PROGRAM DATA COLLECTION   - Program Overview

Department/Agency* Department of Environment and Natural Resources

Program Name* Well Contractors Certification Commission

Primary Contact* Narayan Sudhini   **Email** NS   **Phone**

Secondary Contact* Ameet Bhojwani   **Email**   **Phone**

Program Description* Test

Date Last Validated 10-15-2010

Customer

- [ ] **People**
  - [ ] Children/Juveniles
    - [ ] Low income [ ] Disabled [ ] Abused/Neglected [ ] Drop-outs [ ] Pre-K
  - [ ] Women
    - [ ] Low income [ ] Disabled [ ] Abused
  - [ ] Adults
    - [ ] Low income [ ] Disabled [ ] Unemployed [ ] Homeless [ ] Indian Ancestry [ ] Homeowners [ ] Minority
    - [ ] Motorists/Drivers [ ] First time home buyers
  - [ ] Families
    - [ ] Low income [ ] Homeless
  - [ ] Elderly
    - [ ] Low income [ ] Disabled
  - [ ] Students
    - [ ] Low income [ ] Disabled [ ] Academically Gifted [ ] ESL (English Second Language)
  - [ ] Individuals in select profession/field
    - [ ] Academic [ ] Legal [ ] Medical [ ] Law Enforcement [ ] Agriculturel [ ] Fire/Emergency Personnel
  - [ ] Criminal Offenders
    - [ ] Incarcerated [ ] Probation/Paroled [ ] Sex Offenders [ ] Female [ ] Juvenile
  - [ ] State Employees
    - [ ] Current [ ] Retired
  - [ ] Military
    - [ ] Active Duty [ ] National Guard [ ] Veterans [ ] Families
  - [ ] Disaster Victims
  - [ ] Visitors/Tourists

PROGRAM DATA COLLECTION - Program Overview (Cont.)

Customer(Continue)

- ☐ Other Agencies/Institutions
  - ☐ State Agencies
  - ☐ University/Colleges
    - ☐ Public   ☐ Private   ☐ HBCU's (Historical Black Colleges and Universities)
  - ☐ Community Colleges
  - ☐ Schools
    - ☐ Public   ☐ Private   ☐ Charter
  - ☐ Legal System
    - ☐ Courts   ☐ Local Law Enforcement   ☐ State Law Enforcement

- ☐ Local Government Entities
  - ☐ Counties
    - ☐ Small   ☐ Low Wealth
  - ☐ Native American Tribes/Organizations
  - ☐ LEAs (Local Education Agency)
  - ☐ City/Municipalities

- ☐ Private Sector Entities
  - ☐ Businesses
    - ☐ Small   ☐ HUB (Historically Underutilized Businesses)
    - ☐ Construction   ☐ Financial Industry/Insurance   ☐ Utilities
  - ☐ Farms/Dairies
  - ☐ Day Cares
  - ☐ Nursing Homes
  - ☐ Hospitals
  - ☐ Non-Profit

Key Terms

Have you attached documents?

URL pointing to additional info

PROGRAM DATA COLLECTION   - Additional Program Details

1. What year was the program created? (yyyy) [____]

2. Is the program established in federal law or federal regulation? [____]

    2-a. If yes, cite reference [_____]

    2-b. If yes, is the program an ☐ Entitlement ☐ Delegated Authority ☐ Mandate ☐ Discretionary

        2-b-i. Explanation of designation selected above. [_____]

3. Is the program established in state law? [____]

    3-a. If yes, was it established in ☐ General Statute ☐ Session Law ☐ NC Administrative Code

    3-b. If yes, cite reference [_____]

4. How is the program delivered?

☐ Grant   ☐ Competitive ☐ Block ☐ Formula ☐ Legislatively directed

☐ Direct Service

☐ Contracted Service

☐ Payments to Local Government

☐ Regulatory/Compliance

☐ Credit/Insurance

    4-a. Provide detailed explanation of how the program is delivered [_____]

5. Have there been any significant changes to the program in the last 5 years?

☐ Organizational change

☐ Change in services provided

☐ Change in eligibility

☐ Change in how services are delivered

☐ Statutory/rule change

☐ Other [_____]

    5-a. Provide detailed explanation of the change [_____]

PROGRAM DATA COLLECTION   - Additional Program Details (Cont.)

