**ATTACHMENT C: BLANK SCORING SHEET**

**OARR LEGAL ASSISTANCE: Senior Legal Services**

**Service Category: Legal Assistance (non-registered service)**

|  |
| --- |
| Legal advice, counseling and/or representation by an attorney or other person acting under  the supervision of an attorney.  This one-time funding is to expand existing legal services that assist older adults, and older adults  with disabilities, with a variety of legal problems concerning housing, consumer fraud, elder abuse,  Social Security, Supplemental Security Income (SSI), Medicare, Medi-Cal, age discrimination,  pensions, nursing homes, protective services, conservatorships, and other matters. |

*Unit of service = 1 hour.*

**Request for Proposal Scoring Sheet**

Note: There are 100 possible total points. Scoring a minimum of 70 points is required to be considered for funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **I. ORGANIZATIONAL CAPACITY (2 pages maximum)** | | | |
| **Evaluation Criteria** | **Comments** | **Max**  **Pts.** | **Score** |
| 1. Describe your organization’s history, purpose, and mission statement. | The applicant has a well-established history of serving Marin County older adult residents. Applicant’s mission, purpose, and goals are aligned with the priorities set forth in this RFP. | 3 |  |
| 1. Provide a summary of your organization’s experience implementing a service relevant to the program described in this RFP for which you are seeking funding. | The applicant demonstrates prior experience delivering the service proposed. Applicant shows successful implementation of the service sought in this RFP or a comparable program. | 3 |  |
| 1. Describe your organization’s experience in reaching the targeted populations, including priority groups and areas described in this RFP. | Applicant has a clear understanding of the priority group(s) or communities identified in the RFP. Applicant demonstrates experience reaching and serving the priority group(s) and/or target geographic area described in the RFP. | 4 |  |
| 1. Describe the organization’s experience reaching and serving persons of color (non-Caucasian or White individuals), especially older adult persons of color, in Marin County. Explain how outreach was conducted and how specific services were provided.  Include the organization’s experience working or partnering with community partners that serve communities of color. Describe how the organization plans to serve older adult persons of color in proportion to the racial/ethnic makeup of Marin County’s older adult population. Persons of color currently represent 10 percent of the County’s older adult population age 60 and older. | The applicant demonstrates past and current experience in providing services to persons of color, particularly older adult persons of color, in Marin.  The applicant clearly explains how they conducted outreach to connect with individuals of color, what services they provided and how they provided such services.  The applicant describes its experience working with or partnering with community partners that serve communities of color. | 4 |  |
| 1. Describe the organization’s experience in coordinating with local and regional community services to integrate the service delivery system in Marin County. Provide specific examples of how these efforts have led to increased opportunities for older adults to access services. If submitting a collaborative proposal, describe the nature and roles of relationship(s) with other organization(s). | The applicant clearly demonstrates recognition of the importance of coordinating with local service programs within the County. Response clearly describes how the partnership has led to better coordination of services and improved access to local resources for clients. Letters of support (minimum of 2) are provided. | 5 |  |
| 1. Describe the organization’s experience in providing the selected supportive service/s to older adults in Marin County. Document the number and characteristics of individuals being served by type of services in Marin County. Explain how this service is clearly distinguished from other services provided by the organization. | The applicant demonstrates past and  current experience in providing  community based services to older adults in Marin County. The applicant has a clearly delineated program for the service and has had success in reaching older adults new to the agency. | 6 |  |
| **Subtotal** | | **25** |  |

