**EDA-Austin Regional Office**

**Economic Development District**

**Performance Assessment**

*This form shall be*

*1)* ***first*** *completed as a* ***self-report by the EDD*** *being reviewed,*

*2) a* ***second*** *completed by the Peer, and*

*3) the* ***final*** *completed by EDA.*

***PEER REVIEW TOOL***

*Page 1 of 2*

|  |  |  |  |
| --- | --- | --- | --- |
| **EDD ORGANIZATION** |  | **EDD Contact** |  |
| **EDD Street Address** |  | **EDD Contact’s Title** |  |
| **EDD City, State ZIP#** |  | **EDD Contact’s** **email Address** |  |
| **EDD Phone** |  | **EDD Contact’s cell** |  |
| **Date Form Completed and Submitted.**  |  | **Check one box** **for this version of the Peer Review Tool being completed.** | *Check one box only.**1. ☐ Self-Assessment (Prior to review)**2. ☐Peer Review**3. ☐EDA-AURO* |
| **Location** |  |
| **ASSIGNED PEER EDD***\* Complete after match.* |  | **Assigned Peer-EDD****Contact Person** |  |
| **LIST PARTICIPANTS at Peer Exchange interview** |  |
| **EDA-AURO REVIEWER** |  |

***PEER REVIEW TOOL – RESPONSE PAGE***

*Page 2 of 2*

**Discussion.** *Insert responses in every section, for every question.*

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| **A. Management Standards** |
| *1. Is the management structure of the EDD organization adequate, and are sound management controls and practices in place?*  |
| *2. How many member jurisdictions are within the EDD?**Do they actively participate in the EDD activities by attending at least one board or CEDS meeting during the past year and/or contributing financially to the support of the economic development activities of the EDD?*  |
| **B. Financial Accountability** |
| *1*. *Does the most recent audit or other available records of the EDD organization indicate that sound financial controls and practices are in place?*  |
| **C. Program Performance** |
| *1. Based on the most recent progress and annual reports, and other available information, do activities performed and accomplishments of the EDD adhere to and meet or exceed the requirements of the Scope of Work and other grant requirements?*  |
| *2.* *Has the EDD developed and maintained an acceptable CEDS process?*  |
| *3.* *How effective is the EDD in partnering with other appropriate area entities, such as University Centers, other Economic Development Districts, Trade Adjustment Assistance Centers, and with states and other local organizations?*    |
| *4.* *Does the EDD undertake and operate any unusually successful activities that contribute to its overall effectiveness and/or that might be replicated by others?*  |

**Findings.** *Insert responses in every section, for every question.*

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| *1. In what areas does the EDD perform particularly well?*

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| *2. In what areas could EDA provide additional assistance to the EDD?*

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| *3. Are their areas that the EDD plans to focus on or improve in the upcoming three years? (e.g. future plans?)*

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| ***EDD THIS FORM IS ABOUT*** |  |
| ***VERSION COMPLETED****.* *\*Check one box only.* | *Check one box only.**1. ☐ Self 2. ☐Peer 3. ☐EDA-AURO* | ***PREPARED BY*** |  |