

Outreach and Enrollment Services

RFP #FY 2223-01

PROPONENT: COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 25					
PART A					
Score	5	4	5	4	4
PART B					
Question 1	4	3	4	3	4
Question 2	4	4	4	3	4
Question 3	5	4	5	4	4
Question 4	4	4	4	3	4
Question 5	4	4	4	4	4
Question 6	5	4	4	4	4
Question 7	4	3	4	3	4
Question 8	5	4	5	4	5
Question 9	4	3	3	3	4
Question 10	4	3	4	3	3
Question 11	4	4	4	3	3
Question 12	4	3	4	4	3
Total	56.00	47.00	54.00	45.00	50.00
Average Score	4.31	3.62	4.15	3.46	3.85
Points Awarded	21.55	18.10	20.75	17.30	19.25

FORM E - Direct Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	5	4	5	4	4
Question 2	4	3	4	3	4
Question 3	4	3	4	3	4
Question 4	4	3	4	4	3
Question 5	3	3	4	3	3
Question 6	4	3	4	3	4
Question 7	3	3	3	3	3
Question 8	3	3	3	3	3
Question 9	4	3	3	3	3
Question 10	4	4	5	4	4
Question 11	4	3	4	3	4
Question 12	4	3	4	3	4
PART B					
Question 13	5	4	5	4	4
Question 14	4	4	4	3	4
Question 15	4	3	4	4	3
Question 16					
Question 17					
Total	59.00	49.00	60.00	50.00	54.00
Average Score	3.93	3.27	4.00	3.33	3.60
Points Awarded	31.44	26.16	32.00	26.64	28.80

FORM F - Staffing					
Maximum Points Available 20					
Score	4.00	3.00	4.00	3.00	4.00
Points Awarded	16.00	12.00	16.00	12.00	16.00

FORMS G and H - Budget					
Maximum Points Available 15					
Score	4	3	4	3	4
Points Awarded	12.00	9.00	12.00	9.00	12.00

Total Points Awarded per Evaluator	80.99	65.26	80.75	64.94	76.05
------------------------------------	-------	-------	-------	-------	-------

Total Combined Points Awarded by all Evaluators	367.99
---	--------

Average of All Points Awards - Final Proposal Score	73.60
--	--------------

Outreach and Enrollment Services
RFP #FY 2223-01
PROPONENT: DIVINITY PROPHET AND ASSOCIATES

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 25					
PART A					
Score	2	3	3	2	3
PART B					
Question 1	3	3	4	3	3
Question 2	2	2	3	3	3
Question 3	3	3	3	3	3
Question 4	3	4	4	3	3
Question 5	3	3	4	3	3
Question 6	3	4	4	3	3
Question 7	3	2	3	3	3
Question 8	2	2	3	3	3
Question 9	3	2	3	3	3
Question 10	2	2	3	3	2
Question 11	3	3	3	3	2
Question 12	1	1	1	2	1
Total	33.00	34.00	41.00	37.00	35.00
Average Score	2.54	2.62	3.15	2.85	2.69
Points Awarded	12.70	13.10	15.75	14.25	13.45

FORM E - Direct Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	3	3	3	3	2
Question 2	3	3	4	3	3
Question 3	3	3	3	3	3
Question 4	3	3	3	3	3
Question 5	4	3	4	3	3
Question 6	3	3	4	3	3
Question 7	3	3	4	3	3
Question 8	3	3	4	3	3
Question 9	3	3	4	3	3
Question 10	3	3	4	3	3
Question 11	3	3	3	3	3
Question 12	3	3	4	4	3
PART B					
Question 13	3	3	4	3	3
Question 14	3	3	4	3	3
Question 15	3	3	4	3	3
Question 16					
Question 17					
Total	46.00	45.00	56.00	46.00	44.00
Average Score	3.07	3.00	3.73	3.07	2.93
Points Awarded	24.56	24.00	29.84	24.56	23.44

FORM F - Staffing					
Maximum Points Available 20					
Score	3.00	3.00	3.00	3.00	4.00
Points Awarded	12.00	12.00	12.00	12.00	16.00

FORMS G and H - Budget					
Maximum Points Available 15					
Score	3	4	4	3	3
Points Awarded	9.00	12.00	12.00	9.00	9.00

Total Points Awarded per Evaluator	58.26	61.10	69.59	59.81	61.89
Total Combined Points Awarded by all Evaluators	310.65				
Average of All Points Awards - Final Proposal Score	62.13				

