**TRANSITIONAL RESIDENTIAL TREATMENT FACILITY**

Appendix E

*PROPOSAL REVIEW/SELECTION CRITERIA*

|  |  |  |
| --- | --- | --- |
|  | Applicant /Agency |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Maximum**  **Score** | **Initial Proposal Score** | **Final**  **Score** |
| **A. Agency Description** | |  |  |  |
| 1. The applicant/agency has prior relevant experience with this population and credentials in the developmental disabilities and/or mental health field. | | 10 |  |  |
| 1. The applicant/agency’s Mission, Vision and Values statements are appropriate to the goals of the proposed project. | | 5 |  |  |
| 1. The applicant/agency’s history indicates the capability of developing, managing, and operating the proposed project in San Diego County. | | 10 |  |  |
| **B. Project Description** | |  |  |  |
| 1. The agency service outcomes are clear and consistent with the goals of the proposed project. | | 5 |  |  |
| 1. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project. | | 10 |  |  |
| 1. The plan for providing services is person-centered, innovative, evidence-based, appropriate to the target population, aligned with agency values and, consistent with the goals of the project. | | 15 |  |  |
| 1. The proposal has an appropriate outreach plan to engage local agencies and to address any community objections to development of the project. | | 10 |  |  |
| **C. Work Plan/Timelines** | |  |  |  |
| 1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete this project. | | 5 |  |  |
| 1. The timeline for project development is realistic and meets deadlines. | | 5 |  |  |
| **D. Budget/Finances** | |  |  |  |
| 1. The applicant/agency’s financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project. | | 5 |  |  |
| 1. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project. | | 5 |  |  |
| 1. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs. | | 5 |  |  |
| **E. Proposal Responsiveness** | |  |  |  |
| 1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP | | 10 |  |  |
| **TOTAL** | | **100** |  |  |
| Proposal review completed by: | Signature Date | | | |