

# County of Placer

## A Procedure for Conducting Requests for Proposals (RFPs)

### **Introduction**

This document describes the procedure to be used for evaluating proposals, as well as resulting contract recommendations. This procedure does not confer any delegated contracting authority to operating departments not already granted by County Code or Purchasing Policy. The County reserves the right to waive or modify any procedural requirement described herein when, in its judgment, the interests of the County may be better served.

### **1.0 Responsibilities of the Evaluation Panel**

This section describes the general responsibilities of evaluation panel members assigned to review RFPs. Additional instructions are contained in the attached document titled, "Responsibilities of Proposal Evaluation Committee Members" which must be signed by each panel member prior to commencing their review of the proposal(s).

- 1.1 The evaluation panel has the responsibility to ensure that an impartial, objective and professional evaluation is conducted.
- 1.2 Panel members are cautioned that no announcement of the panel's selection is made until the HHS Contracts Analyst has reviewed and proofed all evaluation documents, and HHS has made public its recommended award to the Board of Supervisors.
- 1.3 The evaluation panel may not, under any circumstances, make or infer contractual commitments or special negotiated arrangements.

### **2.0 The Evaluation Process**

Evaluations may only be based on the criteria published in the RFP and must contain sufficient detail to support assigned ratings. The Contracts Analyst is routinely asked to brief unsuccessful firms on the evaluation process; therefore, detailed and thoughtful comments are essential. The quality of the evaluation must be high enough to withstand challenges from unsuccessful firms. Further, evaluations and comments may become public information.

#### **2.1 Determination of Responsiveness (HHS Contracts Analyst)**

The HHS Contracts Analyst assigned to the project will review each submittal for responsiveness, including but not limited to timeliness of submittal, appropriate signatures, required declarations or informational elements. Non-responsive submittals will be eliminated from further consideration and will not be submitted to the evaluation panel for review.

#### **2.2 Determination of Relevant Information (Evaluation Panel)**

Evaluators must examine each submittal to identify and evaluate the specific information in each submittal that relates to the evaluation criteria published in the RFP. Evaluations may only be based on criteria published in the RFP. With the exception of cost, proposals are to be rated on their individual merits, not relative to one another.

Panel members are not to discuss submittals with proposing firms outside the formal interview process. Any inappropriate contact by proposers should be brought to the attention of the Contracts Analyst.

The evaluation criteria chosen for this RFP are:

**Proposer Expertise, including proposer qualifications and experience specific to the client population**

**Program Description and Implementation Plan**

**Program Evaluation and Reporting Methods**

**Cost Proposal**

Within each of these criteria are examples of relevant information that is to be considered when evaluating each proposal. Refer to the original RFP for detail on these criteria.

**Interviews of Proposers.** The evaluation panel (as a body, not individually) may conduct personal interviews with the submitting firms or a "short list" of submitting firms to clarify relevant information.

#### **Assignment of Evaluation Points**

An evaluation form must be completed by each panel member for each proposal referred to the panel for consideration. The Contracts Analyst will provide the appropriate forms so that each evaluator may assign impact points in accordance with the published evaluation criteria.

Although the assigning of points is somewhat subjective, the evaluator's judgment must be based on relevant facts as evidenced in the submittal, interview, reference contacts, and the provisions of the RFP itself. A submittal that fails to comply with a mandatory requirement of the RFP; includes caveats that will prevent the performance of work; fails to include mandatory information for an evaluation criterion; or fails to demonstrate appropriate experience or qualifications, should receive a rating of 0 for the related criterion.

Rating points must be supported by thorough and appropriate comments. The points given must be consistent with the comments. General statements such as "good proposal" without something to qualify the statement (i.e., why it is a good proposal) are not acceptable. Evaluations which are not accompanied by thorough supporting comments will be returned to the evaluator for further consideration.

The evaluator must forward the completed evaluation forms to the Contracts Analyst for review and completion of the evaluation summary. The Contracts Analyst will furnish the Children's System of Care with a copy of the completed evaluation summary.

#### **Contract Award Recommendations**

Upon completion of the proposal evaluation process, HHS will approach the Board of Supervisors for award of contracts to the recommended firms. Contracted services may not commence until the Board approves the award of a contract.

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>LifeSkills Training</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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<p><b>(Exhibit 5) Cost Proposal</b></p> <p>Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed.</p> <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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PROGRAM: <b>LifeSkills Training</b>		Maximum Points	Points Awarded
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## INSTRUCTIONS:

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<b>(Exhibit 5) Cost Proposal</b> Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed. <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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PROPOSER NAME:  PROGRAM: <b>Incredible Years</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
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<p><b>(Exhibit 5) Cost Proposal</b></p> <p>Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed.</p> <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Incredible Years</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Parent Project/Family Counseling</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Parent Project/Family Counseling</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	



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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Parent Project/Family Counseling</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 4) Program Evaluation and Reporting Methods</b></p> <p>Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to:</p> <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Parent Project/Family Counseling</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Transition to Independence</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Transition to Independence</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

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RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Transition to Independence</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
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Mental Health Services Act  
Prevention & Early Intervention Services

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Mental Health Services Act  
Prevention & Early Intervention Services

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Transition to Independence</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Transition to Independence</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
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Mental Health Services Act  
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RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Transition to Independence</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Bilingual Therapist/Maternal Depression</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Bilingual Therapist/Maternal Depression</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	



