

**CPAC: The Community Planning and Advocacy Council**  
**2018 Prevention Reinvestment Funds**  
**REVIEW COMMITTEE**  
**EVALUATION INSTRUMENT WORKSHEET**

Proposal Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_

**SECTION A – SCOPE OF SERVICES**

**ABSTRACT/EXECUTIVE SUMMARY** – *Not Evaluated*

**A. Agency Overview** – *Not Evaluated*

**STATEMENT OF THE PROBLEM** (Value of 5 points)

**B. Statement of the Problem**

	<b>(Check One)</b>				
	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.) Describes the target population (population experiencing the problem)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes where the people who are experiencing the problem are located.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Provides relevant support documentation which indicates that there is a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Explain your rationale for scores in this section of the proposal.*

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**Points Awarded** (Maximum possible 5)    **STATEMENT OF THE PROBLEM**

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

**STRUCTURE OF SERVICES** (Value of 30 points)

**C. Program Components**

	<b>(Check One)</b>				
	Not at all	Unclear	Fair	Good	Very Good
1.) Clearly describes nature of services and sanctions that will be provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes the service in detail. Include who will be served; number of customers served daily/weekly/annually, intake criteria, length of stay requirements, termination criteria, program participation requirements etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Program components are demonstrated and match the Logic Model submitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D. Target Population/Eligibility**

	<b>(Check One)</b>				
	Not at all	Unclear	Fair	Good	Very Good
1.) List 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Explains rationale for selecting this population segment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Identifies the geographic service area for this program/service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Provides a description of transportation options for clients in obtaining service. (Accessibility of the program for offenders and their families, including the availability of public transportation routes, barriers to access and strategies to address those barriers.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Describes handicapped limitations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E. Outreach**

	<b>(Check One)</b>				
	Not at all	Unclear	Fair	Good	Very Good
1.) Describes how the applicant will recruit people from the program. (publication, referral sources, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes how the affiliation agreements are developed and/or established with other community agencies, or if subcontracts will be utilized using identified vendors.	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F. 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.) Include the length of time from referral to acceptance/admission. Discuss allowable parameters for the length of time from a 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Describes the method for prioritization of intake request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**G. Hours of Service**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Explains where services will be provided, and include a calendar of service days attachment.	<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"/>

**H. Level of Service**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Defines Unit of Service.	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Describes total LOS anticipated throughout the 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.	<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.
- 8.) Attach the schedule of services (calendar).

**Points Awarded** (Maximum possible 30) **STRUCTURE OF SERVICES**

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

**SECTION B – RESUME** (Total value for this Section 20 points)

**RESUME** (Value of 5 points)

- |   | <b>(Check One)</b>    |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | Not at all            | Unclear               | Fair                  | Good                  | Very Good             |
| 1.) Clearly identifies the address of the firm and corporate officer authorized to execute agreements.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.) Describes the history of the firm, ownership, organizational structure, location of its management and licenses to do business in the State of New Jersey.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3.) Describes your firm’s regional, statewide and local service capabilities.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4.) Provides the names, experience, and qualifications held by the persons providing services, whether employees or subcontractors.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5.) Provides a list of local government clients with which the agency have similar contracts and includes the name, address and phone number of the contact person.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6.) A statement is provided that the firm will comply with the insurance coverage requirements as set forth in Part I, Section 5 of the RFP.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.) Provides a statement of assurance to the effect that the firm is not currently in violation of any regulatory rules and regulations that may impact your firm’s operations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PROGRAM ADMINISTRATION and STAFFING** (Value of 5 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.) Applicant provides a copy of the IRS letter or statement that the applicant is a public agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Provides a copy of the governing body roster (Board of Trustees or Directors) including their member names and 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 your firm will comply with the insurance coverage requirements set forth in Part I, Section 5 of the RFP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Provides a statement of assurances to the effect that your firm is not currently in violation of any regulatory rules and regulations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Provides a statement that your firm practices non-discrimination and complies with NJ Law 1975, Chapter 127 regarding affirmative action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Cultural Needs**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
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"/>

**C. Rationale/Mission of Program**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Describes the need that is being addressed and the methods/modalities to implement the program design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Describes the philosophical theory on which the program is based. (describes why the program should work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	Unclear	Fair	Good	Very Good

**D. Staff Organization**

- 1.) Details the supervision lines of the program in relationship to overall agency operation.
- 2.) Includes organizational chart.
- 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.
- 4.) Identifies specific clinical staff titles, with qualifications and licenses to be included in the program and their respective functions.
- 5.) Lists all other staff titles, qualifications, and functions.

