

NEW MEXICO CORRECTIONS DEPARTMENT



Competitive Request for Applications

FAMILY REUNIFICATION PROGRAM

RFA#17-770-1700-5445

Issuance Date: February 27, 2017

Due Date: March 13, 2017

David Jablonski
Cabinet Secretary

New Mexico Corrections Department
Recidivism Reduction Division
615 1st Street – 3rd floor
Albuquerque, NM 87102

INTRODUCTION

Purpose of This Request for Application

The Recidivism Reduction Division (RRD) of New Mexico's Corrections Department (NMCD) is requesting innovative and competitive proposals from organizations to provide an evidence-based Family Reunification Program for incarcerated women at the Springer Correctional Center and Western New Mexico Correctional Facility. Only one applicant will be selected, and a \$15,000 award will be issued. NMCD intends to fund the proposed project for a three month term, for a total award not to exceed \$15,000.

According to the Pew Research Center (2016), "...63% majority of women say obstacles continue to make it harder for women than men today..." The goal of NMCD's Recidivism Reduction Division is reducing the current 47% recidivism rate in New Mexico. Additionally linking reentering individuals with mentors, educational, career technical education, and cognitive programming, community resources, and continued wrap-around services to help facilitate their self-sufficiency goals to become productive citizens in their communities.

This proposal will assist in providing women with the knowledge, skills, and tools necessary to assist in their roadmap to reentry and to help with expediting the women's relationships with her family and community.

Recidivism Reduction Division Vision

The Recidivism Reduction Division is committed to the citizens of New Mexico to decrease pro-criminal attitudes and behavior among offenders. Furthermore, this office is committed to providing evidence based programs that will provide the skills necessary for the offender to become productive and law-abiding.

A. Scope of Application

The following are of fundamental relevance:

- 1. Purpose of the Funds:** Funds will be awarded on a competitive basis for programs and services that will assist the women with family relationship building skills and tools that will contribute to the success of the family unit. Applicants to this solicitation will develop and implement a workshop-like event that will have an impact in familial relationships.
- 2. Available Funding:** \$15,000.00
- 3. Length and Level of Funding:** Funding for this application shall end **June 30, 2017**. NMCD reserves the right to terminate any agreement that does not meet the requirements as defined by the application and/or does not demonstrate substantial progress toward meeting the objectives set forth in its approved Family Reunification application.

- 4. Eligible Entities:** The New Mexico Corrections Department is requesting proposals from organizations that have experience with incarcerated individuals. Among all applicants, NMCD is seeking to only fund one (1) organization.

E. Application Manager

The agency has designated an Application Manager who is responsible for the conduct of this application:

Lisa Salazar, Ed.D, LPCC, NCC
Recidivism Reduction Division
Gara Building – 3rd Floor
615 1st Street NW
Albuquerque, NM 87102
Phone: 505-629-3405
Email: lisa.salazar@state.nm.us

All completed applications must be addressed to Designee, Hazel Mella, PhD as follows:

Hazel Mella, PhD
Recidivism Reduction Division
Gara Building – 3rd Floor
615 1st Street NW
Albuquerque, NM 87102
Phone: 505-206-4055
Email: hazel.mella@state.nm.us

Any inquiries or requests regarding this application must be submitted to the Application Manager or Designee in writing via email with “Family Reunification Question” in the subject line. Applicants may contact the Application Manager, or designee regarding this application. Other state employees **do not** have the authority to respond on behalf of the Agency. **Written responses, sent via email, will be provided to applicants who return an Acknowledgement of Interest Form that includes a correct email address.**

CONDITIONS GOVERNING THE APPLICATION

This section of the application contains the schedule of activities and describes the major events as well as the conditions governing the process:

A. Sequence of Events

The Application manager will make every effort to adhere to the following schedule:

