LOCAL PREFERENCE (Screener use only)

☐ 5 Points  Did the applicant claim local preference status and did they meet the County of Santa Clara requirements for doing so?  If yes enter 5, if no enter 0.

Screener’s initials ______

Instructions: Please respond to the questions below by entering the number associated with the description that best describes the proposal in the box to the left of the question. Use only whole numbers.

Definitions:

Excellent – proposal is outstanding in this area
Good – proposal is of high-quality in this area
Adequate – proposal is sufficient in addressing this area but nothing more
Marginal – proposal could be acceptable under certain circumstances
Poor – Unacceptable under most circumstances
Unacceptable – proposal is lacking in this area

Comments: Additional comments, both positive and negative, are encouraged to give as broad a perspective of the applicant’s proposal as possible.

ORGANIZATION OVERVIEW AND CAPACITY (30 points)

☐ 5 Points  Does the applicant demonstrate a clear understanding of services to pregnant and parenting adolescents including knowledge of local resources?

5 Excellent  4 Good  3 Adequate  2 Marginal  1 Poor  0 Unacceptable

Comments:

☐ 10 Points  Does the applicant have a minimum of three years experience working with pregnant and parenting adolescents?

10 Excellent  8 Good  6 Adequate  4 Marginal  2 Poor  0 Unacceptable

Comments:
10 Points  Does the applicant’s staffing plan identify a 40 client to 1 caseworker staffing ratio and reflect ability to accomplish the scope of work?
10 Excellent  8 Good  6 Adequate  4 Marginal  2 Poor  0 Unacceptable
Comments:

5 Points  Does the applicant demonstrate capacity for employee retention?
This includes low employee turnover and incentives such as medical and dental packages as well as the general financial stability of the organization (refer to Exhibit B).
5 Excellent  4 Good  3 Adequate  2 Marginal  1 Poor  0 Unacceptable
Comments:

Section Tally ______

PROPOSED WORK PLAN (45 Points)

15 Points  Does the applicant’s approach define, coordinate, and integrate systems of care to conduct outreach and to provide comprehensive case management services?  Case Management should address education, parenting, family planning, counseling and job training.  Use of existing community partnership programs and channels should be identified.
15 Excellent  12 Good  9 Adequate  6 Marginal  3 Poor  0 Unacceptable
Comments:
10 Points Does the applicant demonstrate an ability to accomplish the AFLP Scope of Work in accordance with State of California AFLP Policies and Procedures? This includes issues related to the financial stability of the applicant to fully carry out their responsibilities (refer to Exhibit B)
10 Excellent 8 Good 6 Adequate 4 Marginal 2 Poor 0 Unacceptable

Comments:

10 Points Does the applicant demonstrate an ability to comply with Cal-Learn program participation requirements? This includes issues related to the financial stability of the applicant to fully carry out their responsibilities (refer to Exhibit B)
10 Excellent 8 Good 6 Adequate 4 Marginal 2 Poor 0 Unacceptable

Comments:

10 Points Does the applicant’s approach to measure and evaluate program outcomes demonstrate an effective self/internal evaluation process? Are the tools that will enable changes to be enacted identified?
10 Excellent 8 Good 6 Adequate 4 Marginal 2 Poor 0 Unacceptable

Comments:

Section Tally ______
BUDGET (20 Points)

10 Points Does the applicant’s budget and budget narrative adequately support this project? This includes personnel and operating expenses as well as issues related to the financial stability of the applicant to fully carry out their responsibilities (refer to Exhibit B)

10 Excellent  8 Good  6 Adequate  4 Marginal  2 Poor  0 Unacceptable

Comments:

10 Points Is the allocation for personnel and operating expenses reasonable and sustainable? This includes issues related to the financial stability of the applicant to fully carry out their responsibilities (refer to Exhibit B)

10 Excellent  8 Good  6 Adequate  4 Marginal  2 Poor  0 Unacceptable

Comments:

Section Tally ________

Additional Comments:

Local Preference __________pts
Organization Overview and Capacity __________pts
Proposed Work Plan __________pts
Budget __________pts

Total Points __________pts

Reviewer’s Name___________
Thank you for participating in this process.