 **SIGNIFICANT RESOURCE PROGRAMS**

MRS routinely assesses programs and services to ensure alignment of volunteer efforts, staff time and resources with MRS’s Strategic Plan, MRS’s Core Values, member preferences and community needs. Details on MRS’s program assessment protocols can be found at <https://www.mrs.org/about-mrs/governance/program-assessment/>.

*This review form is for programs requiring significant MRS resources (>$80k direct expenses and/or >1.5 fulltime equivalent (FTE) of staff labor).*

The first step in this process is for the project lead(s) for existing or proposed programs to submit the program review information detailed below to the MRS Headquarters Director for the program area.

 **SECTION 1: PROGRAM REVIEW INFORMATION TO BE PREPARED BY PROGRAM LEAD**

***Program Summary:*** *Please provide a brief summary of the project / program*

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| --- |
|  |

***Program Relevance:*** *Please provide commentary and data on expected and/or realized outcomes:*

|  |  |
| --- | --- |
| Who is/will be the primary audience, and if applicable, secondary audience for this program?  |  |
| How does/will the program advance MRS’s Strategic Priorities:1. Engage members in MRS
 |  |
| 1. Advance member careers
 |  |
| 1. Promote materials research and innovation
 |  |
| How does/will the program enhance the visibility and relevance of MRS to members and stakeholders? Please provide evidence of impact and outcomes (statistics, surveys, etc.) |  |
| How does/will this program offer unique or superior benefits for MRS and our members compared to other societies or organizations? Please provide details on competitive programs and a comparison of the programs to MRS. |  |
| How does/will this program help MRS evolve rapidly to remain at the forefront of professional societies in a changing competitive landscape? Please provide evidence of program evolution to meet changing member and community needs. |  |
| Please provide additional comments, data, etc. that you feel are relevant to the program assessment |  |

*Program* ***Effectiveness:*** *Please provide commentary and data on expected and/or realized effectiveness:*

|  |  |
| --- | --- |
| What are the program goals? |  |
| **FOR EXISTING PROGRAMS,** have the goals and/or milestones been achieved and to what extent? |  |
| How does/will the program leverage existing MRS capabilities? |  |
| What challenges or problems have been encountered/are anticipated? |  |
| Does/will the program require new types of efforts?  |  |
| Has program effectiveness been limited by resources available or unforeseen factors? Please provide details and, if applicable, whether changes in approach or funding are needed. |  |
| What are the major risks to the current program or what risks are foreseen?  |  |
| What mitigation strategies are in place or  being considered?  |  |
| Is the # of volunteers adequate? What is the estimated # volunteer hours?  |  |

***Program Participation:*** *Please provide commentary and data on expected and/or realized engagement*

|  |  |
| --- | --- |
| Provide data on number of members participating and engaged in the program |  |
| What plans are in place or being considered to increase participation? |  |
| Provide data on community/stakeholder participation, impact, and outcomes |  |
| What plans are in place or being considered to increase impact? |  |

***Please provide additional comments, data, etc. that you feel are relevant to the program assessment***

**Submitted by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature | Title | Date  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Email address | Phone |  |

**SECTION 2: PROGRAM RESOURCE DETAILS TO BE COMPLETED BY HQ DIRECTORS**

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| --- | --- |
| Is this program a generator of net income to the Society, a cost to the Society, or neutral?  |  |
| What have been the direct expenses for this program for the past three years (input anticipated expense during program start-up and steady state operations for new program proposals)? |  |
| What have been the revenues for this program for the past three years (input anticipated revenue during program start-up and at steady state for new program proposals)? |  |
| What have been the staff hours/total labor/benefit cost for this program for the past three years (input anticipated hours for program start-up and steady state operations for new program proposals)? |  |
| What is the overall “net” financial return over the last three years?  |  |
| Is the net return and staff hours projected to be more, same, or less in the coming years? |  |
| Can current staff execute (consider staff skills, time commitments, etc.) or will new staff be needed? |  |
| Is the current/projected volunteer pool adequate to guide and support the program?  |  |

**Reviewed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature | Title | Date  |