	Action	Responsibility	Date
1.	Issue of Application	Agency	February 27, 2017
2.	Acknowledgement of Interest Form	Applicant	March 6, 2017
3.	Deadline to Submit Additional Written Questions	Applicant	March 8, 2017
4.	Response to Written Questions	Agency	March 10, 2017
5.	Application Due	Applicant	March 13, 2017
6.	Proposal Evaluation	Evaluation Committee	March 15, 2017
7.	Issuance of Award	Agency	March 22, 2017

B. Explanation of Events

The following paragraphs describe the activities listed in the sequence of events:

1. Issue of Application

This application is being issued by the New Mexico Corrections Department, Recidivism Reduction Division. The application may be viewed at <http://cd.nm.gov/index.html> and downloaded. The application will be posted at this address from **February 27, to March 17, 2017**.

2. Acknowledgement of Interest Form

Potential applicants must contact the Application Manager via email with a scanned **Acknowledgement of Interest Form (Appendix A)** that accompanies this document to have their organization placed on the information distribution list. When emailing the document, include "Family Reunification Acknowledgment Form" in the subject line. This form must be signed by an authorized representative of the organization and returned by close of business day **Monday, March 6, 2017** to the Application Manager. The original signed document must be submitted with the application.

The information distribution list will be used for the distribution of written responses to questions and any application amendments. Failure to return this form shall constitute a presumption of receipt. The address will not be placed on the information distribution list, but failure to return this form will **not** disqualify an applicant from submitting an application by **Monday, March 13, 2017**.

3. Deadline to Submit Additional Questions

Additional questions by applicants must be submitted in writing, via email to the Recidivism Reduction Division. Responses should be submitted to the Applications Manager or Designee.

4. Response to Written Questions

Responses to written questions will be distributed in writing to all potential applicants whose organization name appears on the applicant distribution list.

5. Submission of Applications

All Applications must be received for review and evaluation by the Recidivism Reduction Division no later than 5:00 p.m. MDT on Monday, March 13, 2017. Applications received after this deadline will **not** be accepted. The date and time will be recorded on each application. Applications must be addressed and sent to the Recidivism Reduction Division. Applications must be sealed and labeled on the outside of the package to clearly indicate a response to the **Family Reunification Applications. Applications submitted by facsimile or email will not be accepted.** A public log will be kept of the names of all entities that submit applications. The contents of applications will not be disclosed to competing applicants prior to the award.

6. Proposal Evaluation

The evaluation of applications will be performed by an evaluation committee appointed by the Agency. The evaluation process will take place and during this time the Application Manager, or designee, may initiate discussion with applicants who submit responsive or potentially responsive applications for the purpose of clarifying aspects of the applications, but applications may be accepted and evaluated without such discussion. **Discussions shall not be initiated by the applicants.**

7. Selection of Finalist

The evaluation committee will select the finalist, and the Application Manager, or designee, will notify the finalist. Only finalist will be invited to participate in the subsequent steps of the next step process.

9. Issuance of Award Letter

Selected applicant will receive an award letter and, a formal contract will be developed. No work shall start without the contract in place.

III. RESPONSE AND ORGANIZATION

A. Number of Responses

Eligible applicants may submit a single application and are not precluded from applying for other RFAs issued by the Agency.

B. Number of Copies

Applicants shall provide **one (1) original** and **four (4) copies** one (1) electronic copy, in PDF format, to the Application Manager Designee, on or before the closing date for receipt of applications.

C. Application Format

The application shall adhere to the following:

1. Format Specifications

All applications must be:

- a) Typewritten.
- b) 12-point font, no font style specification.
- c) On standard 8 ½ x 11 paper.
- d) Double-spaced with 1 inch margins.
- e) Charts and graphs may be single-spaced.
- f) Single-sided in a portrait setting.
- g) Charts or graphs within the narrative response may be single-spaced.
- h) **20 page maximum for the narrative response.** This includes the Executive Summary, but is exclusive of the Acknowledgement of Interest, the Information Sheet, the Budget and Appendices. Submission of more than twenty (20) pages in the narrative response will not be read or scored by the evaluation committee. Pages should be numbered for the narrative section only.

2. Application Organization

The original must be placed within a binder with tabs delineating the following response categories: 1) Letter of Interest; 2) Acknowledgement of Interest Form/Appendix A; 3) Information Sheet/Appendix B; 4) Narrative; and 5) Monthly Budget Appendices. The original must include original signatures where required. The electronic copy should have the signature where required.

IV. MANDATORY SPECIFICATIONS

The absence of any of the following will result in disqualification.

A. Letter of Interest

On Institution's letterhead, identify the inclusive partnering organizations for which the application is being submitted. The Letter of Interest must include the following statement:

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that I am authorized to submit this application. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions and that the requested budget amounts are necessary for the implementation of this project. It is assured that, if awarded, such funds will be utilized in accordance with the New Mexico procurement code. It is understood that this application constitutes a proposal and, if accepted by the New Mexico Corrections Department, Recidivism Reduction Division will form a binding agreement. It is also understood that immediate written notice will be provided to the Application Manager or designee, if at any time the applicant learns that its certification was erroneous by reason of changed circumstances.

If the applicant did not initially submit the Acknowledgement of Interest Form (Appendix A) by March 6, 2017, the applicant shall include it as part of the application to be submitted to the RRD.

B. Information Sheet

Applicants are to complete and submit the Information Sheet. If a question is not relevant to the applicant, mark the item N/A. The form shall be completed in its entirety.

C. Narrative

The following three (3) items must be addressed in the narrative. The narrative cannot exceed twenty (20) pages.

- 1. Executive Summary:** In 1,000 words or less, describe in narrative form the proposed Family Reunification workshop. The summary should provide details, specifics and an overall vision of how establishing the proposed workshop will affect positive change(s) and growth for the women and their families. Include in the description, the activity to be implemented and if any, the nature of the partnerships to be established.
- 2. Narrative:** The narrative should provide a detailed description of the proposed Family Reunification workshop. Describe how the proposed workshop will meet an innovative approach to looking at family reunification and reducing recidivism.

Provide projected goals, outcomes, and a three (3) month timeline to accomplish the outcome.

The following are questions to consider when writing the narrative:

1. How does this workshop encourage innovative approaches to a successful family reunification?
2. What are the major activities or strategies that will be carried out and by whom?
3. What are the project goals and intended outcomes?
4. How many incarcerated individuals does the proposed project intend to serve?
5. How will you analyze, evaluate, and develop a three (3) month workshop?
6. How will your three (3) month workshop look like?
7. How else do you intend to evaluate your progress in meeting the workshop's stated goals and outcomes?
8. How will information gained through this workshop be shared with other stakeholders and the NMCD/RRD?
9. How will the proposed workshop increase emphasis on innovative approaches to looking at family reunification, reducing recidivism, and accountability?
10. How will data and reporting be tracked to develop effective family reunification strategies needed to ensure that the incarcerated women do not recidivate?
11. Describe the work contractor(s) and subcontractor(s) will be performing on behalf of the applicant. Contractor and subcontractor credentials must be appended to the application as an appendix to the narrative. If an offer is extended to the applicant, provide proof that the contractor(s), subcontractor(s) can conduct business in NM, and must be supplied to NMCD's RRD.

Graphic illustrations may be attached to the application, and may be in excess of the twenty (20) page narrative

- 3. Description of the Budget:** Identify the staff person(s) and what his or her role will be in assuring the appropriate use of funding. List other funds that will be used to support the Family Reunification workshop(s), if applicable; e.g., equipment, supplies/materials, benefits, etc. Applicants must describe how funds made available will be innovative in its approach, as well as expended in a manner that yields a return on investment.

D. Budget

Using Appendix C, append to this application a detailed budget. Include staffing and resource costs. When outlining the budget, clarify and detail each item to justify anticipated expenses. Please note that indirect and administrative costs included in the budget shall not exceed the applicable state approved indirect cost rate on file with the Agency. The budget template is provided in Word format; the rows will adjust as information is entered.

