



REQUEST FOR PROPOSALS

Contract Cycle: State Fiscal Years 2025-27; Renewable for SFYs 2027-29

EVALUATION TOOL

SERVICE CATEGORY: <u>Title III-E: CAREGIVER RESPITE</u>	NAME OF REVIEWER: Click or tap here to enter text.
SERVICE AREA: Click or tap here to enter text.	DATE OF INITIAL REVIEW: Click or tap here to enter text.
APPLICANT'S NAME: Click or tap here to enter text.	DATE(S) OF ANY EDITS: Click or tap here to enter text.
FUNDING REQUESTED: \$ Click or tap here to enter text.	FUNDING RECOMMENDED: Choose an item.

The purpose of this Evaluation Tool is to provide each reviewer with a standard template to use to formulate their ratings and to capture those ratings in a consistent manner for easy comparison. This Tool will be included in the RFP Packet so that all Applicants and any other interested parties have advance knowledge as to how proposals will be evaluated, in accordance with State regulation.

Evaluation Criteria:

Each RFP Proposal will be rated on these six major factors which are of equal importance:

- | |
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| 1. The Applicant Organization's Leadership Experience in relation to Aging Services |
| 2. Compatibility with AAA4 Program Parameters |
| 3. Quality of the Applicant Organization's Service Plan |
| 4. Qualifications of the Applicant's Personnel who would operate the Program |
| 5. Adequacy of the Applicant Organization's non-AAA4 Assets and Resources |
| 6. Cost Effectiveness of the Proposed Program |

Rating Instructions for Proposal Reviewers:

AAA4 Staff will provide training to reviewers to help ensure consistent interpretation of written materials and a thorough understanding of the RFP review process.

Rating Guide:

As shown in the chart below, a standard letter grade system has been adopted for ease of use (please do not use pluses or minuses). Ideally, any Undecided ratings will be changed after the Applicant has an opportunity to answer reviewers' questions.

<i>Rating</i>	<i>Quality of Response</i>	<i>Description</i>	<i>Strengths Relative to Requirements</i>	<i>Weaknesses Relative to Requirements</i>	<i>Confidence in Proposal</i>
A	Outstanding	Proposal addresses requirements completely, exhibits outstanding knowledge, creativity, innovation or other factors that justify this rating	Meets requirements – numerous strengths in key areas	None	Very high
B	Good	Proposal addresses requirements completely and addresses some elements in an outstanding manner	Meets requirements – some strengths in key areas	Minor – not in key areas	High
C	Fair	Proposal addresses most elements of the requirements	Meets most requirements – minimal strengths provided in response	Moderate – does not outweigh strengths	Moderate
D	Poor	Proposal meets some of the requirements	Meets some of the requirements with some clear strengths	Exist in key areas – outweighs strengths	Low
F	Failed	Proposal meets few to none of the requirements	Meets few to none of the requirements with few or no clear strengths	Significant and numerous	None
U	Undecided	Proposal is unclear or the information given is contradictory. Cannot rate properly with clarification from the Applicant	To be determined	To be determined	Uncertain

1. The Applicant Organization's Leadership Experience in relation to Aging Services: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Mission & History	101. What is your organization's mission statement, when was it first established, and when was it last revised? 102. Historically, what major successes has the organization had in advancing its mission? 103. In what specific ways does the proposed program advance the mission of your organization?		Click or tap here to enter text.
Direct Experience	104. Is your organization already providing the same type of service that is being requested in this proposal (with or without AAA4 funds)? YES or NO > If yes, how long has this service been provided?		Click or tap here to enter text.
Organizational Readiness	<i>Skip to the next section</i>		
Administrative Readiness	105. Does your organization already meet AAA4's Fiscal Accountability and Compliance requirements for Funded Partners? YES or NO 106. Does your organization currently have staff with the necessary skills in data management and/or database entry? YES or NO 107. Does your organization currently meet AAA4's Information Technology (IT) requirements for Funded Partners? YES or NO		Click or tap here to enter text.
Good Standing	[AAA4 Staff will determine if the Applicant is in Good Standing.]		Click or tap here to enter text.
Past Performance	[AAA4 Staff will provide a Past Performance Report during the open Review Team meeting. At that time, reviewers should evaluate whether that Report raises questions about the Applicant's ability to perform going forward?]		Click or tap here to enter text.
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.		OVERALL RATING Click or tap here to enter text.	

*The overall rating may or may not equate to an overall average of each part or of each question.

