

## APPENDIX IX – PART I (OAA TITLE III-B)

**NOTE: This Proposal Evaluation Instrument is applicable for OAA Title III-B**

**Applicant:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This proposal evaluation instrument covers Part A—Program Module, and Part B-Fiscal Module.

The Program Module contains five separate components. The maximum possible score for this module is 200 points.

Components 1, 4 and 5 are pullouts that will be reviewed by Alliance for Aging Staff. Component 1 contains service delivery demographic and geographic information. Component 4 contains information about the applicant’s experience and performance. Component 5 is a list of compliance documents and assurances. These three components combined account for 120 points---40, 70, and 10 points for modules 1, 4 and 5 respectively.

Components 2 and 3 are scored by the reviewers. Component 2 describes the applicant’s service delivery system proposed items. Component 3 contains strategies and action steps related to achieving performance measures. These two components account for 40 points each for a total of 80 points.

The total score of the program module is the sum of components 1, 4, and 5, and the mean score of all reviewers of components 2, and 3.

The Fiscal Module is a pull out that will be reviewed by Alliance for Aging Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 75 points.

This page to be scored by Alliance Staff

Item					Rating
<b>A. Program Module</b>					
<b>II.A. General Requirements</b>					
<p>1. <b>Consumer Projections.</b> Applicant provided a profile of consumers to be served consistent with OAA mandates and targeting criteria. Enter the percent of projected customers served from application (rounded to 4 decimal places). (Enter 100% as 1.0000.) Multiply percent by weight, and enter product in Product column. Sum the Product values and enter as total. The score for this item is the value rounded to one decimal point, with a maximum score of 20. Score range is 0-20</p>					
	<b>Number</b>	<b>Percent</b>	<b>Weight</b>	<b>Product</b>	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or Below			10		
Low Income Minority < 125% of Poverty			10		
60+ with Mobility & Self Care Limitation			25		
60+ Living in Rural Areas			25		
Able to Attend Senior Center			5		
Total (Product)					
<p>2. <b>Service Catchment Area/Geographic Profile.</b> Enter the number of projected customers served from application. The score is the sum product of the number of customers and weights with a maximum of 20 points. Score range is 0-20</p>					
<b>Zip Code</b>	<b>Number of Customers</b>	<b>Weight</b>	<b>Product</b>		
33015		0.5			
33054		0.5			
33055		0.5			
33056		0.5			
33010		0.1			
33033		0.1			
33034		0.1			
33039		0.1			
33160		0.1			
33179		0.1			
Total (Product)					
<b>Component Score:</b>					
Add the values of items A. and B. This is the score of this Component (0-40)					