V. EVALUATION

Evaluation Factors

1. Mandatory Factors. These factors will be evaluated from a Scoring Guide. **Failure to include any Mandatory Factor will result in the disqualification of the application.**

- a) Acknowledgement of Interest (Appendix A)
- b) Information Sheet (Appendix B)
- c) Narrative and Description of Budget
- d) Budget (Appendix C1, C2, C3)

2. Factors of Evaluation. These factors are all assigned a numerical value. Failure to address an Evaluation Factor will result in a zero score for that factor and will negatively impact the application.

a) Executive Summary (200 points): This 1,000 word synopsis will be awarded points based on the applicant's ability to concisely convey their innovative vision for establishing the Family Reunification workshop program and how this will positively impact the incarcerated individual, their families, while reducing recidivism rates.

b) Narrative & Description of Budget (500 points): Address proposal and budget narrative in no more than twenty (20) pages. Elements of the narrative include: Project Description, Goals and Outcomes, Project Evaluation, Communication of Project's Activities, Budget. The Proposed Budget Worksheet that follows is an additional page that must be included with the application. Complete the proposed Budget Sheet and provide no more than a one-page Budget Narrative of explanation of the budget—with the focus on the expenditure of these funds.

c) Budget (300 points): Points will be awarded both for a description of the budget, as well as a detailed budget for each month and that breaks out costs of staffing, administration, management, the cost per student resources, etc. Points will be weighted toward cost effectiveness, best price, and return on investment (ROI).

C. Evaluation Process

The evaluation process will follow the steps listed below:

1. Review

All applications will be reviewed by committee members for its innovative approach and design of workshop program, results oriented, along with the mandatory specifications stated within the application.

2. Clarification

The Application Manager or designee may contact the applicant for clarification.

3. Committee Members

The evaluation committee will be determined by the Agency.

4. Final Selection

Responsive applicants will be evaluated on the factors mentioned. The responsive applicants with the highest scores will be selected as the award recipient, based on the proposal submitted. Please note, however, that a serious deficiency in response to any one factor may be grounds for rejection, regardless of the overall score.

Appendix A
Acknowledgement of Interest Form

In acknowledgement of receipt of this Request for Application the undersigned agrees they have received a complete copy of the RFA.

The Acknowledgement of Interest Form should be signed and returned to the Application Manager, no later than close of business on March 6, 2017. Only potential applicants who elect to return this form completed with the intention of submitting an application will receive copies of all applicant written questions and the Agency’s written responses to those questions, as well as application amendments if any are issued.

Organization: _____
Represented By: _____
Title: _____ **Phone Number:** _____
E-mail: _____ **FAX**
Number: _____
Address: _____
City: _____ **State:** _____ **Zip**
Code: _____
Signature: _____ **Date:** _____

This name and address will be used for all correspondence related to the Request for Proposal.

When emailing the document, include “Family Reunification Acknowledgment Form” in the subject line. This form must be signed by an authorized representative of the organization. The original signed document shall be submitted with the application.

Application Manager Email: lisa.salazar@state.nm.us

Appendix B Information Sheet

Name of Applying Entity				
Address				
City		County		Telephone
Negotiator of Final Offer	Name	Office Phone	Cell Phone	Email
	Physical Address			
Proposed Program Director	Name	Office Phone	Cell Phone	Email
	Physical Address			
Fiscal Manager	Name	Office Phone	Cell Phone	Email
	Physical Address			
3-5 Goal/Strength Statements for each month (April, May, June, 2017):				
<p># of incarcerated females that will be supported:</p> <p># of NM correction facilities that will be supported:</p> <p>Names of contractor(s)/sub-contractor(s) to be used:</p>				
Community(ies) where activities will occur:				

Appendix C1
1st Month Budget

Application Manger: _____
 Date: _____ Approved Disapproved

NOTE: This budget form must contain details of all expenses to be paid with awarded funds for activities implemented for the Family Reunification workshop(s) program, in FY17. The purpose of this budget sheet is to capture proposed expenditures. An example could be travel, materials, etc. **Enter N/A, if the funds do not apply to your workshop program.** Double click on the table below to activate the excel format for auto calculations. The template is provided in a Word format; rows will expand as information is entered.

