

EVALUATOR _____

Human Services Committee

RFP Review Tool

Score

Non-Profit name: _____

Contact name and title: _____

Human Services - funded program name: _____

Number served and cost per participant (for specific Human Services- funded program only): _____

Funding Category selected: ☐ ADULT HEALTH ☐ BEHAVIORAL HEALTH ☐ COMMUNITY SAFETY ☐ COMMUNITY OPPORTUNITIES

Assessment rubric:

5. Exceptional: Organization goes beyond the requirements listed below.
4. Exceeds requirements: Organization exceeds the requirements listed below.
3. Meets requirements: Organization completely fulfills the requirements listed below.
2. Minimally meets requirements: Organization minimally meets requirements listed below.
1. Does not meet requirements: Organization does not fulfill the requirements listed below.

General (15):

1 2 3 4 5

The Organization properly submitted the Request for Proposal in sequence, as outlined within the Final Check-list for Proposal submission.

1 2 3 4 5

The Organization has clearly identified strategies for results that are aligned with Human Services Indicators/Outcomes.

1 2 3 4 5

The Organization has clearly identified indicators that are aligned with the Human Services indicators:

Program Summary (20):

1 2 3 4 5

The Organization clearly states the purpose, goals and objectives of the program(s):

1 2 3 4 5

The Organizations proposed services align with the selected indicators/desired results:

1 2 3 4 5

The Organization demonstrates that its Human Services-funded program(s) fulfills an essential need in our community using local/state data to demonstrate need:

1 2 3 4 5

The Organization clearly demonstrates a plan on how the proposed program/ services will improve the selected performance measure:

Data Collection (15):

The Organization has a plan in place for collecting data to evaluate its performance on the Human Services-funded program(s):

1 2 3 4 5

The Organization is collecting data that demonstrates its Human Services-funded program(s) are aligned to make a positive impact on selected Human Services indicators:

1 2 3 4 5

The Organization compares its data with the data reported from similar programs in other states and/or data reported at the national level:

1 2 3 4 5

Collaboration (15):

The Organization is able to explain in detail its collaboration with other organizations (program planning, implementation, assessment):

1 2 3 4 5

The Organization clearly describes how it provides wraparound services for participants:

1 2 3 4 5

The Organization is able to demonstrate the effectiveness of its collaboration(s) with indicator/outcome measures:

1 2 3 4 5

Organizational stability (35):**Governance**

The Organization has board/advisory oversight with diversified representatives that provide the non-profit stability and sustainability (in the event of a fiscal agent, evidence of advisory oversight must be demonstrated):

1 2 3 4 5

Staff

The Organization provides a list of key staff positions for the project and shows the role of each and their level of effort:

1 2 3 4 5

The Organization demonstrates that the Human Services-funded program(s) are staffed with highly qualified employees with relevant background/education:

1 2 3 4 5

Fiscal

The Organization's proposed Human Services-funded program(s) budget meets the Human Services funding criteria, is directed toward programming and services and is within 2-30% Administrative Overhead Costs:

1 2 3 4 5

The Organization shows periodic and timely comparisons of actual vs. budget income and expenses, shortfall contingency plan, and preparer/reviewer's competence:

1 2 3 4 5

The Organization shows a balance sheet of available liquid assets, debt level, and adequacy of net assets:

1 2 3 4 5

The Organization's staff and board promote timely and accurate financial reports which are monitored [audited?].

1 2 3 4 5

Submittal Requirements

All applicable licenses (current) for potentially funded positions: ☐ Yes ☐ No ☐ NA

Current Business Registration Certificate for the City of Santa Fe: ☐ Yes ☐ No ☐ NA

General Liability Insurance Certificate: ☐ Yes ☐ No ☐ NA

New Mexico Incorporation Certificate: ☐ Yes ☐ No ☐ NA

IRS Certificate for Non-Profit Status: ☐ Yes ☐ No ☐ NA

EEO/ADA Certification: ☐ Yes ☐ No ☐ NA

Non-Collusion Affidavit (notarized): ☐ Yes ☐ No ☐ NA

Completion of Church/State Separation Certification: ☐ Yes ☐ No ☐ NA

ANY MANDATORY DOCUMENTS NOT SUBMITTED WILL BE DISQUALIFIED

ADDITIONAL COMMENTS:
