

Albany County, New York
ARPA Workforce Development Grant Program
Scoring Rubric

Applicant Name: **Capital Behavioral Health Collaborative**

1. Applicant Capability and Experience

| | Excellent 4 Points | Good 3 Points | Somewhat 2 Points | Poor 1 Points | Not Included 0 Points | Reviewer Comments |
|--|-----------------------|------------------|----------------------|------------------|--------------------------|----------------------|
| - The organization demonstrates experience in providing the services they are requesting funding for to the identified target population - The organization appears to have the organizational structure in place to sufficiently meet program and reporting requirements | | | | | | |

2. Project Need

| | Excellent 4 Points | Good 3 Points | Somewhat 2 Points | Poor 1 Points | Not Included 0 Points | Reviewer Comments |
|--|-----------------------|------------------|----------------------|------------------|--------------------------|----------------------|
| Identifies Skill Gaps: - Clearly outlines the nature of the workforce needs the project will address. - Clearly explains why this need is not met currently by other means. - Explains how the issue impacts the County. - Explains how the need can be mitigated with short- to medium-term training. Scope of Skills Gap: - Clearly identifies the magnitude of the skills gap. Is the issue limited to a single employer or does it effect multiple employers in an industry sector, a geographic region, the state, or the nation? | | | | | | |

3. Outside Funding / Financial Sustainability

| | Excellent 4 Points | Good 3 Points | Somewhat 2 Points | Poor 1 Points | Not Included 0 Points | Reviewer Comments |
|---|-----------------------|------------------|----------------------|------------------|--------------------------|----------------------|
| - The proposal articulates a plan by which funded activities will have a sustained impact after The funding period ends - The budget and financial narratives are clear, detailed, reasonable and The cost is a proportional investment related to project outcomes for The trainees, The employer(s),and The County - Proposal includes a funding match or combines with multiple other sources of outside funding | | | | | | |

4. Project Readiness / Ability to Meet Timeline

| | Excellent 4 Points | Good 3 Points | Somewhat 2 Points | Poor 1 Points | Not Included 0 Points | Reviewer Comments |
|---|-----------------------|------------------|----------------------|------------------|--------------------------|----------------------|
| Proposal includes specific, measurable, attainable, relevant, time-based goals and the applicant provides strong evidence or shows capacity and/or successful history of working with targeted populations. | | | | | | |

5. Project Impact

| | Excellent 4 Points | Good 3 Points | Somewhat 2 Points | Poor 1 Points | Not Included 0 Points | Reviewer Comments |
|---|-----------------------|------------------|----------------------|------------------|--------------------------|----------------------|
| -The plan for achieving the stated demand-driven outcomes is well supported with examples and data. -There is a plan for monitoring progress and achievements - Project include resources for long-term support - Narratives provide a deep insight of historical context and identify a negative impact realting to the COVID-19 pandemic | | | | | | |

CONFLICT OF INTEREST ACKNOWLEDGEMENT

I understand my role as a member of this [subcommittee name] proposal evaluation team and acknowledge that I have been informed of and understand the content, requirements and expectations of the County's conflict of interest policy, particularly how it relates to the allocation of Federal funds under the American Rescue Plan Act of 2021. I am make the following declaration in good faith.

Please select one of the following two options:

OF INTEREST
 I have no actual, potential or perceived conflict of interest in relation to this procurement process and my role as a member of the Economic Growth and Recovery Subcommittee proposal evaluation team and I undertake to carry out my duties with the highest degree of objectivity and integrity.

CONFLICT OF INTEREST
 I have a conflict of interest (Select type below):

Actual

This is an existing conflict of interest, for example: you have a close relative who is a director of one of the firms that has submitted a bid/proposal.

Potential

This is a conflict of interest that is about to happen or could happen, for example: you or a close relative is in the process of being hired by, or acquiring part or full ownership of a firm that has submitted a bid/proposal.

Perceived

This is a conflict of interest which might be reasonably perceived by others as compromising a person's objectivity, for example: you have a close personal friendship with a director of one of the firms that has submitted a bid/proposal.

In the space provided below, please describe the circumstances giving rise to the conflict of interest:

Reviewer Name:

Reviewer Signature:

Date of Review:

The Below Section Has Been Completed by the County's External ARPA Consultant

| | YES/NO | COMMENT |
|--|--------|---------|
| The Application is Substantially Complete | Yes | |
| The Application Address a Negative COVID-19 Impact | Yes | |
| The Application Responds to the Identified Negative Impact | Yes | |
| The Proposed Project Appears to be an Eligible Use of ARPA Aid | Yes | |
| The Proposed Project Appears to Meet County Requirements | Yes | |