Outreach and Enrollment Services
RFP #FY 2223-01
PROPONENT: ETN MEDICAL INFUSION

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 25					
PART A					
Score	2	2	2	2	2
PART B					
Question 1	4	3	4	3	3
Question 2	3	3	3	3	3
Question 3	4	3	4	3	4
Question 4	4	3	4	3	3
Question 5	4	3	4	3	3
Question 6	3	3	3	2	2
Question 7	2	2	2	2	1
Question 8	3	3	3	3	3
Question 9	3	3	4	3	3
Question 10	3	3	3	3	3
Question 11	3	3	3	3	2
Question 12	5	5	5	4	4
Total	43.00	39.00	44.00	37.00	36.00
Average Score	3.31	3.00	3.38	2.85	2.77
Points Awarded	16.55	15.00	16.90	14.25	13.85

FORM E - Direct Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	4	3	4	3	3
Question 2	4	4	5	4	4
Question 3	4	4	5	4	4
Question 4	3	3	3	3	4
Question 5	3	3	4	4	3
Question 6	4	3	4	3	3
Question 7	3	4	3	3	3
Question 8	4	3	3	3	3
Question 9	2	3	3	3	3
Question 10	4	4	4	3	3
Question 11	3	3	3	3	3
Question 12	3	3	3	3	3
PART B					
Question 13	2	3	3	3	3
Question 14	3	3	4	3	3
Question 15	3	2	3	3	3
Question 16					
Question 17					
Total	49.00	48.00	54.00	48.00	48.00
Average Score	3.27	3.20	3.60	3.20	3.20
Points Awarded	26.16	25.60	28.80	25.60	25.60

FORM F - Staffing					
Maximum Points Available 20					
Score	3.00	4.00	4.00	3.00	4.00
Points Awarded	12.00	16.00	16.00	12.00	16.00

FORMS G and H - Budget					
Maximum Points Available 15					
Score	3	3	3	3	3
Points Awarded	9.00	9.00	9.00	9.00	9.00

Total Points Awarded per Evaluator 63.71 65.60 70.70 60.85 64.45

Total Combined Points Awarded by all Evaluators 325.31

Average of All Points Awards - Final Proposal Score 65.06

Outreach and Enrollment Services
RFP #FY 2223-01
PROPONENT: YMCA OF ORANGE COUNTY

	E1	E2	E3	E4	E5
FORM D - Organization Experience					
Maximum Points Available 25					
PART A					
Score	4	4	4	4	4
PART B					
Question 1	3	4	3	3	4
Question 2	3	4	3	3	4
Question 3	3	3	4	3	4
Question 4	3	3	3	3	4
Question 5	2	3	2	2	3
Question 6	3	3	3	3	3
Question 7	3	3	3	3	3
Question 8	3	4	4	3	4
Question 9	3	4	4	3	4
Question 10	3	4	3	3	4
Question 11	4	4	4	4	4
Question 12	4	4	4	4	4
Total	41.00	47.00	44.00	41.00	49.00
Average Score	3.15	3.62	3.38	3.15	3.77
Points Awarded	15.75	18.10	16.90	15.75	18.85

	E1	E2	E3	E4	E5
FORM E - Direct Services to be Provided					
Maximum Points Available 40					
PART A					
Question 1	5	4	4	4	4
Question 2	4	4	5	4	5
Question 3	5	4	5	4	4
Question 4	4	3	3	3	4
Question 5	4	4	5	4	4
Question 6	4	4	4	4	4
Question 7	4	4	4	3	3
Question 8	4	3	4	3	3
Question 9	3	4	3	3	3
Question 10	5	4	4	4	4
Question 11	3	4	3	3	3
Question 12	5	4	4	4	4
PART B					
Question 13	3	4	4	3	3
Question 14	4	3	4	3	3
Question 15	4	3	4	3	3
Question 16					
Question 17					
Total	61.00	56.00	60.00	52.00	54.00
Average Score	4.07	3.73	4.00	3.47	3.60
Points Awarded	32.56	29.84	32.00	27.76	28.80

	E1	E2	E3	E4	E5
FORM F - Staffing					
Maximum Points Available 20					
Score	3.00	3.00	4.00	3.00	4.00
Points Awarded	12.00	12.00	16.00	12.00	16.00

	E1	E2	E3	E4	E5
FORMS G and H - Budget					
Maximum Points Available 15					
Score	4	4	4	4	4
Points Awarded	12.00	12.00	12.00	12.00	12.00

