

MONMOUTH COUNTY DIVISION OF BEHAVIORAL HEALTH
DRUG ADDICTION RECOVERY SUPPORT SERVICES
 (RFP FOR COUNTY FUNDS)
APPLICATION EVALUATION FORM

Contractor: _____ Total Points: _____

(Minimum= 40; Maximum= 200)

Modality: _____

Proposed Services: _____

Reviewer: _____ Date: _____

	Poor (2)	Fair (4)	Good (6)	Very Good (8)	Excellent (10)	Weight	Total
<u>Description of Services</u>						X3	
<u>Brief Personnel Descriptions</u>						X2	
<u>Quality Assurance/Evaluation</u>						X2	
<u>Project Management</u>						X2	
<u>Service Profile/Proposed Level of Services</u>						X4	
<u>Outcome Goals</u>						X3	
<u>Collaboration and Partnership</u>						X2	
<u>Expenses</u>						X2	
TOTALS							

COMMENTS: