Ana County Internal Use Only:

<i>Sent to BOCC</i>	<i>Date:</i>	<i>Signature:</i>
<i>Orientation</i>	<i>Date:</i>	<i>Signature:</i>
<i>Date Received</i>	<i>Date:</i>	<i>Signature:</i>
<i>Approved by BOCC</i>	<i>Date:</i>	<i>Signature:</i>