Total Points Awarded per Evaluator 72.31 71.94 76.90 67.51 75.65

Total Combined Points Awarded by all Evaluators 364.31

Average of All Points Awards - Final Proposal Score **72.86**

RFP for Child Abuse Prevention and Intervention Services (In-Home Coaching)
RFP #FY 2122-05
Summarized Scoring Sheet

	E1	E2	E3	E4	E5	TOTAL SCORE	AVERAGE SCORE
PROPONENT'S SCORES							
Community Health Initiative of Orange County	80.99	65.26	80.75	64.94	76.05	367.99	73.60
Divinity Prophet and Associates	58.26	61.10	69.59	59.81	61.89	310.65	62.13
ETN Medical Infusion	63.71	65.60	70.70	60.85	64.45	325.31	65.06
YMCA of Orange County	72.31	71.94	76.90	67.51	75.65	364.31	72.86

Outreach and Enrollment Services**RFP #FY2223-01****PROPONENT:****Evaluator #****Individual Evaluator Scoring Form**

RFP QUESTIONS	SCORE
FORM D - ORGANIZATION EXPERIENCE (PART A)	
Table One - Experience with the County of Orange:	
Table Two - Experience with other than the County of Orange:	
Table Three – Failure to Complete Contract(s):	
<p>Assess information provided in each table and score FORM D in its entirety for a combined score.</p> <p>Assess Proponent's:</p> <ul style="list-style-type: none"> • County related experience that are the same or similar to services requested in the scope of work • Experience with other than County, in providing the same or similar to services requested in the scope of work • Failure to complete contracts 	
FORM D - ORGANIZATION EXPERIENCE (PART B)	
<p>Question #1:</p> <p>In reference to services included above in Part A, describe your organization's experience in providing services that are the same or similar to services required in this RFP. Include experience in the following four (4) categories.</p> <p>a. Development</p> <p>b. Implementation</p> <p>c. Management</p> <p>d. Evaluation</p>	
<p>Question #2:</p> <p>Describe how your organization monitored its performance related to previous contracts and/or services and how management addressed those concerns.</p>	
<p>Question #3:</p> <p>Describe your organization's experience in providing services to the target population to be served described in this RFP.</p>	
<p>Question #4:</p> <p>Describe successful strategies your organization has used to engage the target population to be served.</p>	
<p>Question #5:</p> <p>Describe how your organization has addressed barriers and/or resistance encountered in providing services to the target population(s) and how ongoing participation was sustained.</p>	
<p>Question #6:</p> <p>Describe your organization's experience in working with government entities such as Orange County Sheriff, probation/parole and/or Behavioral Health Services systems. Indicate the length of experience with each entity, barriers encountered, and resolutions achieved.</p>	
<p>Question #7:</p> <p>Describe your organization's experience in providing services to individuals in County Jails, Probation Departments of Juvenile Facilities, on county probation, or under post-release community supervision.</p>	

Question #8: Describe your organization's prior experience and expertise in developing a comprehensive strategy providing outreach services for public benefits programs, particularly any experience related to application assistance for Medi-Cal and CalFresh.	
Question #9: Describe your organization's experience in collaborating with other organizations in the community to host outreach events to offer services to the targeted population.	
Question #10: Describe your organization's experience in providing workshops/events to educate the target population on other state and federal programs.	
Question #11: Describe your organization's experience in referring the target population to other state and federal programs.	
Question #12: Describe your organization's experience in utilizing social media as a form of outreach to the target population.	
Total	0
Average Score	0.00
Points Awarded	0.00
FORM E (PART A) - DIRECT SERVICES TO BE PROVIDED	
Question #1: Population To Be Served [Attachment A (Scope of Work), Paragraph 1]: A. Describe your organization's approach for providing services to Individuals/Families that meet the criteria described in Paragraph 1 of Attachment A. B. Describe your organization's strategy to engage the population to be served in a manner which will maximize desired outcomes specified in this RFP. Specify how Individuals/Families, who may be resistant to receive services, will be encouraged to enroll and maintain Medi-Cal and CalFresh benefits.	

Question #2:

Workload Standards [Attachment A (Scope of Work), Paragraph 3]:

A. Describe your organization's approach to meeting performance objectives required in Subparagraph 3.1 of Attachment A.

B. Describe your organization's plan to screen Orange County Jail inmates and assist in completion of applications to ensure meeting performance objectives required in Subparagraph 3.2 of Attachment A.

