

FY 2018 Annual Contract Evaluation and Recommendation for Continuation Funding

Agency: _____

Program: _____

Contract Manager: _____

Contract is a Lead Agency with Collaborative Subcontractors Yes No

Part I - Area Activities deadline by May 30	Comments/Explanations should reflect best practices and plans to improve	Max Pts	Pts Awarded	Rater Initials
<p>1. Geographic Focus: <i>(see map)</i></p>	<p><u>Check One:</u> ___ 95%-100% of program participants served reside in geographic focus area(s) specified in scope of services (3 points) ___ 85%-94% of program participants served reside in geographic focus area(s) specified in scope of services (2 points) ___ 75%-84% of program participants served reside in geographic focus area(s) specified in scope of services (1 point) ___ Below 75% of program participants served reside in geographic focus area(s) specified in scope of services (0 points) <i>Enter Comments Here:</i></p>	3		
<p>2. Service Level Achievement: <i>(# of participants served are in compliance with # contracted to serve)</i></p>	<p>___ Program service levels on track with expected rates of enrollment (3 points) or ___ Program service levels below expected rates of enrollment (1 or 0 points) <i>Enter Comments Here:</i></p>	3		
<p>3. Demonstration of Community Engagement and/or Collaboration:</p>	<p>___ Program at least annually utilizes a customer service/satisfaction survey (1 point) ___ Participants engaged in program evaluation; staff hiring; decision making; or serve in an advisory capacity. (2 points) ___ Collaboration exists with <u>community</u> partners without formal subcontract agreements to improve service delivery for families. (1 point) <i>Enter Example Here:</i></p>	4		
<p>4. Compliance with CBHC General Terms and Conditions.</p>	<p>Score 0 or 1 point for each: 1. ___ Timely notifications of Board member listing or staff changes (including E.D. or Board Chair) 2. ___ Notification of loss of other Program funds and/or critical incidents. 3. ___ Participation in 2-1-1 4. ___ Submitted Disaster Plan 5. ___ Maintains Insurance <i>Enter Comments Here:</i></p>	5		

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Part I - Area Activities deadline by May 30	Comments/Explanations should reflect best practices and plans to improve	Max Pts	Pts Awarded	Rater Initials
<p>5. Demonstration of CBHC Branding or Marketing Materials Recognizing CBHC Funding Support:</p>	<p>Score 0 or 1 point for each:</p> <ol style="list-style-type: none"> 1. ___ Acknowledges Children’s Board support on any agency and program materials, either electronic or print by publishing the Children’s Board logo with statements such as “these services are provided by funding from the Children’s Board”. 2. ___ Publishes the Children’s Board logo on the Provider website home page. 3. ___ Establishes a link to the Children’s Board website on the Provider website. 4. ___ Displays the Children’s Board logo in Provider service locations and administrative offices. 5. ___ Provides information about the Children’s Board each year to its employees and governing Board of Directors (evidence in minutes). <p><i>Enter Comments Here:</i></p>	5		
<p>6. Fiscal Review Site Visit</p>	<p>Score 0, 1 or 2 points for each:</p> <p>___ The Fiscal Review Site Visit questionnaire was completed prior to site visit and the provider was ready for the fiscal review when CBHC arrived.</p> <p>___ All expenses on the reimbursement request form tested were substantiated.</p> <p>___ There was evidence of a process to review expenditures included on reimbursement request prior to submission.</p> <p>___ Funds were spent according to the contract budget/narrative.</p> <p>___ There was evidence of how allocations were determined.</p> <p><i>Enter Comments Here:</i></p>	10		
<p>Total Points Part I</p>	<p><i>Enter Additional Comments Here:</i></p>	30		

Initial Results for Continuation Funding:

- ___ Progress to date indicates program in good standing (*Part I result is 27 – 30 Points*)
- ___ Progress to date indicates improvement may be needed (*Part I result is 22 - 26 Points*)
- ___ Progress to date indicates program may be at risk as a Program of Concern (*Part I result is less 22 Points*)

End of Part I

Date completed: _____ Contract Manager Signature: _____ Director of Programs **and** Finance Initials: _____

