

**Camden County Youth Services Commission
REVIEW COMMITTEE**

EVALUATION INSTRUMENT WORKSHEET

Proposal Title: _____

Applicant: _____

Reviewer's Initials: _____

SECTION I – STATEMENT OF THE PROBLEM (*Value of 5 points*)

A. STATEMENT OF THE PROBLEM	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Clearly describes the specific nature of the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describe who is experiencing the problem? (the “target population”)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describe the locale of the people who are experiencing the problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Provide relevant information/data, which indicates that there is a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the proposal.</i>					

Points Awarded (Maximum possible 5 points) **Statement of the Problem**

Not at all	Unclear	Fair	Good	Very Good
0	2	3	4	5

SECTION II – STRUCTURE OF SERVICES (Value of 30 points)

A. PROGRAM COMPONENTS	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Clearly describes nature of services and sanctions that will be provided.					
3.) Describes the service in detail. Includes who will be served; number of customers served daily/weekly/annually, intake criteria, length of stay requirements, termination criteria, program participation requirements etc.	○	○	○	○	○
2.) Details the treatment modality to be used and how it addresses the identified population and rationale for selection.	○	○	○	○	○
4.) Program components clearly demonstrated and match the logic model submitted.	○	○	○	○	○
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

B. TARGET POPULATION/ELIGIBILITY	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Lists eligibility criteria. Includes who will be served. (a description of the target population to be served including offense history, age, gender, etc.): number of customers served daily/weekly/annually.	○	○	○	○	○
2.) Explains rational for selecting this population segment.	○	○	○	○	○
3.) Identifies the geographic service area for this program/service.	○	○	○	○	○
4.) Provides a description of transportation options for clients in obtaining service. (Accessibility of the program for offenders and their families, including availability of public transportation routes, barriers to access and strategies to address those barriers.).	○	○	○	○	○
5.) Describes handicapped limitations. Provides a description of handicapped accessibility accommodations.	○	○	○	○	○
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

C. OUTREACH	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describes how the applicant will recruit people for the program (publication, referral sources, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describe how the affiliation agreements are developed and/or established with other community agencies, or if subcontracts will be utilized using identified vendors? (If applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Attached affiliation agreements, subcontracts, and/or memorandum of understanding. (If applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

D. ADMISSION CRITERIA	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describes referral/intake process, (i.e., review paperwork-reports, forms documents needed for admission, interview the juvenile, etc.) Includes the length of time from referral to acceptance/admission. Discuss allowable parameters for the length of time from court order to program and/or service admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes limitations, if any of program to accept referrals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes maintenance of waiting list, should this become necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Describes method for prioritization of intake request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

E. HOURS OF SERVICE	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Explains where services will be provided, and includes calendar of service days: Attachment H.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Explains when service will be provided, the hours and days that each service will be available to clients including how emergencies are handled: for example, closure policies, crisis, after-hour contacts, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

F. LEVEL OF SERVICE	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Defines Unit of Service. (i.e. Beds, Classes, Days, Evaluations, Other, Position, Group Sessions, Hours, Individual Sessions, Youth Slots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes expected level of service (LOS) for each unit for this contract period. (This must specify the number of youth to be served and the duration of the program/services per youth).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes total LOS anticipated throughout contract period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Describes the process and timeframe you will utilize to operate this program/service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Indicates those services that will require a subcontract and what organization will provide these sources (if known).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Describes how the affiliation agreements are developed and/or established with other community vendors. (If applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) The timeline of youth served and description of the level of service must be demonstrated and match the Logic Model and Program Profile submitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

G. PROGRAM DURATION	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Identifies program/service funding period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Attached Complete Implementation Timeline Chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Implementation Chart is clear and provides information of intensity of services that are not demonstrated in the Logic Model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

Points Awarded (Maximum possible 30 points) **Structure of Services**

Not at all	Unclear	Fair	Good	Very Good
0	5	15	25	30

SECTION III - PROGRAM ADMINISTRATION and STAFFING (*Value of 20 points*)

A. STATEMENT OF ORGANIZATIONAL CAPABILITY	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describes the organization’s experiences in serving the targeted population group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Provides list of current programs/services managed by the organization and the funding sources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) States whether the proposed service has been previously provided by the agency and the agency’s experience in providing the service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.) A copy of the IRS letter, or a statement that the applicant is a public agency, must be attached to the proposal. (In order to be considered for funding, an applicant must be an existing provider of services and a non-profit 501 (c) (3) agency or a public agency (municipal, county, or state).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Attaches a copy of governing body roster to proposal, listing members and their affiliations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Provides a copy of the applicant's code of ethics and/or conflict of interest policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Provides a statement that the firm will comply with the insurance coverage requirement as set forth in Part I, Section 5 of this RFP. (may be included as an attachment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Provides a statement of assurance to the effect that your firm is not currently in violation of any regulatory rules and regulations that may have an impact on your firm's operations. (may be included as an attachment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Provides completed and signed Attachment C.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