**E. Data Collection**

- (Check One)**
- |  | Not at all            | Unclear               | Fair                  | Good                  | Very Good             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1.) Describes client record keeping system. Includes written statement that agency will comply with all requirements pertaining to the timely collection and submission of data to CPAC.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.) Attached: Agency’s Mission Statement; Provide a list of current programs managed by the organization and the funding sources; Copy of applicant’s Code of Ethics/or Conflict of Interest Policy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*Explain your rationale for scores in this section of the proposal.*

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**Total Points Awarded (Maximum possible 20) RESUME & PROGRAM ADMINISTRATION & STAFFING**

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

**SECTION C – FACILITIES** (Value of 5 points)

- (Check One)**
- |  | Not at All            | Unclear               | Fair                  | Good                  | Very Good             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1.) Describes the firm’s facilities located closest to Camden County including location, personnel assigned to and activities performed at the location. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.) Describes facilities and activities located elsewhere and explains why they are best performed at a different office.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Points Awarded (Maximum possible 5) FACILITIES**

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

**SECTION D - CONFLICT OF INTEREST** – *Not Evaluated*

**SECTION E - FEES /BUDGET** - (Value of 25 points)

**A. Budget Narrative**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Provides a total operational budget request for the 2016 Youth Services Commission funding for the 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.	<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.	<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 the minimum level of funding needed to implement the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Fees/Contributions**

	(Check One)				
	Not at all	Unclear	Fair	Good	Very Good
1.) Describes fees for service (if any), sliding fee schedules, donation policy and process to waiver fees, as necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

**C. Budget Worksheets**

Included: Attachment D-1, D-2, D-3, D-4

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*Explain your rationale for scores in this section of the proposal.*

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**Points Awarded (Maximum possible 25) BUDGET NARRATIVE and FEES**

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

**SECTION F - FORM OF CONTRACT/AMENDMENT OF CONTRACT** – Not evaluated

**SECTION G – OTHER INFORMATION** (Value of 20 points)

**MONITORING, EVALUATION, GOALS & OBJECTIVES**

**A. Monitoring and Evaluation**

	<b>(Check One)</b>				
	Not at all	Unclear	Fair	Good	Very Good
1.) Describe the expected outcomes of the proposed program and services.	○	○	○	○	○
2.) Describes the methodology for determining the program and/or service effectiveness.	○	○	○	○	○
3.) Explains how the program correlates/evaluates outcomes in relation to its goals and objectives.	○	○	○	○	○
4.) Lists the indicators which will be measured to determine if outcome objectives are being met and rationale for selecting these indicators.	○	○	○	○	○
5.) Describes the tools and internal processes to measure and monitor client change as a result of having received services.	○	○	○	○	○
6.) Provides prior evaluation skills if the application will enhance an existing program.	○	○	○	○	○
7.) Describes how evaluation information is used to improve program services and customer success.	○	○	○	○	○



- 8.) Describes prior monitoring and evaluation for services if the agency has served under the Camden County Youth Services Commission.
- 9.) Describes prior outcomes of services.
- 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.
- 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.

**B. Goals and Outcomes (Services/activities, Indicators)**

- (Check One)**
- |  |            |         |      |      |           |
|--|------------|---------|------|------|-----------|
|  | Not at all | Unclear | Fair | Good | Very Good |
|--|------------|---------|------|------|-----------|
- 1.) Clearly identifies the specific goals of the program/services.
- 2.) Describes the measurable effects that the program/services will have on the problem.
- 3.) Describes the effect that the program/services will have on clients.
- 4.) Explains how much and when change is expected.
- 5.) Explains how/why program design is expected to result in stated outcomes.
- 6.) Explains outcomes achieved through last year funding, and funding sources. (if applicable).

**C. Logic Model**

- (Check One)**
- |  |            |         |      |      |           |
|--|------------|---------|------|------|-----------|
|  | Not at all | Unclear | Fair | Good | Very Good |
|--|------------|---------|------|------|-----------|
- 1.) Logic model is simple, clear and includes short, intermediary and long-term implementation strategies and outcomes

*Explain your rationale for scores in this section of the proposal.*

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**Points Awarded (Maximum possible 20) MONITORING & EVALUATION**

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