

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

CSC Name: D Gallegos

Program: WHEAP ZONE 3

Item #	CA	ESI	SDC	UMOS
	1	2	3	4
2b.	3.08	5.00	2.60	3.64
2c.	5.00	3.53	4.26	3.53
3a.	5.00	1.00	5.00	3.00
5a.	5.00	5.00	5.00	5.00
7b.	4.10	5.00	3.17	4.29
7e.	5.00	4.00	4.00	3.00
7f.	5.00	-	-	-
7g.				

Threshold	1	2	3	4
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2b. Budget Adequately supports program

	1	2	3	4
Weekly Hrs for Category 7002 & 7004 (Form 2)	182	210	132	153
Yearly Hrs (weekly Hrsx52)	9464	10920	6864	7956
Units of Service (Form 1)	7040	4973	6000	4973
Rate=Hrs. Proposed/Units of service	1.34	2.20	1.14	1.60
Score: Applicant's rate/Maximum ratex5	2.20	3.06	5.00	2.60

2c. Cost to deliver services relative to other

	1	2	3	4
Total Cost Proposed (Form 3)	234784	234784	234784	234748
Units of Service (Form 1)	7040	4973	6000	4973
Rate=Total Cost/Units of service	33.35	47.21	39.13	47.20
Score: Lowest rate/Applicant's ratex5	33.35	5.00	3.53	4.26

Cultural Diversity and Cultural Competence

3a. Racial and Cultural representation of staff and board

Board Demographics (Item #5)

	1	2	3	4
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)

	1	2	3	4
A Asian or Pacific Islander	0	0	0	0
B Black	0.3935	0	0.9	0
H Hispanic	0	0	0.25	1
I American Indian or Native Alaskan	0	0	0	0
W White	0	0	0	0.5
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%	66.67%

Client Characteristics Chart (Item #36)

	1	2	3	4
A Asian or Pacific Islander	35	50	342	298
B Black	4611	3096	4812	3979
H Hispanic	352	1290	396	348
I American Indian or Native Alaskan	70	19	54	50
W White	1971	4129	396	298
D Disabled/Handicapped	2042	3183	2500	2311
Total Clients	9,081	8,584	8,500	7,284
iii. Client Diversity ratio (sum of (A+B+H+D)/Total)	78.30%	88.98%	95.34%	95.91%

Compare Higher of I or II with III for score	1	2	3	4
(>100% 5, =100% 4, 99%-76% 3, 75%-51% 2, <50% 1)	5.00	1.00	5.00	3.00

Outcomes and Quality Assurance

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

	1	2	3	4
Existing Agencies (Please fill the percentage)	100%		100%	
New Agencies (Item 29c or 29d)				
Achievement of established outcomes (0-5, NA=0)		5		5
Timely submission of program reports (0-5, 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

	1	2	3	4
Weekly Hrs for Category 7002 & 7004 (Form 2)	182.00	210.00	132.00	153.00
FTE equivalent (weekly Hrsx52/2080)	4.55	5.25	3.30	3.83
Proposed # of Clients (Item 36)	9,081.00	8,584.00	8,500.00	7,284.00
Ratio=FTE/Proposed Clients	0.00	0.00	0.00	0.00
Score: Applicant's ratio/Highest ratiox5	0.00	4.10	5.00	3.17

7c. Turnover rate compared other Applicants

	1	2	3	4
Annual turnover for this position (Item #33)	0.00	0.10	0.19	0.28
Score: Lowest score/Applicant's scorex5	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

	1	2	3	4
Annual tuition reimbursement (Item 33)	500	0	0	0
Score: Applicant's Amount/Highest amountx5	500	5.00	-	-

7g. Utilization of in-service training

	1	2	3	4
In-service/Continuing Education Hours (sum of Item 34 Col 12)	0	0	0	0
# of Direct Service worker (Form 2B)	4.55	5.25	3.30	3.83
Average number of hours per direct service worker	0.00	0.00	0.00	0.00
Score: Applicant's Hours/Highest Hourx5	0.00			