C. Describe your organization's approach to submit a sufficient number of applications to meet performance objectives as required in Subparagraph 3.3 of Attachment A.

D. Describe your organization's plan to facilitate and attend, in conjunction with CBO's, four hundred (400) events annually as required in Subparagraph 3.4 of Attachment A.

E. Describe your organization's plan to provide a minimum of one hundred twenty (120) social media posts annually for Medi-Cal and CalFresh outreach as required in Subparagraph 3.4.1 of Attachment A.

F. Describe your organization's plan to provide educational information during the application process to new applicants to ensure to meeting performance objectives as required in Subparagraph 3.5 of Attachment A.

G. Describe your organization's approach in contacting one hundred percent (100%) of cases enrolled in Medi-Cal and CalFresh to inform applicants of reporting requirements to ensure meeting performance objectives as required in Subparagraph 3.6 of Attachment A.

H. Describe your organization's plan to contact one hundred percent (100%) of Medi-Cal within thirty to forty-five (30-45) days of Medi-Cal case approval to confirm enrollment and assist in selection of a managed care plan as required in Subparagraph 3.7 of Attachment A.

I. Describe your organization's approach to making contact with one hundred percent (100%) of Medi-Cal cases to record healthcare utilization within the first six (6) months of enrollment in Medi-Cal as required in Subparagraph 3.8 of Attachment A. In your answer, include how you will gather this information without violating Health Insurance Portability and Accountability Act laws.

J. Describe your organization's approach in making contact with a minimum of four hundred fifty (450) cases in a 12-month period that have been discontinued for not meeting their annual reporting requirements, as required in Subparagraph 3.9 of Attachment A.

K. Describe your organization's approach on ensuring all staff who have access to the aforementioned data utilize it for the legitimate purpose of fulfilling obligations of Subparagraphs 3.7 through 3.9, and as required in Subparagraph 3.10.1 of Attachment A.

<p>Question #3: Service Requirements [Attachment A (Scope of Work), Paragraph 4]:</p> <p>A. Describe your organization’s plan to recruit and partner with community-based organizations in outreach and enrollment efforts, as specified in Subparagraph 4.1 of Attachment A, and how challenges in the coordination of efforts will be addressed.</p> <p>B. Describe any unique and/or innovative features that would enhance your organization’s ability to provide quality services to this target population, as specified in Subparagraphs 4.2 through 4.3 of Attachment A.</p> <p>C. Describe your organization’s strategies to assess areas of high uninsured rates and low CalFresh enrollment rates within Orange County and how you will target outreach events in these areas, as required in Subparagraph 4.4.1 of Attachment A.</p> <p>D. Describe your organization’s approach in developing education materials for distribution events, as required in Subparagraph 4.4.2 of Attachment A.</p> <p>E. Describe your organization’s plan to collaborate with other organizations in the community to host outreach events and activities, as described in Subparagraphs 4.4.3.1 through 4.4.3.3 of Attachment A.</p> <p>F. Describe how the target population will be informed and referred to other services (such as Woman, Infant and Child (WIC); low-income housing; California Alternative Rates for Energy/Family Electric Rate Assistance (CARE/FERA); and referrals to FRCs, food banks, and other community resources to address their particular needs, as required in Subparagraph 4.5.3 of Attachment A.</p> <p>G. Describe your organization’s strategy to ensure newly enrolled Individuals/Families maintain Medi-Cal/CalFresh benefits by confirming enrollment, assist in selection of healthcare plan, and assist in completing required annual reporting documents, as required in Subparagraph 4.6 of Attachment A.</p>	
<p>Question #4: Service Areas [Attachment A (Scope of Work), Paragraph 5]:</p> <p>Describe your organization’s experience in providing services in the facilities and locations specified in Paragraph 5 of Attachment A.</p>	
<p>Question #5: Hours of Operation [Attachment A (Scope of Work), Paragraph 6]:</p> <p>Describe your organization’s ability to provide services beyond the minimum service days and hours specified in Subparagraph 6.1 of Attachment A.</p>	
<p>Question #6: Agency Requirements [Attachment A (Scope of Work), Paragraph 7]:</p> <p>Describe your organizations comprehensive approach in developing relationships with Individuals/Families and with community-based organizations, in an effort to raise awareness of Medi-Cal and CalFresh programs and/or other services offered in the community to meet contract deliverables and assists Individuals/Families through the entire lifecycle of Medi-Cal and/or CalFresh enrollment and renewal, as described in Paragraph 7 of Attachment A.</p>	
<p>Question #7: Reporting Requirements [Attachment A (Scope of Work), Paragraph 9]</p> <p>A. Describe your organization’s plan to maintain records, collect data, and provide reports specified in Subparagraph 9.1 of Attachment A.</p> <p>B. Describe your organization’s plan to submit monthly status reports specified in Subparagraph 9.2 of Attachment A.</p>	