The following pages to be scored by reviewers

Item	Score
<p>3.A.1 <b>Service access, delivery and reporting process (Targeting).</b> Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers in the identified service areas.</p> <p>Check box if the applicant satisfactorily explains how it will:</p> <p><input type="checkbox"/> Target      <input type="checkbox"/> Identify      <input type="checkbox"/> Serve</p> <p>Enter the number of checked boxes and multiply by 2. This is the score. (0-6)</p>	
<p>3.A.2. <b>Service access, delivery and reporting process. (Service Prioritization).</b> Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant satisfactorily explains how it will:</p> <p><input type="checkbox"/> Assess      <input type="checkbox"/> Prioritize Access      <input type="checkbox"/> Coordinate      <input type="checkbox"/> Deliver</p> <p>Enter the number of checked boxes. This is the score. (0-4)</p>	
<p>3.A.3. <b>Service access, delivery and reporting process. (ARC Interface)</b> Applicant detailed how it will interface with the Aging Resource Center for resource listing, referral, wait list management and service reporting.</p> <p>Check box if the applicant satisfactorily explains how it will interface with ARC for:</p> <p><input type="checkbox"/> Resource Listing      <input type="checkbox"/> Referral      <input type="checkbox"/> Wait List Management      <input type="checkbox"/> Service Reporting</p> <p>Enter the number of checked boxes. This is the score. (0-4)</p>	
<p>3.A.4. <b>Service access, delivery and reporting process. (Service Coordination).</b> Applicant explained how it will coordinate services with other agencies in the community.</p> <p>Check box if the applicant satisfactorily explains how it will coordinate with:</p> <p><input type="checkbox"/> CCE      <input type="checkbox"/> Local Community Mental Health Agencies      <input type="checkbox"/> Adult Protective Services      <input type="checkbox"/> Other Agencies</p> <p>Enter the number of checked boxes. This is the score. (0-4)</p>	
<p>3.B.1. <b>Provider Resources.</b> Applicant identified other sources of funding or resources used to supplement the funding under this RFP.</p> <p>If one or more other sources of funding of \$1,000 or more are identified, the score is 2. If no other sources of funding of \$1,000 or more are identified, the score is 0. Enter score (0-2).</p>	
<p>3.B.2. <b>Provider Financial Capacity.</b> Applicant described plans for further development of its financial capacity.</p> <p>If applicant satisfactorily described a plan for further development of its financial capacity, score is 3. If not, score is 0. Enter score (0-3)</p>	
<p>3.C. <b>New approaches/models of service delivery.</b> The applicant demonstrated an ability to find new approaches or models for service delivery.</p> <p>Check boxes if applicant satisfactorily described new approach(es) based on</p> <p><input type="checkbox"/> Experience      <input type="checkbox"/> Literature Review</p> <p>Enter the number of checked boxes and multiply by 2. This is the score. (0-4)</p>	

<p>3.D. <b>Staff development.</b> The applicant showed that it would provide training and staff development.</p> <p>Check box if the applicant satisfactorily explains how it will conduct:</p> <p><input type="checkbox"/> Staff Recruitment      <input type="checkbox"/> Development and Training      <input type="checkbox"/> Pre-Service Orientation      <input type="checkbox"/> In-Service Training</p> <p>Enter the number of checked boxes. This is the score. (0-4)</p>	
<p>3.E. <b>Leadership and advocacy.</b> The applicant demonstrated that it would provide leadership in the community and be an advocate for the population to be served.</p> <p>Check box if the applicant satisfactorily explains how it will provide for:</p> <p><input type="checkbox"/> Leadership in the Community      <input type="checkbox"/> Being an Advocate</p> <p>Enter the number of checked boxes and multiply by 2. This is the score. (0-4)</p>	
<p>4.A.1. <b>External Quality Assurance – Client Satisfaction Methods.</b> Applicant described in detail the process to be followed in determining client satisfaction.</p> <p>Check box if the applicant satisfactorily explains how it will:</p> <p><input type="checkbox"/> Determine Consumer Satisfaction      <input type="checkbox"/> Address Consumer Concerns      <input type="checkbox"/> Implement Needed Changes</p> <p>Enter the number of checked boxes and multiply by 2. This is the score. (0-6)</p>	
<p>4.A.2. <b>External Quality Assurance – Client Satisfaction Tools.</b> Applicant described the tools used to assess level of consumer participation and satisfaction with services rendered.</p> <p>Check box if the applicant satisfactorily explains the tools it will use to determine:</p> <p><input type="checkbox"/> Consumer Participation      <input type="checkbox"/> Consumer Satisfaction</p> <p>Enter the number of checked boxes and multiply by 2. This is the score. (0-4)</p>	
<p>4.B.1. <b>Quality Assurance – Internal Evaluation Process.</b> The proposal presented a good staffing plan that adequately addressed the work to be done. Copies of pre-service and in-service training plans were attached.</p> <p>Check box if the applicant provided a copy of satisfactory pre-service and in-service training plans for:</p> <p><input type="checkbox"/> Staff      <input type="checkbox"/> Subcontractors      <input type="checkbox"/> Volunteers</p> <p>Enter the number of checked boxes. This is the score. (0-3)</p>	
<p>4.B.2. <b>Quality Assurance – Unusual Incidents Reporting.</b> Applicant described the method used to respond, document and report unusual incidents.</p> <p>Check box if the applicant satisfactorily explains the methods used for unusual events:</p> <p><input type="checkbox"/> Respond      <input type="checkbox"/> Document      <input type="checkbox"/> Report</p> <p>Enter the number of checked boxes. This is the score. (0-3)</p>	
<p>5.B. <b>Assessed Need.</b> Applicant provided a detailed description relating customers/ catchment area needs to services requested.</p> <p>Check box if the applicant's narrative satisfactorily describes:</p> <p><input type="checkbox"/> Intended Clients      <input type="checkbox"/> Client Unmet Needs      <input type="checkbox"/> Service Rationale/ Justification</p> <p>Enter the number of checked boxes and multiply by 3. This is the score. (0-9)</p>	