6. Are there any significant changes to the program anticipated in the next 5 years?

- ☐ Organizational change
- ☐ Change in services provided
- ☐ Change in eligibility
- ☐ Change in how services are delivered
- ☐ Statutory/rule change
- ☐ Other

6-a. Provide detailed explanation of the change

7. Is there an income eligibility requirement to receive program services?

7-a. If yes, please explain the specific requirement

8. Does the program have a matching requirement?

8-a. If yes, specify requirement.

9. Does the program have a maintenance of effort (MOE) requirement?

9-a. If yes, specify requirement.

10. Does the program have a waiting list?

10-a. If yes, provide waiting list data for past three years

2007-08	2008-09	2009-10

11. Is there a governing body established in statute or rule that influences program policies and decisions?

11-a. If yes, name the governing body

11-b. Explain the governing body's role

12. Identify and attach any evaluations or performance audits of the program conducted within the last 5 years by internal or external organizations (examples include audits or studies by the Office of the State Auditor, the General Assembly's Program Evaluation Division, OSBM, private consultants or the Federal government).

12-a. Have you attached any evaluations and audits?

PROGRAM DATA COLLECTION   - Program Goal 1

Goal Statement

Measure 1

Format   New Measure   Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation	Calculation Type

Data Limitations	Target Trend

Measure 2

Format   New Measure   Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation	Calculation Type

Data Limitations	Target Trend

Measure 3

Format [   ]   New Measure [   ]   Data Source [   ]

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose [   ]

Method of Calculation [   ]   Calculation Type [   ]

Data Limitations [   ]   Target Trend [   ]

Measure 4

Format [   ]   New Measure [   ]   Data Source [   ]

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose [   ]

Method of Calculation [   ]   Calculation Type [   ]

Data Limitations [   ]   Target Trend [   ]

For stated goals and performance measures, provide an explanation for any areas where the program is not demonstrating progress towards goals and targets.

[   ]

Does the program have a strategic plan? [   ] (Need to attach a copy)

Does the program have procedures to measure and achieve efficiencies and cost effectiveness? [   ]

If yes, please provide a detailed explanation of procedures (any associated measures should be reported above)

[   ]

PROGRAM DATA COLLECTION   - Program Goal 2

Goal Statement

Measure 1

Format   New Measure   Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation   Calculation Type

Data Limitations   Target Trend

Measure 2

Format   New Measure   Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation   Calculation Type

Data Limitations   Target Trend

Measure 3

Format [   ]   New Measure [   ]   Data Source [   ]

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose [   ]

Method of Calculation [   ]   Calculation Type [   ]

Data Limitations [   ]   Target Trend [   ]

Measure 4

Format [   ]   New Measure [   ]   Data Source [   ]

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose [   ]

Method of Calculation [   ]   Calculation Type [   ]

Data Limitations [   ]   Target Trend [   ]

For stated goals and performance measures, provide an explanation for any areas where the program is not demonstrating progress towards goals and targets.

[   ]

Does the program have a strategic plan? [   ] (Need to attach a copy)

Does the program have procedures to measure and achieve efficiencies and cost effectiveness? [   ]

If yes, please provide a detailed explanation of procedures (any associated measures should be reported above)

[   ]

PROGRAM DATA COLLECTION - Program Goal 3

Goal Statement

Measure 1

Format | New Measure | Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation | Calculation Type

Data Limitations | Target Trend

Measure 2

Format | New Measure | Data Source

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose

Method of Calculation | Calculation Type

Data Limitations | Target Trend

Measure 3

Format		New Measure		Data Source	

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose	

Method of Calculation		Calculation Type	

Data Limitations		Target Trend	

Measure 4

Format		New Measure		Data Source	

Measure Name	2006-07	2007-08	2008-09	2009-10	Target

Description/Purpose	

Method of Calculation		Calculation Type	

Data Limitations		Target Trend	

For stated goals and performance measures, provide an explanation for any areas where the program is not demonstrating progress towards goals and targets.

Does the program have a strategic plan?   (Need to attach a copy)

Does the program have procedures to measure and achieve efficiencies and cost effectiveness?

If yes, please provide a detailed explanation of procedures (any associated measures should be reported above)