<p>Question #8: Meetings [Attachment A (Scope of Work), Paragraph 10]: Describe your organization’s approach to coordinate quarterly meetings, or more often if needed, with partnering agencies and SSA, as required in Subparagraph 10.1 of Attachment A.</p>	
<p>Question #9: Budget [Attachment A (Scope of Work), Paragraph 14]: Describe your organization’s plan to achieve the goal of serving the number of Individuals/Families within your organization’s proposed budget (Form G) for Outreach and Outreach and Enrollment Services Page 32 of 55 RFP #FY2223-01 (October 20, 2022) Enrollment Services. Also describe the approximate number of households to whom services will be delivered.</p>	
<p>Question #10: Staffing [Attachment A (Scope of Work), Paragraph 13]: A. Describe how your organization plans to provide training and maintain a competent, stable, and experienced workforce, as required in Subparagraph 13.1 of Attachment A. B. Describe your organization’s policies and procedures to recruit, hire and retain culturally and linguistically appropriate staff which is representative of the population to be served and/or proposed service area, as required in Subparagraph 13.2 of Attachment A. C. Describe your organization’s ability to provide direct service staff and translation services, in Spanish and Vietnamese, reflective of the population to be served so that all Individuals/Families are provided services in their primary language, as required in Subparagraphs 13.3 and 13.4 of Attachment A. D. Describe your organization’s plan and timeline to ensure all proposed positions (in Part C of Form F) will be filled and ready to provide services by the effective date of the resulting contract.</p>	
<p>Question #11: Training [Attachment A (Scope of Work), Paragraph 14]: A. Describe your organization’s approach to training, including, but not limited to participation in County training, delivery of required training to staff, and tracking of training activities as required in Subparagraphs 14.1 through 14.4 of Attachment A. B. Describe your organization’s process for developing and maintaining up-to-date training manuals for CAAs/CECs relating to the electronic application process, as required in Subparagraph 14.5 of Attachment A. C. Describe your organization’s training process for CAAs/CECs on how to complete applications through an electronic application system, as required in Subparagraph 14.6 of Attachment A. Include frequency of training and the coordination process. D. Describe your organization’s training process for CAAs/CECs on completing paper applications for the inmate population, as required in Subparagraph 14.7 of Attachment A. Include frequency of training and the coordination process.</p>	

<p>Question #12: Quality Assurance/Quality Control [Attachment A (Scope of Work), Paragraph 15]: Submit a comprehensive Quality Control Plan to be utilized by your organization as a self-monitoring tool to ensure required services are provided as specified in Paragraph 15 of Attachment A. The Quality Control Plan shall include, but not be limited to, the following: A. Activities to be monitored to ensure compliance with Attachment A requirements. B. Monitoring methods to be used. C. Frequency of monitoring. D. Title/level and qualifications of personnel performing monitoring functions. E. Documentation of results. F. Satisfactory Surveys required in Subparagraph 15.2 of Attachment A. *Please note the Quality Control Plan is not included in the page limitation for Attachment E.</p>	
<p>FORM E (PART B) - MANAGEMENT OF DIRECT SERVICES TO BE PROVIDED</p>	
<p>Question #13: Describe how your organization ensures effective management and administrative services of day-to-day operations. Include: a. Description of the span of control for all management and supervisory positions to be involved in the delivery of services under the resulting contract. b. Description of existing and/or proposed organizational structure within, and where applicable, outside Orange County. c. Relationship between the existing or proposed Orange County organization and Proponent’s headquarters, if located outside of Orange County.</p>	
<p>Question #14: Describe the method(s) your organization will use to self-evaluate the management of services to be provided.</p>	
<p>Question #15: Identify all project start-up activities necessary to begin service delivery on the effective date of the resulting contract.</p>	
<p>FORM E (PART C) - MANAGEMENT OF DIRECT SERVICES TO BE PROVIDED</p>	
<p>Question #16: If subcontractor(s) are to be used for the provision of any service element, provide: a. Name(s) of all subcontractor(s) b. Procurement process and schedule c. Subcontractor(s) responsibilities and/or tasks d. Minimum qualifications for subcontractor’s key personnel to provide services under the resulting agreement e. proponent’s contractual relationship with subcontractor(s) f. costs</p>	
<p>Question #17: If subcontractor(s) will be utilized, but are not identified at this point, provide detailed strategy to determine subcontractor(s).</p>	
<p>Total</p>	<p>0</p>
<p>Average Score</p>	<p>0.00</p>
<p>Points Awarded</p>	<p>0.00</p>
<p>FORM F - STAFFING</p>	
<p>Part A – Staff Summary:</p>	
<p>Part B – Details of Staff Already Hired:</p>	