Applicant Name: _____ **Total Budget Requested:** \$ _____

ITEM	CODE	EXPLANATION	ITEM TOTALS
Salaries: Includes anticipated expenditures for salaries or personnel performing <u>direct services</u> for a project. Salaries may not be paid on any contract in excess of that which has been paid to the person in performance of their regular responsibilities and/or a salary commensurate with that received by a person for similar responsibilities. Include name, job title, total salary and percentage of time devoted to the project activity.			(Use Enter key to expand cells below.)
Professional Salaries	0.110	(Type your detailed information in these areas for each budget item. Information should be entered in list format rather than paragraph format. These cells will expand as needed.)	\$
Grad Assts or Aides	0.120		
Technicians	0.130		\$
Secretarial/ Clerical	0.140		\$
Other Salaries	0.150		\$
			TOTAL SALARIES:
			\$
Benefits: An itemized breakdown of fringe benefit costs must be included for each staff member. Fringe benefits are considered as those additional to regular salary, which are received by all employees. They will generally include such items as insurance (life and health), retirement, and social security.			
Employee Benefits	0.200		\$
			TOTAL BENEFITS:
			\$
Purchased Services: Expenditures include anticipated expenditures for services rendered by a company, person or other educational agency or institution that are not available within the capabilities of the participating agency. Individuals performing contractual services are eligible to receive consulting fees and per diem at prevailing state rates. Consultant travel should be itemized under this category. Any equipment rented for use during the term of the contract is considered a contractual service.			
Purchased Services	0.300		\$
			TOTAL PURCHASED SERVICES:
			\$

ITEM	CODE	EXPLANATION	ITEM TOTALS
Supplies and Materials: Expenditures refer to a consumable item of which the item cost is less than \$5,000.00.			
Supplies/Materials	0.400		\$
			TOTAL SUPPLIES & MATERIALS:
			\$
Travel: Itemize all anticipated project staff travel using prevailing state rates or the applicant's agency rate, whichever is lower; include mileage, per diem, lodging, estimated tolls and parking. No out-of-state travel is authorized unless approved as part of the original application and only if it has a direct relationship to the stated nontraditional program proposal.			
Travel	0.500		\$
			TOTAL TRAVEL:
			\$
Equipment is defined as an article of tangible property having a useful life of more than one year and a unit cost of \$5,000.00 or more. All equipment items should be itemized so that the CCR staff is aware of the types required and their respective use to accomplish the objectives of the project. Equipment cost may include postage and/or transportation fees, but may not include any <u>handling fees</u> or surcharges made by the grantee. Unless software is purchased as part of an equipment package, all software should be purchased under supplies and materials. Approval above indicates approval to purchase the listed equipment for the stated nontraditional program proposal.			
Equipment	0.700		\$
			TOTAL EQUIPMENT:
			\$
			PROGRAM TOTAL:
			\$

Appendix C2
2nd Month Budget

Application Manger: _____
 Date: _____ Approved Disapproved

NOTE: This budget form must contain details of all expenses to be paid with awarded funds for activities implemented for the Family Reunification workshop(s) program, in FY17. The purpose of this budget sheet is to capture proposed expenditures. An example could be travel, materials, etc. **Enter N/A, if the funds do not apply to your workshop program.** Double click on the table below to activate the excel format for auto calculations. The template is provided in a Word format; rows will expand as information is entered.