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Area – Part II Activities Deadline August 1	Comments/Explanations should reflect best practices and plans to improve	Max Pts	Pts Awarded	Rater Initials																																																																																																																																														
<p>7. Q1, Q2, Q3 Service Level Achievement:</p> <p><i>(# of participants served are in compliance with # contracted to serve)</i></p>	<p>Performance on each contracted outcome is scored separately and summed.</p> <table border="1" data-bbox="609 298 1545 792"> <thead> <tr> <th rowspan="2">Service Level</th> <th colspan="10"># of Outcomes</th> </tr> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th> </tr> </thead> <tbody> <tr> <td>95%-100% of target</td> <td>12</td><td>6</td><td>4.0</td><td>3.0</td><td>2.4</td><td>2.0</td><td>1.7</td><td>1.5</td><td>1.3</td><td>1.2</td> </tr> <tr> <td>93%-94% of target</td> <td>10</td><td>5</td><td>3.3</td><td>2.5</td><td>2.0</td><td>1.7</td><td>1.4</td><td>1.3</td><td>1.1</td><td>1.0</td> </tr> <tr> <td>91%-92% of target</td> <td>8</td><td>4</td><td>2.7</td><td>2.0</td><td>1.6</td><td>1.3</td><td>1.1</td><td>1.0</td><td>0.9</td><td>0.8</td> </tr> <tr> <td>89%-90% of target</td> <td>6</td><td>3</td><td>2.0</td><td>1.5</td><td>1.2</td><td>1.0</td><td>0.9</td><td>0.8</td><td>0.7</td><td>0.6</td> </tr> <tr> <td>87%-88% of target</td> <td>4</td><td>2</td><td>1.3</td><td>1.0</td><td>0.8</td><td>0.7</td><td>0.6</td><td>0.5</td><td>0.4</td><td>0.4</td> </tr> <tr> <td>85%-86% of target</td> <td>2</td><td>1</td><td>0.7</td><td>.5</td><td>0.4</td><td>0.3</td><td>0.3</td><td>0.3</td><td>0.2</td><td>0.2</td> </tr> <tr> <td>Below 85% of target</td> <td>0</td><td>0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td> </tr> </tbody> </table> <p><i>Enter Comments Here:</i></p>	Service Level	# of Outcomes										1	2	3	4	5	6	7	8	9	10	95%-100% of target	12	6	4.0	3.0	2.4	2.0	1.7	1.5	1.3	1.2	93%-94% of target	10	5	3.3	2.5	2.0	1.7	1.4	1.3	1.1	1.0	91%-92% of target	8	4	2.7	2.0	1.6	1.3	1.1	1.0	0.9	0.8	89%-90% of target	6	3	2.0	1.5	1.2	1.0	0.9	0.8	0.7	0.6	87%-88% of target	4	2	1.3	1.0	0.8	0.7	0.6	0.5	0.4	0.4	85%-86% of target	2	1	0.7	.5	0.4	0.3	0.3	0.3	0.2	0.2	Below 85% of target	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12	<p>08/2017 (prelim)</p> <p>=</p> <p>11/2017 (final)</p> <p>=</p>																																													
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Area – Part II Activities Deadline August 1	Comments/Explanations should reflect best practices and plans to improve	Max Pts	Pts Awarded	Rater Initials
<p>9. Accuracy of Data Integrity Check:</p> <p>Check here if data was corrected <input type="checkbox"/></p> <p>Date:</p>	<p><u>Check One:</u></p> <p>___ 95% - 100% accuracy (15 points)</p> <p>___ 90% -94% accuracy (10 points)</p> <p>___ 85% -89% accuracy (5 points)</p> <p>___ Less than 85% accuracy (0 points)</p> <p><i>Enter Comments Here:</i></p>	15		
<p>10. Q1, Q2, Q3 Budget; Fiscal Reporting and Reimbursements <i>(Deduct from total points allowable the % of those reimbursement forms and budget to actual reports received without accurate information and budget to actual reports not received on time by total number of reports received).</i></p>	<p>___ The FY 2018 budget was submitted for contract by deadline. 0, 1 or 2 points</p> <p>___ The FY 2018 budget submitted did not require major revisions. 0, 1, 2 or 3 points</p> <p>___ Reimbursement requests contain accurate information. 0, 1,2 or 3 points</p> <p>___ Budget to actual reports were received by the deadline. 0, 1 or 2 points</p> <p>___ Budget to actual reports contain accurate information. 0, 1 or 2 points</p> <p><i>Enter Comments Here:</i></p>	12		
<p>11. Compliance with General Terms and Conditions</p>	<p>Score 0 or 1 point for each item:</p> <p>___ Evidence of a sustainability or strategic action plan that outlines organizational goals which includes monitoring guidelines.</p> <p>___ CBHC prior approval obtained for budget / contract modifications.</p> <p>___ Most current agency audit submitted on time.</p> <p><i>Enter Comments Here:</i></p>	3		
<p>12. Revenue Maximization:</p>	<p>Score 0 or 2 points:</p> <p>___ Program or Agency applied for or secured new funding outside CBHC.</p> <p><i>Enter Comments Here:</i></p>	2		
<p>Total Preliminary Points Part II</p>	<p><i>Enter Additional Comments Here:</i></p>	44		
<p>Preliminary Score: Part I + II (Research complete by 8/30)</p>	<p><i>Use preliminary 8/2018 score from section 7</i></p>	74		
<p>Total Final Points Part II</p>	<p><i>Enter Additional Comments Here:</i></p>	70		
<p>Final Score (Research complete by 12/1)</p>	<p><i>Use final 12/2017 Score from sections 7 & 8.</i></p>	100		