B. CULTURAL NEEDS	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describes the capability of this program/service to meet the cultural needs of the clients to be served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

C. RATIONALE/MISSION OF PROGRAM	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.) Describe the philosophical theory on which the program is based. (Describe why the program should work.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

D. STAFF ORGANIZATION	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Details the supervision lines of the program in relationship to overall agency operation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Includes organizational chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Details who will be providing the service and staffing requirements. Identifies staff supervision, reporting structure, and who is responsible for each program and/or service component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Identifies specific clinical staff titles, with qualifications and licenses to be included in the program and their respective functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Lists all other staff titles, qualifications, and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

E. DATA COLLECTION	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describes client record keeping system..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.) Includes a written statement that the agency will comply with all requirements pertaining to the timely collection and submission of data for the Juvenile Automated Management System and any other data requirements as outlined by the local County Youth Services Commission and the Juvenile Justice Commission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Explain your rationale for scores in this section of the PROPOSAL.

Points Awarded (Maximum possible 20 points) Program Administration and Staffing

Not at all	Unclear	Fair	Good	Very Good
0	5	10	15	20

SECTION IV - MONITORING, EVALUATION, GOALS & OBJECTIVES
(Value of 20 points)

A. MONITORING AND EVALUATION	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Describe the expected outcomes of the proposed program and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes the methodology for determining the program and/or service effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Explains how the program correlates/evaluates outcomes in relation to its goals and objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Lists the indicators which will be measured to determine if outcome objectives are being met and rationale for selecting these indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Describes the tools and internal processes to measure and monitor client change as a result of having received services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Provides prior evaluation skills if application will enhance an existing program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.) Describes how evaluation information is used to improve program services and customer success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Describe prior monitoring and evaluation for services if agency has served under Camden County Youth Service Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Describes prior outcomes of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Includes a written statement that the agency will be cooperatively involved with the monitoring of the contracted program conducted by the County Youth Services Commission and Juvenile Justice Commission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Includes a written statement that the provider agency will comply with all requirements pertaining to the timely collection and submission of data as outlined by the County Youth Services Commission and the Juvenile Justice Commission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

B. GOALS AND OBJECTIVES	(Check One)				
	Not At All	Unclear	Fair	Good	Very Good
1.) Clearly identifies the specific goals of the program/services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes the measurable effects that the program/services will have on the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes the effect that the program/services will have on clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Explains how much and when change is expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Explains how/why program design is expected to result in stated outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Explains outcomes achieved through last year funding, and funding sources. (if applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) All goals and objectives must be demonstrated and match the Logic Model and Program Profile submitted. (In Logic model Objectives, outcomes and indicators are listed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Explain your rationale for scores in this section of the PROPOSAL.</i>

C. LOGIC MODEL	(Check One)				
The Logic Model ...	Not At All	Unclear	Fair	Good	Very Good
1.) Is clear and includes fully detailed short, intermediate and long term implementation strategies and goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Helps to define the work and measure it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

Points Awarded (Maximum possible 20 points) **Monitoring, Evaluation, Goals and Objectives**

Not at all	Unclear	Fair	Good	Very Good
0	5	10	15	20

SECTION V - BUDGET– COMPLETE ATTACHMENTS D-1- D-5 (Value of 25 points)

A. BUDGET NARRATIVE	(Check One)				
Does the Proposal...	Not At All	Unclear	Fair	Good	Very Good
1.) Provides a total operational budget request for Delinquency Prevention Program funding for contract period. (a line item budget must be included.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Briefly describes each budget line item listed on attachment D-2 Contact Expense Summary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) States what percent of the agency’s total budget the proposed program represents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Details personnel cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Defines a unit of service and the cost of a unit of service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.) Indicates sources of income and specifies whether they are projected or confirmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Provides a rationale describing how these budget figures were calculated. (Budget Narrative Form)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Includes a written statement that the agency will comply with the timely submission of quarterly narrative and fiscal reports to be submitted by the provider agency through the County Youth Services Commission to the juvenile Justice Commission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Indicates minimum level of funding needed to implement the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Note: no organization may use these funds to supplant or replace existing resources from Federal, State or County government for existing related programs or services.)					
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

B. FEES/CONTRIBUTIONS (Value of 5 points)	(Check One)				
1.) Describes fees for service (if any), sliding fee schedules, donation policy and process to waiver fees, as necessary.	Not At All	Unclear	Fair	Good	Very Good
2.) Describes co-payment systems (if applicable.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes fee for service assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Explain your rationale for scores in this section of the PROPOSAL.</i>					

Points Awarded (Maximum possible 25 points) Budget – Completed Attachments D1-D5

Not at all	Unclear	Fair	Good	Very Good
0	5	10	15	25