Applicant Name: _____

Total Budget Requested: \$ _____

ITEM	CODE	EXPLANATION	ITEM TOTALS
Salaries: Includes anticipated expenditures for salaries or personnel performing <u>direct services</u> for a project. Salaries may not be paid on any contract in excess of that which has been paid to the person in performance of their regular responsibilities and/or a salary commensurate with that received by a person for similar responsibilities. Include name, job title, total salary and percentage of time devoted to the project activity.			(Use Enter key to expand cells below.)
Professional Salaries	0.110	(Type your detailed information in these areas for each budget item. Information should be entered in list format rather than paragraph format. These cells will expand as needed.)	\$
Grad Assts or Aides	0.120		
Technicians	0.130		\$
Secretarial/ Clerical	0.140		\$
Other Salaries	0.150		\$
TOTAL SALARIES:			\$
Benefits: An itemized breakdown of fringe benefit costs must be included for each staff member. Fringe benefits are considered as those additional to regular salary, which are received by all employees. They will generally include such items as insurance (life and health), retirement, and social security.			
Employee Benefits	0.200		\$
TOTAL BENEFITS:			\$
Purchased Services: Expenditures include anticipated expenditures for services rendered by a company, person or other educational agency or institution that are not available within the capabilities of the participating agency. Individuals performing contractual services are eligible to receive consulting fees and per diem at prevailing state rates. Consultant travel should be itemized under this category. Any equipment rented for use during the term of the contract is considered a contractual service.			
Purchased Services	0.300		\$
TOTAL PURCHASED SERVICES:			\$
Supplies and Materials: Expenditures refer to a consumable item of which the item cost is less than \$5,000.00.			

ITEM	CODE	EXPLANATION	ITEM TOTALS
Supplies/Materials	0.400		\$
			TOTAL SUPPLIES & MATERIALS: \$
<p>Travel: Itemize all anticipated project staff travel using prevailing state rates or the applicant's agency rate, whichever is lower; include mileage, per diem, lodging, estimated tolls and parking. No out-of-state travel is authorized unless approved as part of the original application and only if it has a direct relationship to the stated nontraditional program proposal.</p>			
Travel	0.500		\$
			TOTAL TRAVEL: \$
<p>Equipment is defined as an article of tangible property having a useful life of more than one year and a unit cost of \$5,000.00 or more. All equipment items should be itemized so that the CCR staff is aware of the types required and their respective use to accomplish the objectives of the project. Equipment cost may include postage and/or transportation fees, but may not include any <u>handling fees</u> or surcharges made by the grantee. Unless software is purchased as part of an equipment package, all software should be purchased under supplies and materials. Approval above indicates approval to purchase the listed equipment for the stated nontraditional program proposal.</p>			
Equipment	0.700		\$
			TOTAL EQUIPMENT: \$
			PROGRAM TOTAL: \$

Appendix C3
3rd Month Budget

Application Manger: _____
 Date: _____ Approved Disapproved

NOTE: This budget form must contain details of all expenses to be paid with awarded funds for activities implemented for the Family Reunification workshop(s) program, in FY17. The purpose of this budget sheet is to capture proposed expenditures. An example could be travel, materials, etc. **Enter N/A, if the funds do not apply to your workshop program.** Double click on the table below to activate the excel format for auto calculations. The template is provided in a Word format; rows will expand as information is entered.