**Comments: Please reference item #:**

**NAME OF REVIEWER:**

**(Please print)**

**SIGNATURE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **II. PROGRAM DESIGN & APPROACH (4 pages maximum)** | | | |
| **Question** | **Evaluation Criteria** | **Max Pts** | **Score** |
| 1. Provide a summary of the proposed **program** and describe how it will enhance and strengthen the supportive service/s in Marin County. Identify and explain the appropriateness of planned services and how they fit the program goals. | The proposed program directly addresses the needs of older adults and will strengthen and enhance services to these older adults in Marin County. Proposed services are appropriate and clearly fit the program goals. | 15 |  |
| 1. Identify overall goals of the proposed program. Describe specific measurable outcome-based objectives, with timelines, that will support the fulfillment of the established program goals. | The applicant has clearly articulated goals with measurable objectives that address the identified supportive service to older adult’s needs, service priorities, priority populations and communities of color. | 10 |  |
| 1. Identify the **Priority Areas and Service Categories** (see section II of this RFP) proposed, along with the **number of units** for each service planned and the **cost per unit**. | Proposal addresses service priority areas identified by the Older Adult Needs Assessment. Program activities and service unit plan are meaningful and can be reasonably accomplished in the stated timeframe. | 10 |  |
| 1. Describe methods for which the effectiveness of the program will be evaluated. Identify ways the agency will measure the impact of services on the health/well-being, skills, knowledge, and other factors that support older adults. Identify strategies the agency plans to use to continuously improve the quality of the program. | The applicant has designed a system for evaluating the quality of internal operations and processes as well as service delivery, including client satisfaction and a system for measuring program outcomes. | 10 |  |
| 1. Describe the outreach/marketing methods the organization intends to employ to generate participation in the program. Identify strategies to reach older adults who have not previously been served by the program, including priority populations and persons of color. | The applicant has developed a systematic process of reaching older adults that are new to the organization that allows the program to reach maximum client capacity, including specific methods of outreach to older adults, including those in priority populations and communities of color. | 10 |  |
| **Subtotal** | | **55** |  |

**Comments: Please reference item #**

**NAME OF REVIEWER:**

**(Please print)**

**SIGNATURE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **III. ADMINISTRATIVE & FISCAL QUALIFICATIONS (2 pages maximum)** | | | |
| **Question** | **Evaluation Criteria** | **Max Pts** | **Score** |
| 1. Describe the organizational structure and proposed job descriptions and duties of paid staff and volunteers in the program. | The organization’s structure and staff are adequate to support the administration of the program and for meeting program standards and requirements. The proposed reporting relationships are clear and assure good communication with staff at all levels. The proposed salary and benefit structure are fair and consistent with similar organizations. | 2 |  |
| 1. Discuss how the organization will comply with data and fiscal reporting requirements. | The organization can comply with reporting requirements. For current or previous AAS contractors, records indicate accurate and timely submission of data and fiscal reports. | 3 |  |
| 1. Describe the organization’s current accounting system, including the following: areas and frequency of accounting for receivables and payables; payroll processing; financial statement preparation, and internal/external auditing. | The organization has in place accounting procedures that will assure effective control and accountability, and which meet state and federal standards. | 3 |  |
| 1. Describe a plan for maintaining service delivery during a disaster/emergency/shelter-in-place. The description should include the ability to provide relevant services in alternative formats, such as webinars, video conferences or phone conferences. | The applicant has a plan to continue service during a disaster/emergency/shelter-in-place and has exercised that plan recently. | 3 |  |
| 1. Describe the system for collecting voluntary contributions for services. Describe how program income will be distributed. | The organization has a clear method for collecting program income and a mechanism for supporting those who cannot afford to make donations. | 3 |  |
| 1. Describe the organization’s ability to provide cash match and in-kind support. | The organization has sufficient resources to assure successful operation of the program. | 3 |  |
| 1. Using the enclosed budget format and comprehensive narrative, describe the proposed program budget. | The proposed budget is appropriate, cost effective, accurate, and includes a clear, comprehensive narrative. | 3 |  |
| **Subtotal** | | **20** |  |
| **TOTAL OF ALL SECTIONS** | | **100** | |
| **PASSING SCORE TO BE CONSIDERED FOR FUNDING** | | **70** | |

**Comments: Please reference item #**

**NAME OF REVIEWER:**

**(Please print)**

**SIGNATURE:**