**MO-606 COLLABORATIVE APPLICANT RFP**

**SCORING TOOL**

**APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Requirements Met:**

**501©3 or government entity: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Certification of Debarment: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Certification of Supervision Yes \_\_\_\_\_ No \_\_\_\_\_**

**Most recent 990 received: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Two years of Audit received: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Applicant is eligible to be scored: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Scoring Points:**

**0 = Applicant did not address the question.**

**3 = Below Average. Applicant mentioned the question but provided no information in regard to the question asked.**

**6 = Average. Applicant answered the question but does not provide much detail about what is asked.**

**9 = Above average. Applicant answers the question, provides more detail about what is asked, and submits the information in a logical, clear, and concise manner.**

**APPLICANT CAPACITY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did the applicant describe their capacity to administer fiscal responsibility for the Planning Project?** | **0** | **3** | **6** | **9** |
| Description of applicant |  |  |  |  |
| Explanation of key personnel and their experience |  |  |  |  |
| Experience with state and federal grant management and reporting; |  |  |  |  |
| Did applicant state which state and federal grants the applicant has received and managed in the past 5 years? |  |  |  |  |
| Experience, knowledge and participation with Continua of Care and HUD Housing programs |  |  |  |  |
| Experience, knowledge and participation in Continuum of Care governance |  |  |  |  |
| Explanation how applicant handles audits |  |  |  |  |
| Description of accounting software and types of financial reports |  |  |  |  |

**POINTS FOR APPLICANT CAPACITY: 72 POSSIBLE SCORE: ---------------------**

**PERSONNEL EXPERIENCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please rate the personnel experience and CoC knowledge** | **1** | **2** | **3** |
| Applicant has experienced fiscal staff  0 – 2 years’ experience 1 point  2 – 5 years’ experience 2 points  5 – more years’ experience 3 points |  |  |  |
| Fiscal staff is familiar with CoC grants |  |  |  |

**POINTS FOR PERSONNEL EXPERIENCE: 6 POSSIBLE SCORE: ---------------------**

**APPLICANT BUDGET NARRATIVE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did the applicant describe their budget line items, match, and capacity to administer the fiscal responsibility of Planning Grant Budget?** | **0** | **3** | **6** | **9** |
| Were expenditures and revenues explained on a line-item basis |  |  |  |  |
| Are expenses clearly explained in the narrative |  |  |  |  |
| Describe the source and amount of match |  |  |  |  |
| Supplanting was explained and applicant is not supplanting funds |  |  |  |  |
| Applicant demonstrated the ability to carry CoC expenses for up to 120 days |  |  |  |  |

**POINTS FOR APPLICANT BUDGET NARRATIVE: 45 POSSIBLE SCORE: ---------------------**

**PROJECT NARRATIVE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did the applicant describe their ability to administer the Scope of Work?** | **0** | **3** | **6** | **9** |
| Demonstrates an understanding of NOFO CoC Consolidated Application submission and management of HDX and Sage |  |  |  |  |
| Demonstrates an understanding of contracted work for NOFO, gaps analysis, and other board directed projects |  |  |  |  |
| Demonstrates fiscal responsibility with knowledge of allowable expenses and compliance with CoC regulations |  |  |  |  |
| Demonstrates understanding of monthly financial reports required to be submitted to the MO BoS CoC Board in advance of monthly board meetings and as reasonably requested |  |  |  |  |
| Understands APR must be submitted to the Board within 10 days of submission |  |  |  |  |
| Provided accurate and necessary budget needs |  |  |  |  |
| Understand board oversight of the planning grant and internal audits |  |  |  |  |
| Understands HUD audits and agrees to provide information to the Board |  |  |  |  |

**POINTS FOR PROJECT NARRATIVE: 64 POSSIBLE SCORE: ---------------------**

**COLLABORATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did the applicant explain their willingness to collaborate with the Board and independent contractors** | **0** | **3** | **6** | **9** |
| Demonstrates how the applicant will ensure fiscal accountability to the Board |  |  |  |  |
| Explains how the applicant will work with the Board of Directors |  |  |  |  |
| Explains how the applicant will work with the independent contractors |  |  |  |  |
| Explains the planned financial reporting |  |  |  |  |
| Demonstrates knowledge of growth for the CoC and demonstrates willingness to expand fiscal responsibility |  |  |  |  |

**POINTS FOR COLLABORATION NARRATIIVE: 45 POSSIBLE SCORE: ---------------------**

**CoC FUNDED AGENCIES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did the applicant describe how Conflict of Interest will be avoided and managed?** | **0** | **3** | **6** | **9** |
| Explains how the applicant will avoid Conflict of Interest in awarding bids for NOFO contracting |  |  |  |  |
| Explains how the applicant will avoid Conflict of Interest in entering NOFO applications and Final Priority Listing in eSNAPS |  |  |  |  |
| Explains how the applicant will prioritize CoC needs over applicant needs |  |  |  |  |
| Explains how the applicant will avoid co-mingling of applicant CoC funds and CoC Planning Grant funds |  |  |  |  |
| Explains how the applicant will ensure Board oversight of the planning grant and collaborative applicant duties |  |  |  |  |

**POINTS FOR COC FUNDED APPLICANT NARRATIVE: 45 POSSIBLE SCORE: ---------------------**

**REQUIRED ATTACHMENTS: SCORE 1 POINT FOR EACH COMPLETED ATTACHMENT**

|  |  |  |
| --- | --- | --- |
|  | **1** | **0** |
| Mission statement |  |  |
| Organizational Charts |  |  |
| Job Descriptions |  |  |
| Budget Template. Complete Exhibit C or similar file with comparable information. |  |  |
| Reference and Support Documents ( 1 point for each one, up to 5 maximum) |  |  |

**POINTS FOR REQUIRED ATTACHMENTS: 9 POSSIBLE SCORE: ---------------------**

**TOTAL SCORE:**

|  |  |
| --- | --- |
| **SECTION:** | **POINTS** |
| APPLICANT CAPACITY |  |
| PERSONNEL EXPERIENCE |  |
| APPLICANT BUDGET NARRATIVE |  |
| PROJECT NARRATIVE |  |
| COLLABORATION NARRATIVE |  |
| CoC FUNDED AGENCIES – If not CoC funded applicant, award 45 points. |  |
| REQUIRED ATTACHMENTS |  |
|  |  |

**TOTAL SCORE FOR THIS APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL POINTS POSSIBLE: 286**