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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Bilingual Therapist/Maternal Depression</b>		Maximum Points	Points Awarded
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# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Mentor Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Mentor Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Mentor Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<b>(Exhibit 4) Program Evaluation and Reporting Methods</b> Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to: <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
<b>(Exhibit 5) Cost Proposal</b> Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed. <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Youth Mentor Services</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Program Development/Community Activities</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Program Development/Community Activities</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	



# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Youth Program Development/Community Activities</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<b>(Exhibit 4) Program Evaluation and Reporting Methods</b> Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to: <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
<b>(Exhibit 5) Cost Proposal</b> Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed. <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Youth Program Development/Community Activities</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Native Family Advocacy</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Native Family Advocacy</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Native Family Advocacy</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 4) Program Evaluation and Reporting Methods</b></p> <p>Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to:</p> <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
<p><b>(Exhibit 5) Cost Proposal</b></p> <p>Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed.</p> <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Native Family Advocacy</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Community Educator &amp; Support Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Community Educator &amp; Support Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	



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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Community Educator &amp; Support Services</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<b>(Exhibit 4) Program Evaluation and Reporting Methods</b> Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to: <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
<b>(Exhibit 5) Cost Proposal</b> Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed. <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Community Educator &amp; Support Services</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Social Marketing and Stigma Reduction</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 2) Proposer Expertise, Qualifications, and experience specific to the client population, including:</b></p> <ul style="list-style-type: none"> <li>• The organization's history and experience in providing the proposed services to the described target population(s)</li> <li>• Facilities, available resources including staffing levels and staff qualifications, and capacity to accommodate the implementation of the proposed services.</li> <li>• A detailed description of the organization's values and principles, and how this is reflected in its existing structure and services.</li> <li>• A narrative discussing the population(s) to be served, including their needs and strengths.</li> <li>• Experience with this EXACT program, curriculum, or therapeutic model.</li> <li>• Experience with other SIMILAR programs, curricula, or therapeutic models.</li> <li>• Recruitment, training, retention and supervision strategies as they relate to the proposed services, including background check procedures if applicable.</li> </ul>		35	

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Social Marketing and Stigma Reduction</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	

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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

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Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Social Marketing and Stigma Reduction</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

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RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Social Marketing and Stigma Reduction</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
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Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Social Marketing and Stigma Reduction</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<p><b>(Exhibit 3) Program Description and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>• The organization's plan for program implementation, day-to-day program management and operations, client recruitment and marketing strategies, and all required staff training. All activities shall be clearly defined. Each element of the program requirements/scope of services that the organization will provide is to be included in this narrative.</li> <li>• A narrative describing the opportunities for collaboration, system transformation, and systems coordination and integration, including how the organization intends to manifest these principles in actual practice. Letters of Participation or MOUs with collaborating agencies may be submitted to evidence their commitment to the proposed program.</li> <li>• In keeping with the principles of the MHSA guidelines, preference will be given to those organizations proposing solutions that include evidence of:               <ul style="list-style-type: none"> <li>- Collaboration</li> <li>- Leveraging resources</li> <li>- Transformational strategies and actions</li> <li>- Cultural competency</li> <li>- Integrating and coordinating systems</li> </ul> </li> </ul>		35	



# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:  PROGRAM: <b>Social Marketing and Stigma Reduction</b>	Comments Explaining and Supporting the Points Awarded (Please write legibly)	Maximum Points	Points Awarded
<b>(Exhibit 4) Program Evaluation and Reporting Methods</b> Describe the methods to be utilized to evaluate the program and determine program effectiveness, including but not limited to: <ul style="list-style-type: none"> <li>• All instruments to be used to determine program success.</li> <li>• When and how often these instruments will be used.</li> <li>• The method of reporting the results.</li> <li>• Any planned follow-up activities.</li> <li>• Proposed reports to be provided, including quarterly reports of program activities and financial data, and a complete cost report at the end of each fiscal year</li> </ul>		15	
<b>(Exhibit 5) Cost Proposal</b> Include a line-item budget identifying all program costs, both one-time and ongoing, including but not limited to the elements listed below, organized and identified in such a way that the County can clearly understand the level of service offered in relation to the costs proposed. <ul style="list-style-type: none"> <li>• A budget narrative that explains all costs.</li> <li>• Justification for the proposed level of staffing.</li> <li>• The percentage of overhead included in the program budget, if allowed and included, or indicate that no overhead will be charged.</li> <li>• A narrative that explains how the available funding will be utilized to achieve the desired outcomes and to what extent other resources are to be leveraged.</li> </ul>		15	

# PROPOSAL EVALUATION FORM

Mental Health Services Act  
Prevention & Early Intervention Services

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

RATER'S SIGNATURE \_\_\_\_\_

PROPOSER NAME:			
PROGRAM: <b>Social Marketing and Stigma Reduction</b>		Maximum Points	Points Awarded
TOTAL POINTS FOR THIS PROPOSAL/PROGRAM		100	

## INSTRUCTIONS:

- Evaluation criteria and points are published in the RFP. All information required to evaluate proposals may be found in Section 6 of the RFP, Proposal Format Requirements, beginning on Page 6, and in the Attachment specific to the proposed program (Attachments B through N).
- Proposals are scored for each criterion up to the maximum points allowed for each criterion. (0=unacceptable; maximum score = excellent). Half-points (1.5, 9.5) are acceptable when scoring.
- An explanation of the rationale used to award points for each criterion shall be detailed by the evaluator on the evaluation form. Additional comments may be provided on the reverse of the page or a separate sheet may be attached if necessary.
- Total awarded points are determined by adding the points awarded for each criterion.
- The proposer receiving the highest total score is ranked #1, etc. Tie scores between competing proposals are acceptable. This is resolved when the various reviewers' scores are compiled.