Item	Score
<b>III.A. Outcome Measures and Standards</b>	
<p><b>Performance Measures.</b> Applicant described how the agency and services proposed contribute to the achievement of client outcomes standards for each of the following measures:</p>	
<p>1. <b>Outcome Measure:</b> Percent of Consumers served who are in the OAA target groups (Minorities, poor, rural, self care limitations.)</p> <p><b>Standard:</b> Should exceed the prevalence of the target groups in the county—see table 2.</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet or exceed the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p>This measure is applicable in all cases.</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	
<p><b>Reviewer note:</b> Outcome measures 2 through 6 apply only if the applicant is proposing to provide ANY of the following services: <b>adult day care, counseling, chore, escort, homemaker, or personal care</b> If the applicant is <b>NOT proposing to provide any of these services</b> then write “N/A” in the space on the right and skip the rest of the outcome measures in this application. Otherwise, review and score the five remaining outcome measures.</p>	
<p>2. <b>Outcome Measure:</b> Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p><b>Standard:</b> 63 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet or exceed the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	
<p>3. <b>Outcome Measure:</b> Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p><b>Standard:</b> 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet or exceed the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	

<p>4. <b>Outcome Measure:</b> Percentage of family and family assisted caregivers who self report they are very likely to provide care.</p> <p><b>Standard:</b> 89 percent (refers to caregivers stating that they are very likely to continue to provide care as per DOEA 701B form.)</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet the outcome:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	
<p>5. <b>Outcome Measure:</b> Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention, as determined by the assessor.</p> <p><b>Standard:</b> 90 percent (refers to caregivers whose ability to continue to provide care is maintained or improved in the assessor's opinion as per DOEA 701B form.)</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet or exceed the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	
<p>6. <b>Outcome Measure:</b> Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention, as determined by the caregiver.</p> <p><b>Standard:</b> 90 percent (refers to caregivers whose ability to continue to provide care is maintained or improved in the own caregiver's opinion as per DOEA 701B form.)</p> <p>Place a check in the box next to each item that the application satisfactorily describes how it would meet or exceed the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy      <input type="checkbox"/> Provided Action Steps      <input type="checkbox"/> Plan Exceeds Standard</p> <p style="text-align: right;">Enter the number of checked boxes as score. (0-3)</p>	

The remaining pages to be scored by Alliance staff.

**Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)**

<b>Component Total</b> Total the scores from this section: (0-60)	
<b>Component Score: Multiply Total Above by 2/3: (0-40)</b>	

**Component 3 Score (Items III.A.)**

<b>Enter “N/A” or leave blank based on 1a. above</b> (blank or “N/A”)	
<b>If N/A above, place the score from item 1 only, otherwise add the Total Points for Items III.A. 1 to 6.</b> (0-18)	
<b>Section Score, Look up score based on table below.</b> (0-40)	

Total Points	Applying for Registered Services	
	Yes	No
0	0.0	0.0
1	2.2	13.3
2	4.4	26.7
3	6.7	40.0
4	8.9	
5	11.1	
6	13.3	
7	15.6	
8	17.8	
9	20.0	
10	22.2	
11	24.4	
12	26.7	
13	28.9	
14	31.1	
15	33.3	
16	35.6	
17	37.8	
18	40.0	

Item	Rating
<b>IV.A. Applicant’s Qualifications and Prior Experience</b>	
1. Applicant identified their experience/performance level. Enter the score of the experience level claimed on application. (0-70)	
2. Validation of experience/performance level. Reviewer checks current provider’s status and/or documentation required in this section. Based on the classification below, select the provider’s experience level and write the value in the box to the right. Only one box should be scored. <b>NOTE: Do NOT adjust the applicant’s score on item 1.</b>	

<b>Current Alliance for Aging provider for at least 3 years</b>	
<b>Currently an Alliance For Aging provider for all services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (70 points)	
All Corrective Action Plans are resolved (60 points)	
Currently under a Corrective Action Plan (20 points)	
<b>Currently an Alliance For Aging provider for at least one service applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (65 points)	
All Corrective Action Plans are resolved (55 points)	
Currently under a Corrective Action Plan (15 points)	
<b>Currently an Alliance For Aging provider, but not providing any services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (60 points)	
All Corrective Action Plans are resolved (50 points)	
Currently under a Corrective Action Plan (10 points)	

<b>Current Alliance for Aging provider for less than 3 years</b>	
<b>Currently an Alliance For Aging provider for all services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (60 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (50 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (10 points)	<input type="checkbox"/>
<b>Currently an Alliance For Aging provider for at least one service applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (55 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (45 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (5 points)	<input type="checkbox"/>
<b>Currently an Alliance For Aging provider, but not providing any services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (50 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (40 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>

<b>Former Alliance for Aging provider within the past 3 years</b>	
<b>Former provider for all services applied for under this Title</b>	
Was not under Corrective Action Plan in past 3 years (60 points)	<input type="checkbox"/>
All Corrective Action Plans were resolved (50 points)	<input type="checkbox"/>
Corrective Action Plan is unresolved (10 points)	<input type="checkbox"/>
<b>Former Alliance For Aging provider for at least one service applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (55 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (45 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (5 points)	<input type="checkbox"/>
<b>Former Alliance For Aging provider, but not providing any services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (50 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (40 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>

<b>Current provider for at least 3 years- Not an Alliance for Aging provider during the last 3 years</b>	
<b>Currently provider to elders for all services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (60 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (50 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (10 points)	<input type="checkbox"/>
<b>Currently provider to elders for at least one service applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (55 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (45 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (5 points)	<input type="checkbox"/>
<b>Currently provider for all services applied for under this Title, but not to elders</b>	
Not under Corrective Action Plan in past 3 years (50 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (40 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently provider for at least one service applied for under this Title, but not to elders</b>	
Not under Corrective Action Plan in past 3 years (45 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (35 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently a provider, but not providing any services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (40 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (30 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>

<b>Current provider for more than 1 year but less than 3 years- Not an Alliance for Aging Provider during the last 3 years</b>	
<b>Currently a provider to elders for all services applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (40 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (30 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently a provider to elders for at least one service applied for under this Title</b>	
Not under Corrective Action Plan in past 3 years (35 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (25 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently a provider for all services applied for under this Title, but not to elders</b>	
Not under Corrective Action Plan in past 3 years (35 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (25 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently a provider for at least one service applied for under this Title, but not to elders</b>	
Not under Corrective Action Plan in past 3 years (30 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (20 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>Currently not providing any services applied for under this Title as a provider</b>	
Not under Corrective Action Plan in past 3 years (25 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (15 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>

<b>Less than 12 months experience as a provider</b>	
<b>Currently a provider to elders for at least one service applied for under this Title</b>	
Not under Corrective Action Plan (15 points)	<input type="checkbox"/>
All Corrective Action Plans are resolved (10 points)	<input type="checkbox"/>
Currently under a Corrective Action Plan (0 points)	<input type="checkbox"/>
<b>New Provider (5 points)</b>	<input type="checkbox"/>

Item	Checked
<b>V.A. Description of Organizational Capability</b>	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. Applicant submitted a copy of its organizational chart. Job descriptions for staff involved in the OAA Program were included in the applicant's proposal. It is clear from these documents that proper lines of supervision and adequate staffing are in place.	
2. Applicant submitted job descriptions for all staff involved in the management of this contract.	
3. A copy of the most recent audited financial statements and compliance reporting package was submitted. There were no significant findings or questioned costs and all recommendations made by the independent auditor to improve internal controls were addressed (if currently receiving over \$500,000 of public support). If applicant is currently receiving less than \$500,000 of public support, a compilation of the financial statements or corporate tax return will suffice	
4. A current roster of the applicant's Board of Directors.	
5. A copy of applicant's corporate by-laws was included. The bylaws provide for adequate Board oversight.	
6. A certificate of insurance was included in the applicant's proposal. Coverage is adequate.	
7. A copy of the applicant's continuing operations plan (COOP).	
8. A signed assurance of CIRTIS reporting ability and compliance.	
9. A signed assurance of ARC reporting ability and compliance.	
10. A signed agreement to comply with 2009 handbook requirements.	
The Component score is the number of checks in this section (0-10)	

<b>Program Module Score (0 – 200 points) = sum of:</b> Component 1 (0 to 40 points): Component 2 – Mean of Reviewers Score (0 to 40 points): Component 3 – Mean of Reviewers Score (0 to 40 points): Component 4 (0 to 70 points): Component 5 (0 to 10 points):	

**B. Proposal Evaluation Instrument for Part B (Fiscal Module) To Be Completed by a staff member of the Alliance’s department of finance and planning**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Service Offered	Proposed OAA Funded (Total \$)	Anticipated All Other Sources (Total \$)	Proposed Adjusted OAA Units	Proposed OAA Adjusted Unit Rate	Maximum Allowed Rate
<b>In Home Services/Supportive Services:</b>					
Adult Day Care					\$8.00
Chore					\$18.00
Companionship					\$5.00
Counseling (Gerontological)					\$60.00
Education/Training					\$128.00
Emergency Alert Response					
Install					\$95.00
Maintenance					\$1.30
Escort					\$15.00
Home Health Aide					\$18.00
Homemaker					\$18.00
Housing Improvements					*
Material Aid					*
Personal Care					\$18.00
Recreation					*
Shopping Assistance					\$10.00
Specialized Medical Equipment and Supplies					*
Telephone Reassurance					\$1.00
<b>Access:</b>					
Screening and Assessment					
Transportation					
<b>Legal Assistance</b>					
Legal Assistance					

For each service with a value under “Maximum Allowed Rate,” calculate fiscal score by the following:

Lowest Proposed OAA Adjusted unit rate: 75 points

Second Lowest Proposed OAA Adjusted unit rate: 70 points

Third Lowest Proposed OAA Adjusted unit rate: 65 points, And so on to

Fifteenth Next Lowest Proposed OAA Adjusted unit rate: 5 points.

Ties will receive the same points. Proposed OAA Adjusted unit rates above the maximum allowed rate are not considered. (0-75)

For each service, calculate leverage score by the following equation:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$ , with a maximum score of 25 points. (0-25)

For each service with a value under “Maximum Allowed Rate,”

Total Fiscal Module Score (per service) = Fiscal score + Leverage score (0-100)

For each service with a star (\*) under “Maximum Allowed Rate,”

Total Fiscal Module Score (per service) = 4 x Leverage score (0-100)

Final Score (per service) = Program Module Score (constant for all services) + Fiscal Module Score (per service).

**Ties:**

For each service with a value under “Maximum Allowed Rate,” ties in a Final Score will be awarded based on the Fiscal Module score

For each service with a star (\*) under “Maximum Allowed Rate,” ties in a Final Score will be awarded based on Program Module score.

Applicant Score Sheet

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	4 X Leverage Score	Final Score Sum of Scores
Adult Day Care					
Chore					
Companionship					
Counseling (Gerontological)					
Education/Training					
EAR Install					
EAR Maintenance					
Escort					
Home Health Aide					
Homemaker					
Personal Care					
Shopping Assistance					
Telephone Reassurance					
Transportation					
Legal Assistance					
Housing Improvements					
Material Aid					
Recreation					
Specialized Medical Equipment and Supplies					

# 8773230\_v1