2. Compatibility with AAA4 Program Parameters: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION QUESTIONS			RATING	RATIONALE
{Program Purpose}	201. How many unduplicated individuals would be served in the first year of the contract cycle? 202. Assuming funding levels remain the same, how many unduplicated individuals would be served in the second year? 203. What specific steps would be taken to reduce these types of barriers?				Click or tap here to enter text.
Required Activities	204. What type of service is being proposed?				Click or tap here to enter text.
Allowable Activities	205. Are Supervision and/or Homemaker Assistance being proposed as part of In-Home Personal Care Respite?				Click or tap here to enter text.
Prohibited Activities	Not Applicable				
Geographic Service Area	206. Describe the geographic area that clients must reside within to receive services, and list the major cities, towns and places that fall within that area.				Click or tap here to enter text.
Service Coordination	207. Does the Applicant propose to formally partner/subcontract with another organization? YES or NO > If Yes, what is the name of the other organization(s) and what OAA services would they provide? 208. Please list other organizations with whom you have coordinated.				Click or tap here to enter text.
Client Eligibility	Not Applicable				Click or tap here to enter text.
Client Prioritization	Not Applicable	Client Wait Lists	Not Applicable		
Service Referrals	209. What method would be used to determine if individuals are successfully “connecting” with the programs and services to which they are most frequently referred?				Click or tap here to enter text.
Unique Program Standards	Not Applicable				
Special Rights	Not Applicable	Specified Legal References	Not Applicable		
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.				OVERALL RATING* Click or tap here to enter text.	

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3. Quality of the Applicant Organization's Service Plan: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Service Goals	301. What overarching goals has the Applicant Organization set for the proposed program to achieve? 302. In what specific ways is the community expected to benefit from the proposed program, including the clients themselves, clients' households, and clients' supporting family/friends/neighbors? 303. How will the local Aging Services Network benefit from the proposed program?		Click or tap here to enter text.
Outreach	304. Whom is the proposed program's <u>primary audience</u>? Summarize their unique set of characteristics or circumstances. 305. Within your <u>primary audience</u>, roughly what percentage (from 0% to 100%) would you expect to fall into each of these potentially underserved categories below. 306. What specific methods would be used to reach which underserved individuals (from the previous question)? 307. If applicable, briefly discuss categories of underserved individuals who seem <u>unlikely</u> to participate in the proposed program regardless of how much outreach is done.		Click or tap here to enter text.
Resources	308. What key resources are needed to provide the proposed service (e.g., equipment, tools, products, personnel, etc.).		Click or tap here to enter text.
Delivery of Services	309. Briefly describe the basic service plan, or service model, the proposed program will follow. 310. Why was this service plan/model chosen for your proposed program? 311. Can this service plan/model be scaled up and down easily to serve substantially more or less clients? 312. How is your service model adaptable to unforeseen changes (i.e., sudden cost increases, staffing change, emergencies, etc.?) 313. Briefly explain how prospective clients will be screened, assessed, and prioritized? 314. How will individuals' food security be evaluated? 315. How will individuals' housing security be evaluated? 316. What specific personal choices will each prospective client be allowed to make about how services are provided to them?		Click or tap here to enter text.
Data	317. How will the proposed program collect and track the number of service units that are provided on any given day, month, quarter and fiscal year? 318. How will the proposed program collect and track the number of unduplicated clients who are served on any given day, month, quarter and fiscal year?		Click or tap here to enter text.

3. Quality of the Applicant Organization's Service Plan CAREGIVER RESPITE (Part 3 continued)

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Service Outcomes	319. What specific tangible and/or intangible outcomes will be measured with respect to: i) serving individual clients, clients' households, and clients' supporting family/friends/neighbors; ii) benefiting the local Aging Services Network; and, iii) connecting clients with other appropriate resources? 320. How will each of these outcomes be collected? 321. How has the proposed program defined varying levels of "success" for each of these outcomes?		Click or tap here to enter text.
Evaluation	322. <u>During</u> the fiscal year, what specific methods will be used to evaluate the effectiveness of the proposed program based on input from clients, staff, volunteers, and any pertinent third parties? 323. At the end of each fiscal year, what additional methods will be used to evaluate the effectiveness of the proposed program based on final figures, results, or impacts? 324. What processes are in place to directly link evaluation findings to improvements in the proposed program?		Click or tap here to enter text.
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.		OVERALL RATING* Click or tap here to enter text.	

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4. Qualifications of the Applicant's Personnel who would operate the Program: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Human Resources	401. Would your organization need to acquire new or additional staff and/or volunteers to be able to begin fully providing the proposed service? YES OR NO > If yes, what positions would need to be filled and, for each, at how many FTEs (full-time equivalents based on a 40 hour work week)? 402. During state fiscal year 2023-24, what major variations do you predict will happen in the demand for the proposed services? In the supply of resources for the proposed services?		Click or tap here to enter text.
Volunteers	403. Would the proposed program use volunteers? YES OR NO If so, how many and in what roles?		Click or tap here to enter text.
Hiring and Retention	404. What minimum qualifications (education and work experience) are required of the person who will have the most direct, day-to-day oversight of the proposed program, and what is their job title? 405. What minimum qualifications (education and work experience) are required of the person(s) who will have direct contact with clients? 406. How long do staff and volunteers typically stay with the Applicant Organization, and what are the most common reasons they leave? 407. Are wages and benefits comparable to those of similar organizations in the service area, and how have you made that determination?		Click or tap here to enter text.
Review and Recognition	408. When was the last time a staff member or volunteer was openly recognized by your organization's leadership for outstanding work performance, and for what accomplishment(s) were they recognized?		Click or tap here to enter text.
Training and Support	409. What specific training, if any, do staff and volunteers receive about other local programs that serve the same target population? 410. What specific training, if any, do staff and volunteers receive about encouraging each individual client to make personal choices that direct how services are provided to them? 411. What specific training, if any, do staff and volunteers receive concerning food security? 412. What specific training, if any, do staff and volunteers receive concerning housing security?		Click or tap here to enter text.

