

**RFP SCORING SHEET**

**Name of RFP: Intensive Outpatient Treatment**

**Agency:**

**Reviewer:**

**Date of Review**

	Section	Total Possible Points	Total Reviewers Scores	Total Score	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Panelist 5
		-		-	-	-	-	-	-
	<b>Part 2. Requested Information</b>	-		-					
2.1	Application Form (Signed Executive Director and Board President)	5	-	-					
2.2.1	History and qualifications in providing Outpatient Treatment Services.	5	-	-					
2.2.2	Ability to secure an approved facility with appropriate State certification and licensure and local permits and to expedite start-up.	5	-	-					
2.2.3	History of successful program compliance and treatment outcomes.	5	-	-					
2.2.4	A commitment to cultural competency.	5	-	-					
2.2.5	Staffing pattern(s) (FTEs, qualifications, roles of specialized providers on the teams).	3	-	-					
2.2.6	Timeline and details for start-up and implementation of the outpatient program, including facility acquisition, furnishings, staff hiring and training, drug testing,	10							
2.2.7	The proposal budget, on an Excel spreadsheet, should include the total budget amount for this project.	10							
	<b>Part 3.3 Format</b>	-							
3.3.1	Responses must not exceed 10 pages, excluding Section 1.	1	-	-					
3.3.2	Responses must be sequentially numbered throughout, 3-hole punched along the left border and bound with a single staple in the upper left hand corner.	1	-	-					
	<b>Total Points</b>	<b>50</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>