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***Preliminary Recommendation**

- Continue funding effective October 1 (*Total score result is 64 points or higher*)
- Continue funding effective October 1 with a contract modification (s) as necessary (*Total score is between 53 and 63 points*)
- Continue funding effective October 1 with a documented Provider Improvement Plan (*Total score is less than 53 points*)

***Final Recommendation**

- Continue funding effective October 1 (*Total score result is 85 points or higher*)
- Continue funding effective October 1 with a contract modification (s) as necessary (*Total score is between 70 and 84 points*)
- Continue funding effective October 1 with a documented Provider Improvement Plan (*Total score is less than 70 points*)

End of Part II

Area – Part III NOT SCORED Activities Deadline by 11/15	Comments/Explanations should reflect best practices and plans to improve
13. Agency Audit (<i>for direct contracts and lead agencies only</i>)	<p><u>Check one:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unmodified opinion with no comments or findings <input type="checkbox"/> Unmodified opinion with comments <input type="checkbox"/> Unmodified opinion with findings <input type="checkbox"/> Qualified opinion
14. ASO Review <i>Check here if not applicable</i> <input type="checkbox"/>	<p><u>Indicate “yes” or “no” for each item:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adherence to ASO Policies and Procedures <input type="checkbox"/> Service or support tied back to a family support plan. Indicate % _____ <input type="checkbox"/> Documentation found in client file to substantiate ASO expenditures <input type="checkbox"/> Funds returned if any <p>If any of these objectives were not met please briefly describe: <i>Enter Comments Here:</i></p>
15. Provider Improvement Plan	<p><u>Check one:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Completed Successfully <input type="checkbox"/> Not completed successfully <input type="checkbox"/> In progress, continuing into next fiscal year

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***Did Agency Audit, ASO or Provider Improvement Plan result change continuation funding recommendation?** Yes No

- Continue funding effective October 1
- Continue funding effective October 1 with a contract modification (s) as necessary
- Continue funding effective October 1 with a Provider Improvement Plan
- Other Determination

Enter Comments Here:

Projected Funding Allocation

*Current FY 2018 Contract Amount: \$ _____ ASO Allocation: \$ _____

FY 2019 Continuation Contract Amount: \$ _____ ASO Allocation: \$ _____

Explain any amount difference including impact to program or if contract is ending (i.e. changes to service levels, outcomes and/or ASO allocations)

Enter Comments Here:

Type of Contract: Investment (more than 500K) Uniting (75K – \$499,999) Leading (5K - \$74,999) Match

Note funding platform changes:

In FY 2018 Uniting Grant funding platform is 75K - \$599,000)
In FY 2019 Investment Grant funding platform will be \$600,000 or more.

Director of Programs Signature/Date: _____

***For Investment Grants and Deliverable Contracts:**

FY 2018 funding is subject to Reapplication through a competitive review process and Board approval of recommended proposers.

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Area – Part IV Activity Deadline by September 30	For Lead Agent with funded sub-contracts only (calculated separately from final score): Comments/Explanations should reflect best practices and plans to improve			
<p>15. Collaborative functioning / Lead Agent Compliance</p> <p><i>Check here if not applicable</i> <input type="checkbox"/></p>	<p>Score 0 or 1 for each: Programmatic: ___</p> <p>___ Cooperation – Evidence that partnership improves service delivery. <i>Enter Example Here:</i></p> <p>___ Coordination – Combined resources to maximize operational efficiencies. <i>Enter Example Here:</i></p> <p>___ Collaboration – Collectively applying a pool of seamless resources to meet family outcomes (including but not limited to collaborative staff training). <i>Enter Example Here:</i></p> <p>___ Sharing staff across partnership to meet program needs and goals. <i>Enter Example Here:</i></p> <p>___ Subcontractor personnel included in CBHC contract negotiations.</p> <p>Score 5 if yes for ALL items, 0 if not. Place “X” if done. Contractual: ___</p> <p>___ Lead agent notifies subcontractors of CBHC notifications, information requests, and/or meeting announcements.</p> <p>___ Lead agent and subcontractor representatives attend training and/or programmatic meetings held by CBHC.</p> <p>___ Subcontract agreements were executed and included all applicable special conditions and CBHC General Terms and Conditions as an attachment.</p> <p>___ Subcontract agreements were submitted to CBHC within 30 days of CBHC contract execution.</p> <p>___ Lead agent completed sub-contractor(s) fiscal site visits.</p> <p><i>Enter Comments Here:</i></p>	<p>Max 10</p>	<p>Pts Awarded</p>	<p>Rater Initial</p>

Maintain Lead Agency Status: YES NO

Maintain All Sub-Contract Status: YES NO

If no, for either item above explain reason for changes:

Enter Comments Here:

___ Score of 7 -10 indicates good standing

___ Score of 6 or below indicates need to address areas of improvement with a collaborative action plan