4. Qualifications of the Applicant's Personnel who would operate the Program CAREGIVER RESPITE (Part 4 continued)

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Data Security	413. Does your organization already meet AAA4's Data Security requirements for Funded Partners? YES or NO		Click or tap here to enter text.
Mandated Reporters	414. What source(s) does the organization currently use for conducting Mandated Reporter training for staff and volunteers?		Click or tap here to enter text.
Disaster Preparedness	415. What source(s) does the organization currently use for conducting workplace safety training for staff and volunteers, including disaster response?		Click or tap here to enter text.
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.		OVERALL RATING* Click or tap here to enter text.	

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5. Adequacy of Applicant Organization's non-AAA4 Assets and Resources: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION QUESTIONS	RATING	RATIONALE
Fiscal Sustainability	501. Is your organization fiscally sound, and how did you make that determination?		Click or tap here to enter text.
Assets	502. Does your organization need to acquire any major assets (valued at \$5,000 or more) to be able to fully provide the proposed service? YES OR NO		Click or tap here to enter text.
Revenue	503. What percentage of the Total Program Resources is comprised of the requested AAA4 Award? > If <u>not</u> awarded any funds under this RFP, would some form of the proposed service be provided anyway? 504. What measures would be taken to assure client contributions are voluntary and anonymous? What measures would be taken to assure client contributions are being collected and accounted for properly? 505. Overall, would you expect a continuation of the COVID-19 pandemic to lead to an increase or a decrease in budgeted funding from other sources (i.e., donations, fundraising and other grants)? 506. Is this proposal contingent upon receipt of a grant from another source? YES OR NO > If yes, when will your receipt of said grant be determined? > If said grant is <u>not</u> awarded, how would this proposal need to be altered to remain viable? 507. Overall, would you expect a continuation of the COVID-19 pandemic to lead to an increase or a decrease in budgeted in-kind contributions (if applicable)?		Click or tap here to enter text.
Expenditures	<i>Not Applicable</i>		Click or tap here to enter text.
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.		OVERALL RATING* Click or tap here to enter text.	

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6. Cost Effectiveness of the Proposed Program: CAREGIVER RESPITE

SUBJECT	PROGRAM APPLICATION [Reviewer Questions]	RATING	RATIONALE
Annual Service Costs: Total Cost/Unit of Service AAA4 Cost/Unit of Service	[Has the Applicant committed enough total resources to provide the program as proposed?] [Given the total resources that have been committed, does the estimated total number of minor home modifications seem achievable?] [If applicable, how does the AAA4 Cost/Unit of Service compare to CAREGIVER RESPITE proposals from other Applicants under this RFP?]		Click or tap here to enter text.
Annual Estimated Service Value: Direct Savings/Client/Year Indirect Savings/Client to the Long-Term Care System	[Does the average number of units each client receives seem appropriate?] [Does the market value rate for modifications seem reasonable?] [Does the Direct Savings/Client/Year seem substantial?] [Does the program appear to be more cost-effective than the public alternative?]		Click or tap here to enter text.
Return on Investment (ROI)	[If applicable, how does the ROI compare to CAREGIVER RESPITE proposals from other Applicants under this RFP?]		Click or tap here to enter text.
REVIEWER NOTES/COMMENTS: Click or tap here to enter text.		OVERALL RATING* Click or tap here to enter text.	

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EVALUATION SUMMARY: CAREGIVER RESPITE

INITIAL REVIEWER RATINGS:	EVALUATION CRITERIA (Each of the six factors are of equal importance)	CHANGES TO RATINGS (if applicable) & REVIEWER'S REASON FOR MAKING THE CHANGE:
	1. The Applicant Organization's Leadership Experience in relation to Aging Services	Click or tap here to enter text.
	2. Compatibility with AAA4 Program Parameters	Click or tap here to enter text.
	3. Quality of the Applicant Organization's Service Plan	Click or tap here to enter text.
	4. Qualifications of the Applicant's Personnel who would operate the Program	Click or tap here to enter text.
	5. Adequacy of the Applicant Organization's non-AAA4 Assets and Resources	Click or tap here to enter text.
	6. Cost Effectiveness of the Proposed Program	Click or tap here to enter text.
OVERALL RATING**	**The overall rating may or may not equate to an overall average of each factor.	

Questions, Suggestions, Recommendations, Conditions:
Click or tap here to enter text.

FUNDING RECOMMENDATION TO GOVERNING BOARD:
Click or tap here to enter text.

REVIEWER'S SIGNATURE: _____

DATE: Click or tap to enter a date.