Part C – Details of Staff to be Hired:	
<p>Assess information provided in each table and score Form F in its entirety for a combined score.</p> <p>Assess:</p> <ul style="list-style-type: none"> • whether education, credentials, and experience of required service staff are in accordance with RFP requirements • did proponent provide detailed responses in qualifications of key personnel • ability of Proponent to provide experienced/qualified staffing to fulfill the services outlined in the Scope of Work • did Proponent propose more/less staffing than the minimum required in the Scope of Work • does proposed staff have bilingual capabilities to meet the needs of the population to be served 	
Points Awarded	0.00
FORMS G - LINE ITEM BUDGET and H - BUDGET NARRATIVE	
Form G - Salaries and Benefits: Assess whether direct service and administrative positions (including language capabilities, FTEs, weekly hours, maximum hourly rates, monthly salaries, benefits, and annual budget) are reasonable, justified, and appropriate for proposed services.	
Form G - Services and Supplies: Assess whether proposed costs are reasonable, justified, and appropriate in relation to activities to be conducted and services to be provided.	
Form G - Operating Expenses: Assess whether proposed costs are reasonable in relation to service to be provided.	
Form G - Subcontracts: Assess whether proposed subcontracted services should be of a concern.	
Form G - Indirect Costs/Profit/In-Kind Match: Was the table completed? Does it specify indirect costs, profit, and in-kind match (as applicable)? Assess whether proposed costs are reasonable.	
Form H - Salaries and Benefits: Assess whether salary and benefit costs are fully explained and are reasonable in relation to the proposed salaries.	
Form H - Services and Supplies Detail: Assess whether proposed costs are fully explained and in alignment with expenses identified in Form G.	
Form H - Operating Expenses (Facility and Non-Facility): Assess whether proposed costs are fully explained and in alignment with expenses identified in Form G.	
Form H - Indirect Cost/ Program Income/In-Kind Match/Profit/Revenue: Assess whether proposed indirect cost is reasonable. Assess value added of Program Income (if applicable) and proposed in-kind match (if applicable) as it relates to proposed services. Assess whether proposed Profit (if applicable) is reasonable.	
Form H - Revenue and Budget Variances from Year-to-Year: Are current and projected revenue sources and amounts listed? Is lack of revenue sources a concern? If budget variances are identified, is an explanation for the differences provided including how budgetary changes may impact services?	

<p>Committee members should take the following into consideration when scoring the Line-Item Budget Form:</p> <ul style="list-style-type: none"> •Proposal is completed in its entirety with blank areas explained. •Calculations are error free or have minimal, non-consequential errors. •Cost Proposal descriptions align with the business proposal. •An understanding of costs expected with service required is demonstrated. •Spans of control are clearly delineated and reasonable. •Ratio of direct service cost compared to administrative costs is reasonable. •Salaries are comparable to industry levels. •Budgets reflect anticipated increases in hourly rates and monthly salaries for future years. •Is the proposed budget reasonable? •Is the budget reflective of all services being proposed? (Are the following reasonable: Salaries, Benefits, Services & Supplies Detail, Operating Expense for Non-Facility and Facility, Indirect Costs, Program Income, In-kind Match, Profit, Revenue, and Budget Variance) •Committee members can consider lack of detail/specificity in the proposed line item budget and narrative. •Committee members should note services offered in addition to RFP requirements and how those costs will be covered, and/or lack of services required in the RFP. 	
Points Awarded	0.00

TOTAL POINTS AWARDED 0.00

Rating Scale:

- 0 = Non-Responsive
- 1 = Inadequate
- 2 = Poor
- 3 = Average
- 4 = Above Average
- 5 = Exceptional