City of Santa Rosa
CHOICE Grant Program
RFQ Rating Form
Cycle XI: July 1, 2022 – December 31, 2024

Community Helping Our Indispensable Children Excel

Funding Priority Areas:

CATEGORY ONE: CATEGORY TWO:

☐ School Readiness   ☐ School Engagement/Truancy Prevention

CATEGORY THREE: CATEGORY FOUR:

☐ Street Outreach, Intervention, & Mediation   ☐ Workforce Development

The following evaluation rating form has been developed to assist the Grant Review Team in analyzing the City of Santa Rosa, CHOICE Grant Program Cycle XI RFQ applications. Enter a score in the space provided, with the awarded points not to exceed the maximum-allowable points for each question. **Scores of 70% or more will deem an agency qualified to provide services in the designated Funding Priority Area(s).**

When scoring for each Section, please use the following matrix to determine the score based on the responsiveness and/or level of evidence to provide services for the selected Funding Priority Area(s) and identified Target Population:

5 – Response articulates **<u>strong</u>** understanding of the question and provides ample evidence that supports the answer.

4 – Response articulates **<u>clear</u>** understanding of the question and provides ample evidence that supports the answer.

3 – Response articulates **<u>adequate</u>** understanding of the question and provides ample evidence that supports the answer.

2 – Response articulates **<u>some</u>** understanding of the question and provides ample evidence that supports the answer.

1 – Response articulates **<u>vague</u>** understanding of the question and provides ample evidence that supports the answer.

0 – Response articulates **<u>no</u>** understanding of the question and provides ample evidence that supports the answer.

AGENCY NAME: _____

PROGRAM NAME: _____

SECTION 1: PROGRAM NARRATIVE *(recommended max 11 pages)*   (35 points max)

	Questions/Criteria	Max Pts	Pts Award
1	The extent to which the agency and proposed program are in alignment with the 2017-2022 Strategic Plan, 2016 Community Safety Scorecard, 2021 Community Needs Assessment, Measure O Ordinance, and selected Funding Priority Area(s).	5	
2	The extent to which the agency clearly defines and describes how the program uses a strength-based, youth developmental approach that will effectively support the needs of the Target Population.	5	
3	The extent to which the agency demonstrates a wraparound, case management strategy that will effectively support the needs of the Target Population. Is the identified collaborative approach appropriate and effective in the delivery of services for the identified Target Population?	5	
4	The extent to which the program design (i.e. curriculum, activities, hours of operation, etc.) and facility(s) will effectively respond to the needs of the Target Population and specified age range. Did the agency consider learning styles, capacities, and interests of participants, etc., as well as culturally appropriate methodologies?	5	
5	The extent to which the program structure, key activities, and services to be undertaken, where they take place, and the number of participants projected to serve for each of the activities in a session for a twelve-month program are reasonable for the identified Target Population.	5	
6	The extent to which the location(s) of the program are accessible for the Target Population.	5	
7	The extent to which the agency demonstrates a realistic method of recruitment for the Target Population. Is it a sustainable and culturally appropriate approach that will encourage retention of participants?	5	
	Total	**35**	

SECTION 2: STAFF QUALIFICATIONS *(recommended max 2 pages)*   (10 points max)

	Questions/Criteria	Max Pts	Pts Award
1	The extent to which the agency describes and demonstrates its organizational capacity to implement the proposed services including staffing, experience, education, training, certification, and resources.	5	
2	The extent to which the agency demonstrates that staff operates under a trauma informed and culturally appropriate lens necessary to deliver effective services to the Target Population.	5	
	Total	**10**	

SECTION 3: PAST PERFORMANCE AND EVALUATION *(recommended max 2 pages)* (15 points max)

	Questions/Criteria	Max Pts	Pts Award
1	The extent to which the agency defines realistic measures of success for the program and identified Target Population.	5	
2	The extent to which the agency clearly links the short and long-term outcomes of the proposed program with the Target Population, Positive Youth Justice Model, and Results-Based Accountability. Are the measurement methods realistic?	5	
3	The extent to which the agency demonstrates that they have outcome measurements to date and the degree to which they have identified, addressed, and implemented recommendations for improvement of the program.	5	
	Total	**15**	

Grand Total	Percentage
60	100%
45	75%
30	50%

SECTION 1: Program Narrative	
SECTION 2: Staff Qualifications	
SECTION 3: Past Performance and Evaluation	
GRAND TOTAL (Max 60 pts)	

AGENCY NAME: _____

PROGRAM NAME: _____

FUNDING CATEGORY AND PRIORITY AREA(S)

CATEGORY ONE: CATEGORY TWO:

   ☐ School Readiness   ☐ School Engagement/Truancy Prevention

CATEGORY THREE: CATEGORY FOUR:

   ☐ Street Outreach, Intervention, & Mediation   ☐ Workforce Development

Scores of 70% or more will deem an agency qualified to provide services for the designated Funding Category and Priority Area(s). Please circle your response for each question.

1. Final Score: _____

2. Do you hereby certify that this agency has met the minimum requirements for qualification, thereby deeming them qualified for the Funding Category and Priority Area(s) designated above for Cycle XI?

    YES or NO

   If no, please indicate why:

   _____

   _____

3. Has the agency demonstrated a realistic budget and budget narrative for a projected twelve-month timeline?

    YES or NO

   If no, please indicate why:

   _____

   _____

4. Is this proposal recommended for full, partial, or no funding?

    FULL   PARTIAL   NO FUNDING

   If Partial Funding is recommended, please indicate how much: **_____**

   Please indicate the reason for your recommendation:

   _____

   _____