# 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(s) Action Plan

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.

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

Please provide actual Coalition Action Plans.

Youth Access to Tobacco Planning Form

Please provide a summary of how many vendors in the DYTUR Region will receive Vendor Education, and how education will be completed (phone, email, in-person, etc).

If volunteers will be utilized, what role they will play beyond Synar checks. Please list specific volunteers that will be used.

If any non-Synar checks are to be done, how many vendors will receive this?