

Qualifying Proposal Evaluation Checklist

Agency _____ Date of Review _____

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

A. Organization

- | | Rating |
|--|--------------------------|
| 1. Mission statement and philosophy | <input type="checkbox"/> |
| 2. Organization resources to accomplish proposal | <input type="checkbox"/> |
| 3. Board of Directors | <input type="checkbox"/> |

Total		Average	Weight	Score
<input type="checkbox"/>	BY	Divided	X	(.15)
<input type="checkbox"/>	3	=	<input type="checkbox"/>	= <input style="border: 2px solid black;" type="checkbox"/>

B. Previous Agency Performance

- | | Rating |
|--|--------------------------|
| 1. Past performance reviews- programmatic and legal | <input type="checkbox"/> |
| 2. Past performance reviews- consumer satisfaction | <input type="checkbox"/> |
| 3. Past performance reviews- fiscal | <input type="checkbox"/> |
| 4. Past performance reviews- housing/project Development | <input type="checkbox"/> |
| 5. Past performance reviews- evidence of efficient and effective financial management system | <input type="checkbox"/> |

Total		Average	Weight	Score
<input type="checkbox"/>	BY	Divided	X	(.15)
<input type="checkbox"/>	5	=	<input type="checkbox"/>	= <input style="border: 2px solid black;" type="checkbox"/>

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C. Support Strategies

- | | Rating |
|--|--------------------------|
| 1. Individual supports and services | <input type="checkbox"/> |
| 2. Adherence to RFP | <input type="checkbox"/> |
| 3. Community Resources and Personal Networks | <input type="checkbox"/> |
| 4. Legal Requirements | <input type="checkbox"/> |

Total		Average	Weight	Score
<input type="checkbox"/>	Divided BY	<input type="checkbox"/>	(.15)	<input type="checkbox"/>
		4	X	<input style="border: 2px solid black;" type="checkbox"/>

D. Personal Preferences and Relationships

- | | Rating |
|-------------------------|--------------------------|
| 1. Personal Preferences | <input type="checkbox"/> |
| 2. Relationships | <input type="checkbox"/> |

Total		Average	Weight	Score
<input type="checkbox"/>	Divided BY	<input type="checkbox"/>	(.15)	<input type="checkbox"/>
		2	X	<input style="border: 2px solid black;" type="checkbox"/>

E. Proposed Work Plan and Time Frame

Rating	Weight	Score
<input type="checkbox"/>	(.10)	<input type="checkbox"/>
	X	<input style="border: 2px solid black;" type="checkbox"/>

F. Support staff/Staffing Patterns

Rating	Weight	Score
<input type="checkbox"/>	(.15)	<input type="checkbox"/>
	X	<input style="border: 2px solid black;" type="checkbox"/>

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- | G. Budget/Cost Effectiveness | Rating |
|--------------------------------------|---|
| 1. Relationship to Available Funding | <input style="width: 30px; height: 20px;" type="text"/> |
| 2. Compare Budget to Other Proposals | <input style="width: 30px; height: 20px;" type="text"/> |
| 3. Indirect Costs | <input style="width: 30px; height: 20px;" type="text"/> |
| 4. Feasibility of Proposal | <input style="width: 30px; height: 20px;" type="text"/> |

Total		Average	Weight	Score
<input style="width: 40px; height: 30px;" type="text"/>	Divided BY	<input style="width: 30px; height: 30px; text-align: center; border: 1px solid black;" type="text" value="4"/>	=	<input style="width: 40px; height: 30px;" type="text"/>
			X	<input style="width: 40px; height: 30px; text-align: center; border: 1px solid black;" type="text" value="(.15)"/>
				= <input style="width: 40px; height: 30px; border: 2px solid black;" type="text"/>

SCORES	A	B	C	D	E	F	G	Total Score							
	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	=	<input style="width: 60px; height: 30px; border: 2px solid black;" type="text"/>

Total Score		Final Score
<input style="width: 60px; height: 30px; border: 2px solid black;" type="text"/>	X	<input style="width: 40px; height: 30px; text-align: center; border: 1px solid black;" type="text" value="20"/>
		= <input style="width: 60px; height: 30px; border: 2px solid black;" type="text"/>

Comments:

Reviewer Initials: