

2015 Request for Proposal Review worksheet
(Pre-scored items from the date provided by Applicants)

CSC Name: D Gallegos

Program: WHEAP ZONE 5

Item #	CA			
	1	2	3	4
2b.	2.69	5.00	2.14	3.75
2c.	5.00	3.23	4.87	3.23
3a.	5.00	1.00	5.00	5.00
5a.	5.00	5.00	5.00	5.00
7b.	4.04	4.48	3.94	5.00
7e.	5.00	4.00	4.00	3.00
7f.	5.00	-	-	-
7g.	-	-	-	-

Threshold:	1	2	3	4
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Budget Justification (Item #27)

2b. Budget Adequately supports program

Weekly Hrs for Category 7002 & 7004 (Form 2)	150	180	116	135
Yearly Hrs (weekly Hrsx52)	7800	9360	6032	7020
Units of Service (Form 1)	6160	3977	6000	3977
Rate=Hrs. Proposed/Units of service	1.27	2.35	1.01	1.77
Score: Applicant's rate/Maximum ratex5	2.35	2.69	5.00	2.14
				3.75

2c. Cost to deliver services relative to other

Total Cost Proposed (Form 3)	201068	201068	201068	201023
Units of Service (Form 1)	6160	3977	6000	3977
Rate=Total Cost/Units of service	32.64	50.56	33.51	50.55
Score: Lowest rate/Applicant's ratex5	32.64	5.00	3.23	4.87
				3.23

Cultural Diversity and Cultural Competence

3a. Racial and Cultural representation of staff and board

Board Demographics (Item #5)

A Asian or Pacific Islander	1	0	0	0
B Black	3	0	9	0
H Hispanic	1	0	1	13
I American Indian or Native Alaskan	0	0	0	0
W White	12	6	6	2
D Disabled/Handicapped	0	3	0	1
Total Board Members	17	9	16	15
I. Board Diversity ratio (sum of (A+B+H+D)/Total)	29.41%	33.33%	62.50%	93.33%

Employee Demographics (Form 2B Col 4)

A Asian or Pacific Islander	0	0	0	0
B Black	0.3935	0	0.465	0
H Hispanic	0	0	0.55	0
I American Indian or Native Alaskan	0	0	0	0
W White	0	0	0	1.5
D Disabled/Handicapped	0	0	0	0
Total Employees	0	-	1	2
II. Staff Diversity ratio (sum of (A+B+H+D)/Total)	100.00%	-	100.00%	0.00%

Client Characteristics Chart (Item #36)

A Asian or Pacific Islander	31	50	167	159
B Black	4035	3096	3370	2983
H Hispanic	308	1290	450	358
I American Indian or Native Alaskan	62	19	36	40
W White	1725	4129	477	437
D Disabled/Handicapped	1786	3183	1795	1795
Total Clients	7,947	8,584	6,295	5,772
III. Client Diversity ratio (sum of (A+B+H+D)/Total)	78.29%	88.98%	92.42%	92.43%

Compare Higher of I or II with III for score (>=100% 6, =100% 4, 89%-76% 3, 75%-81% 2, <80% 1)	5.00	1.00	5.00	5.00
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Outcomes and Quality Assurance

5a. Existing Agencies scored based on prior period Evaluation report refer reports under Item #29e) and for

Existing Agencies (Please fill the percentage)	100%		100%	
New Agencies (Item 29c or 28d)				
Achievement of established outcomes (0-5, NA=0)		5		5
Timely submission of program reports (U=5 NA=0)		5		5
Accurate submission of program reports (0-5, NA=0)		5		5
Score: Existing 100%=5, New (outcome+Timely+accurate)/3	5.00	5.00	5.00	5.00

Staffing Plan

7b. Adequate Staffing level

Weekly Hrs for Category 7002 & 7004 (Form 2)	150.00	180.00	116.00	135.00
FTE equivalent (weekly Hrsx52/2080)	3.75	4.50	2.80	3.38
Proposed # of Clients (Item 36)	7,947.00	8,584.00	6,295.00	5,772.00
Ratio=FTE/Proposed Clients	0.00	0.00	0.00	0.00
Score: Applicant's ratio/Highest ratex5	0.00	4.04	4.48	3.94
				5.00

7c. Turnover rate compared other Applicants

Annual turnover for this position (Item #33)	0.00	0.10	0.19	0.28
Score: Lowest score/Applicant's scorx5	0	5.00	4.00	4.00
<=0-5, 0-<.25-4, >.25<.50-3, >.50<.75-2, >.75<1-1, >1-0				

7f. Availability of training

Annual Tuition reimbursement (Item 33)	500	0	0	0
Score: Applicant's Amount/Highest amountx5	500	5.00	-	-

7g. Utilization of in-service training

In-service /Continuing Education Hours (sum of item 34 Col 12)	0	0	0	0
# of Direct Service worker (Form 2B)	3.75	4.50	2.80	3.38
Average number of hours per direct service worker	0.00	0.00	0.00	0.00
Score: Applicant's Hours/Highest Hourx5	0.00			