**Attachment D**

**Proposal Evaluation Tool**

**(For Titles IIIB, IIIC, & IIIEG)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of Agency Submitting Proposal:** | | | | | | |  | | |  | | | | | |  | | |
| The essential criteria listed below must be fully met in order for the proposal to be considered for further evaluation. Failure to receive a "Yes" response on any of the following three items will result in an automatic rejection of the proposal. | | | | | | | | | | | |
|  | |
|  | | Criteria | | Yes | | No | | Comments | | | | |  | | |  | | |
|  | | Proposal was received by 4:30 pm on September 5, 2023, at the Northwest Florida Area Agency on Aging office. | |  | |  | |  | | | | |  | | |  | | |
|  | | Bidder enclosed a signed copy of the Bidder Certifications and Assurances (Attachment C) with the required original signature of the person authorized to bind the agency to all contractual obligations. | |  | |  | |  | | | | |  | | |  | | |
|  | | Bidder enclosed at least one copy of the Service Provider Summary Information page with the required original signature of the person authorized to bind the agency to all contractual obligations. | |  | |  | |  | | | | |  | | |  | | |
|  | | Reviewer: | |  | | Date: | | | | | | |  | | |  | | |
|  | |  | |  | |  | |  | | | | |  | | |  | | |
| **Evaluators will review the responses provided by bidders and score each response using the following ranges. Certain items have been given additional weight to reflect the significance of the response to the bidder’s ability to perform as required. The score assigned to each item will then be multiplied by the weight assigned to the corresponding item to generate the total point value.** | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  |  | | | | |
| 0 | | | **Omitted** – This response indicates that an entire item was omitted. | | | | | | | | | |
| 1-2 | | | **Not Acceptable** – The response fails to meet the minimum requirements as set forth in the Request for Proposal. Evaluators should score in this range if certain that the response is substantially deficient. | | | | | | | | | | | |  | | |
| 3-4 | | | **Marginally Acceptable** – This range applies when the response meets the Request for Proposal’s minimum requirements for the item, but the evaluator is left with some reservations and or believes there is room for substantial improvement. | | | | | | | | | | | |  | | |
| 5-6 | | | **Acceptable** – This range applies when the response meets the Request for Proposal’s minimum requirements for the item being evaluated and the evaluator is confident, has little to no reservations or qualifications, in the bidder’s ability. A score of 5 shall be used when a required section is provided as required, but the section content is not appropriate for scoring (i.e. "Availability of Documents"). | | | | | | | | | | | |  | | |
| 7-8 | | | **Exceptional** – This range applies when the proposal meets or exceeds all requirements for the item, and the evaluator is certain that the bidder response is substantially superior. | | | | | | | | | | | |  | | |
|  | | |  | |  | |  | |  |  | | | | |  | | |
| **Item** | | | **Criteria** | | **Score** | | **Weight** | | **Total** | **Comments** | | | | |  | | |
| I.A. | | | Service Provider Summary Information is complete. | |  | | 1 | | 0 |  | | | | |  | | |
| II.A.1. | | | NEEDS ASSESSMENT: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| II.A.2 | | | TARGETING: All items from the Service Provider Application are addressed. | |  | | 2 | | 0 |  | | | | |  | | |
| II.A.3. | | | ELIGIBILITY AND ASSESSMENT/ REASSESSMENT PROCESS: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| II.A.4 | | | IDENTIFYING AND PRIORITIZING CLIENTS: All items from the Service Provider Application are addressed. | |  | | 2 | | 0 |  | | | | |  | | |
| II.A.5. | | | PROCESS FOR REDUCING OR TERMINATING SERVICES: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| II.A.6.a. | | | QUALITY ASSURANCE: CONSUMER SATISFACTION: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| II.A.6.b. | | | QUALITY ASSURANCE - INTERNAL EVALUATION PROCESS: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| III.A.1. | | | DESCRIPTION OF SERVICE DELIVERY (SITE LOCATION): All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| III.A.2. | | | DAYS AND HOURS OF OPERATION: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| III.A.3. | | | SPECIFIC SERVICE ACTIVITIES: All items from the Service Provider Application are addressed. | |  | | 5 | | 0 |  | | | | |  | | |
| III.A.4. | | | NUTRITION EDUCATION SCHEDULE: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| III.A.5. | | | NUTRITION CONSULTATION AGREEMENT: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| III.A.6. | | | USDA COMMODITY FOODS STATEMENT: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| **Item** | | | **Criteria** | | **Score** | | **Weight** | | **Total** | **Comments** | | | | |  | | |
| IV.A. | | | NEW SERVICE OR NEW PROVIDER BUSINESS PLAN: All items from the Service Provider Application are addressed. | | NOT SCORED | | | | | | | | | |  | | |
| V.A. | | | GOALS, OBJECTIVES, AND PERFORMANCE MEASURES: All items from the Service Provider Application are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| VI. | | | SUMMARY OF APPLICANT’S PAST EXPERIENCE: All items from the Request for Proposal are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
| VII. | | | DOCUMENTATION OF ESTABLISHMENT OF PERSONNEL STANDARDS: All items from the Request for Proposal are addressed. | |  | | 1 | | 0 |  | | | | |  | | |
|  | | | OUTCOME MEASURES: All items from the Service Provider Application are addressed. | | NOT SCORED | | | | | | | | | |  | | |
| IV.A. | | | TRANSITION PLAN: All items from the Service Provider Application are addressed. | | NOT SCORED | | | | | | | | | |  | | |
|  | | | AUDITED FINANCIAL STATEMENTS | |  | | 3 | | 0 |  | | | | |  | | |
|  | | | SIGNATURE STATEMENTS | | Fatal Criteria Scored on Cover Page | | | | | | | | | |  | | |
| I.B. | | | PERSONNEL COST FLOW WORKSHEET | |  | | 3 | | 0 |  | | | | |  | | |
| II.B. | | | UNIT COSTING WORKSHEET | |  | | 3 | | 0 |  | | | | |  | | |
| III.B | | | SUPPORTING BUDGET BY PROGRAM ACTIVITY | |  | | 3 | | 0 |  | | | | |  | | |
| IV.B.-IX.B. | | | MATCH COMMITMENTS | |  | | 2 | | 0 |  | | | | |  | | |
| XI.B | | | AVAILABILITY OF DOCUMENTS | | NOT SCORED | | | | | | | | | |  | | |
| XIII.B | | | INSURANCE COVERAGE | |  | | 1 | |  |  | | | | |  | | |
|  | | |  | |  | | TOTAL | | 0 |  | | | | |  | | |