Applicant Name: _____

Total Budget Requested: \$ _____

ITEM	CODE	EXPLANATION	ITEM TOTALS
Salaries: Includes anticipated expenditures for salaries or personnel performing <u>direct services</u> for a project. Salaries may not be paid on any contract in excess of that which has been paid to the person in performance of their regular responsibilities and/or a salary commensurate with that received by a person for similar responsibilities. Include name, job title, total salary and percentage of time devoted to the project activity.			(Use Enter key to expand cells below.)
Professional Salaries	0.110	(Type your detailed information in these areas for each budget item. Information should be entered in list format rather than paragraph format. These cells will expand as needed.)	\$
Grad Assts or Aides	0.120		
Technicians	0.130		\$
Secretarial/ Clerical	0.140		\$
Other Salaries	0.150		\$
TOTAL SALARIES:			\$
Benefits: An itemized breakdown of fringe benefit costs must be included for each staff member. Fringe benefits are considered as those additional to regular salary, which are received by all employees. They will generally include such items as insurance (life and health), retirement, and social security.			
Employee Benefits	0.200		\$
TOTAL BENEFITS:			\$
Purchased Services: Expenditures include anticipated expenditures for services rendered by a company, person or other educational agency or institution that are not available within the capabilities of the participating agency. Individuals performing contractual services are eligible to receive consulting fees and per diem at prevailing state rates. Consultant travel should be itemized under this category. Any equipment rented for use during the term of the contract is considered a contractual service.			
Purchased Services	0.300		\$
TOTAL PURCHASED SERVICES:			\$
Supplies and Materials: Expenditures refer to a consumable item of which the item cost is less than \$5,000.00.			

ITEM	CODE	EXPLANATION	ITEM TOTALS
Supplies/Materials	0.400		\$
			TOTAL SUPPLIES & MATERIALS: \$
<p>Travel: Itemize all anticipated project staff travel using prevailing state rates or the applicant's agency rate, whichever is lower; include mileage, per diem, lodging, estimated tolls and parking. No out-of-state travel is authorized unless approved as part of the original application and only if it has a direct relationship to the stated nontraditional program proposal.</p>			
Travel	0.500		\$
			TOTAL TRAVEL: \$
<p>Equipment is defined as an article of tangible property having a useful life of more than one year and a unit cost of \$5,000.00 or more. All equipment items should be itemized so that the CCR staff is aware of the types required and their respective use to accomplish the objectives of the project. Equipment cost may include postage and/or transportation fees, but may not include any <u>handling fees</u> or surcharges made by the grantee. Unless software is purchased as part of an equipment package, all software should be purchased under supplies and materials. Approval above indicates approval to purchase the listed equipment for the stated nontraditional program proposal.</p>			
Equipment	0.700		\$
			TOTAL EQUIPMENT: \$
			PROGRAM TOTAL: \$

APPENDIX D – EVALUATION
(To be completed by the Evaluation Team)

Applicant: _____
Evaluator Initials: _____

Project Title: **Family Reunification Workshop(s) program**

Mandatory Factors:	Pass	Fail
<ul style="list-style-type: none"> a) Acknowledgement of Interest b) Information Sheet c) Narrative and Description of Budget d) Budget (Appendix C1, C2, C3) 		
	Possible Points	Points Awarded
Executive Summary	200 pts.	
Narrative:		
1. Project Description <ul style="list-style-type: none"> • Proposal identifies a Family Reunification Workshop program as defined by the RFA • Timeline is clear and responsible parties are identified • Major activities are described and meet the intent of the RFA • Project activities are addressed 	100 pts	
2. Goals and Outcomes <ul style="list-style-type: none"> • Family Reunification Workshop(s) program goals and outcomes are clear and match project activities • Targeted demographic(s) is sufficient to meet project goals/outcomes 	100 pts	
3. Project Evaluation/Improvement and Accountability <ul style="list-style-type: none"> • Evaluation plan and activities are described • Responsible parties for evaluation activities (e.g., data collection, final report) are identified 	100 pts	
4. Communication of Workshop Activities <ul style="list-style-type: none"> • Communication strategies described • Timeline for activities identified • Description of contractor(s)/subcontractor(s) to be used 	100 pts	
5. Budget/Description of Budget <ul style="list-style-type: none"> • Budget narrative matches budget items • Budget narrative explains what budget items are and their purpose • Budget items are allowable pursuant to RFA guidelines 	100 pts	
Budget <ul style="list-style-type: none"> • Description of the budget is clear and concise • Details of budget for each month, for three (3) months, is clear, and shows break out costs of staffing, administration, management, the cost per student resources, etc. • Demonstrates cost effectiveness, best price(s), necessity and return on investment 	300 pts	
TOTAL POINTS	1000 pts	

NOTES: