

YOUTH SERVICES PROPOSAL EVALUATION FORM

CC-5-2026

CONTRACTOR'S NAME: _____

PROGRAM AREA: *Please Check*

_____ FAMILY NAVIGATOR - PARTNERS WITH FAMILIES

_____ JUVENILE FAMILY CRISIS INTERVENTION UNIT

_____ ADOLESCENT EARLY INTERVENTION SERVICES

TOTAL POINTS (140 per program area for Family Navigator and Juvenile Family Crisis Intervention Unit, and 110 for Adolescent Early Intervention Services)

_____ **Total Points**

REVIEWER: _____

GENERAL CRITERIA (40 POINTS) POINTS RECEIVED _____

	Poor	Fair	Good
Consistent with RFP Guidelines			
Consistent with Monmouth County Preferences and Criteria for Award			
Clearly states problem, intervention, goals, objectives, outcomes, and evaluation methods			
Reflects efficient service delivery of a quality standard and has limited administrative costs			
Subtotal	# of checks x 2 = _____	# of checks x 6 = _____	# of checks x 10 = _____

BUDGET (30 POINTS)

POINTS RECEIVED _____

	Poor	Fair	Good
Ability to manage fiscal aspects of program			
Reasonableness of budget related to anticipated results			
Evidence of resources, space, facilities and equipment			
Ratio of general and administrative costs to total costs			
Basis for calculating program expenses			
Evidence of fiscal commitment to proposed program			
Subtotal	# of checks x 1 =	# of checks x 3 =	# of checks x 5= =

COMMENTS _____

STRENGTHS _____

WEAKNESSES _____

RECOMMENDATION _____

Signature of Reviewer _____ **Date** _____