Attachment H

DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

OFFICE OF COMMUNITY DEVELOPMENT

OFFICE OF CRIME VICTIMS ADVOCACY

EVALUATION COMPLIANCE AGREEMENT

I/We understand that a services evaluation process consisting of data collection for statistical analysis is required as part of any contract resulting from this Request for Qualifications for providers of specialized services for victims of sexual abuse/assault.

I/We understand that Sexual Assault Intake Data Forms must be completed for each client who receives services under any contract resulting from this Request for Qualifications and that these forms are due quarterly.

I/We understand that Sexual Abuse/Assault Service Summary Forms must be completed for each client who receives services under any contract resulting from this Request for Qualifications and that these forms will be due no later than July 10, 2004.

I/We understand that as contractors we may be requested to participate in an outcome evaluation of the proposed sexual assault specialized services.

I/We hereby agree to comply with these evaluations as a condition of any award of funding pursuant to this proposal.

_____ _____

Signature Date

_____

Name and Title