

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

CSC Name: D Gallegos

Program: WHEAP ZONE 1

| Item # | CA   | ESI     | SDC  | UMOS    |
|--------|------|---------|------|---------|
|        | 1    | 2       | 3    | 4       |
| 2b.    | 4.48 | -       | 5.00 | -       |
| 2c.    | 5.00 | #DIV/0! | 3.57 | #DIV/0! |
| 3a.    | 3.00 | -       | 5.00 | -       |
| 5a.    | 5.00 | -       | 5.00 | -       |
| 7b.    | 5.00 | -       | 3.45 | -       |
| 7e.    | 5.00 | -       | 4.00 | -       |
| 7f.    | 5.00 | -       | -    | -       |
| 7g.    | -    | -       | -    | -       |

| Threshold | 1 | 2 | 3 | 4 |
|-----------|---|---|---|---|
|-----------|---|---|---|---|

**2b. Budget Adequately supports program**

|  | 1     | 2    | 3     | 4    |
|--|-------|------|-------|------|
| Weekly Hrs for Category 7002 & 7004 (Form 2) | 395   | -    | 315   | -    |
| Yearly Hrs (weekly Hrsx52)                   | 20540 | -    | 16380 | -    |
| Units of Service (Form 1)                    | 30800 | -    | 22000 | -    |
| Rate=Hrs. Proposed/Units of service          | 0.67  | -    | 0.74  | -    |
| Score: Applicant's rate/Maximum rate x5      | 0.74  | 4.48 | -     | 5.00 |

**2c. Cost to deliver services relative to other**

|  | 1      | 2    | 3       | 4    |
|--|--------|------|---------|------|
| Total Cost Proposed (Form 3)           | 538053 | -    | 538053  | -    |
| Units of Service (Form 1)              | 30800  | 0    | 22000   | 0    |
| Rate=Total Cost/Units of service       | 17.47  | -    | 24.46   | -    |
| Score: Lowest rate/Applicant's rate x5 | 17.47  | 5.00 | #DIV/0! | 3.57 |

**Cultural Diversity and Cultural Competence**

**3a. Racial and Cultural representation of staff and board**

**Board Demographics (Item #6)**

|   | 1      | 2 | 3      | 4 |
|---|--------|---|--------|---|
| A Asian or Pacific Islander                         | 1      | - | 0      | - |
| B Black   | 3      | - | 9      | - |
| H Hispanic  | 1      | - | 1      | - |
| I American Indian or Native Alaskan                 | 0      | - | 0      | - |
| W White   | 12     | - | 6      | - |
| D Disabled/Handicapped                              | 0      | - | 0      | - |
| Total Board Members                                 | 17     | - | 18     | - |
| I. Board Diversity ratio (sum of (A+B+H+I+D)/Total) | 29.41% | - | 62.50% | - |

**Employee Demographics (Form 2B Col 4)**

|  | 1       | 2 | 3       | 4 |
|--|---------|---|---------|---|
| A Asian or Pacific Islander                          | 0       | - | 0       | - |
| B Black  | 8,3935  | - | 6,475   | - |
| H Hispanic   | 0       | - | 1,05    | - |
| I American Indian or Native Alaskan                  | 0       | - | 0       | - |
| W White  | 0       | - | 0       | - |
| D Disabled/Handicapped                               | 0       | - | 0       | - |
| Total Employees                                      | 8       | - | 8       | - |
| II. Staff Diversity ratio (sum of (A+B+H+I+D)/Total) | 100.00% | - | 100.00% | - |

**Client Characteristics Chart (Item #36)**

|  | 1       | 2     | 3      | 4     |
|--|---------|-------|--------|-------|
| A Asian or Pacific Islander                            | 158     | -     | 1225   | -     |
| B Black  | 20750   | -     | 20250  | -     |
| H Hispanic   | 1584    | -     | 1750   | -     |
| I American Indian or Native Alaskan                    | 317     | -     | 275    | -     |
| W White  | 8870    | -     | 1500   | -     |
| D Disabled/Handicapped                                 | 9187    | -     | 11825  | -     |
| Total Clients  | 31,675  | -     | 36,625 | -     |
| III. Client Diversity ratio (sum of (A+B+H+I+D)/Total) | 101.00% | 0.00% | 95.90% | 0.00% |

| Compare Higher of I or II with III for score | 3.00 | 5.00 |
|--|------|------|
|--|------|------|

**Outcomes and Quality Assurance**

**5a. Existing Agencies scored based on prior period Evaluation report refer reports under item #25e) and for New Agencies**

| Existing Agencies (Please fill the percentage)            | 100% | 100% |
|---|------|------|
| New Agencies (Item 29c or 29d)                            |      |      |
| Achievement of established outcomes (0-5, NA=0)           |      |      |
| Timely submission of program reports (0-5, NA=0)          |      |      |
| Accurate submission of program reports (0-5, NA=0)        |      |      |
| Score: Existing 100% x5, New (outcome+Timely+Accurate) x3 | 5.00 | 5.00 |

**Staffing Plan**

**7b. Adequate Staffing level**

|  | 1         | 2    | 3         | 4    |
|--|-----------|------|-----------|------|
| Weekly Hrs for Category 7002 & 7004 (Form 2) | 395.00    | -    | 315.00    | -    |
| FTE equivalent (weekly Hrsx52/2080)          | 9.88      | -    | 7.88      | -    |
| Proposed # of Clients (Item 36)              | 31,679.00 | -    | 36,625.00 | -    |
| Ratio=FTE/Proposed Clients                   | 0.00      | -    | 0.00      | -    |
| Score: Applicant's ratio/Highest ratio x5    | 0.00      | 5.00 | -         | 3.45 |

**7e. Turnover rate compared other Applicants**

| Annual turnover for this position (Item #33) | 0.00 | 0.19 |
|--|------|------|
| Score: Lowest score/Applicant's score x5     | 0    | 5.00 |

**7f. Availability of training**

| Annual Tuition reimbursement (Item 33)      | 500 | 0    |
|---|-----|------|
| Score: Applicant's Amount/Highest amount x5 | 500 | 5.00 |

**7g. Utilization of in-service training**

| In-service /Continuing Education Hours (sum of Item 3; Col 12) | 0    | 0    |
|--|------|------|
| # of Direct Service worker (Form 2B)                           | 9.88 | 7.88 |
| Average number of hours per direct service worker              | 0.00 | 0.00 |
| Score: Applicant's Hours/Highest Hours x5                      | 0.00 | 0.00 |