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# PART III - CRITERIA FOR SELECTION

### REVIEW

All proposals received will be reviewed in detail by the issuing office for the purpose of selecting bidders with whom contracts will be signed. All components of the NorthCare Procurement Process will be followed.

1. **REQUIRED COMPONENTS** A – 1 Proposal Cover Sheet A – 2 Current Staff

A – 3 FTE Calculations (Excel file)

A – 4 Plan Summary

A – 5 Coalition Action Plan Summary

A – 6 Program Budget Summary (Excel file) A – 7 Program Budget Detail (Excel file)

If Required:

A – 8 Indirect Cost Calculations/Federally Negotiated Indirect Cost Document A – 9 Youth Access to Tobacco Planning Chart

### PRIOR CONTRACT

Consideration will be given to prior contract performance when scoring agency/program proposals which includes:

* Adherence to reporting timelines including FSR submissions, MPDS entry/quarterly reports
* Site visit results
* Consistency in delivering programs with fidelity including the use of fidelity check lists
* Percent of previous contract services rendered

### SCORING TEMPLATE

The Scoring template used by Northcare Network evaluation team is included for your information. Provided with this Request for Proposal.

Proposal Cover Sheet

|  |  |  |
| --- | --- | --- |
| Applicant Legal Name: | | |
| Address: | | Telephone: |
| Name, Title of Contact Information Regarding this Proposal: | | |
| Name of Authorized Expeditor: | | |
| LARA Substance Abuse License Number (s): | | |
| Federal ID Number: | | |
| Type of Applicant:  State | Individual | Other |
| Federal | Municipal | Profit Organization |
| Non-Profit Organization |  |  |

|  |  |
| --- | --- |
| NorthCare Network | 0.00 |
| Other Funding | 0.00 |
| Local | 0.00 |
| Fees | 0.00 |
| Total | $ 0.00 |

Print Name of Authorized Representative Title

Signature Date

## Prevention Staff

Include name, job title, check appropriate credentials of each staff person providing prevention services for this proposal and expiration date. For individuals without a development plan or credentials please provide information regarding plan for certification.

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| --- | --- | --- | --- | --- | --- |
| Name | Job Title | Dev Plan | CPC | CPS | Expiration Date |
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| Note: | | | | | |

## Plan Summary

Coalition Action Plan Summary

Youth Access to Tobacco Planning Chart

Please provide names of local coalitions or groups and how they will be involved to greater impact the Synar/YTA work.

|  |  |
| --- | --- |
| Local Coalition or Group  (Include not only the name of group but county as well) | Involvement  (Examples may include volunteer participation in education, media promotions around underage tobacco use, etc) |
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