

**Social Services Notice of Funding Opportunity (NOFO) Applicant Evaluation
System Diversion, Homelessness Prevention & Rapid Re-Housing
2017-2018 & 2018-2019**

Applicant: _____		Qualification met or submitted	Not met or submitted	Documentation Required	INTERNAL RISK ASSESSMENT Internal assessment of applicant's ability/capacity to manage funding, program and reporting requirements.									
Applying for: <input type="checkbox"/> System Diversion <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Rapid Re-Housing					Low	<input type="checkbox"/>								
Total Request: \$ _____					Medium	<input type="checkbox"/>								
Year 1, 2017-2018: \$ _____					High	<input type="checkbox"/>								
Year 2, 2018-2019: \$ _____					Unacceptable	<input type="checkbox"/>								
ELIGIBILITY = 25 points total				REVIEW NOTES:										
4.1 No fees charged for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.2 Insurance - proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.3 No vehicles provided by County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.4 Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.5 ADA Accessible Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.6 Non-Discrimination Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.7 HMIS Policy & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.8 Financial/Demographic Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.9 Compliance with Funding Agencies & County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.10 Oregon Secretary of State Registry - proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.11 Criminal Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.12 Past Contract Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4.13 Press Releases/211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
APPLICATION = 75 points total														
6.1 Cover Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.2 Narrative/Experience = 25 points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.2.2 Approach to Work = 10 points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.2.3 References = 15 points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.3 Budget & Output Template = 25 points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.4 Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6.4 Electronic copy submitted by due date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Budget Comments:														
Additional financial resources for consideration:														
Additional Documentation Required or Other Comments:														
Minimum Points Required for Award: _____				Total Eligibility + Application Points: _____ /100 points										
Staff Recommendation:														
<input type="checkbox"/> Additional documents required to receive award <input type="checkbox"/> Deny: Applicant did not meet qualifications <input type="checkbox"/> Estimated Award Year 1: \$ _____ <input type="checkbox"/> Estimated Award Year 2: \$ _____ <input type="checkbox"/> Re-evaluate application for Year 2														
Staff Review Panel:														
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td align="center">Staff Name</td> <td align="center">Staff Name</td> <td align="center">Staff Name</td> <td align="center">Date</td> </tr> </table>											Staff Name	Staff Name	Staff Name	Date
Staff Name	Staff Name	Staff Name	Date											
Director Recommendation:														
<input type="checkbox"/> Approve <input type="checkbox"/> Deny Director Signature: _____ Date: _____														

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Per County –Agency Contract Terms, submit a Certificate of Insurance showing minimum coverage requirements below:

1. **Certificate Holder** Instruct your insurance agent to place the following into the ‘Certificate Holder’ area on their Certificate of Insurance (COI) Form, and to not include specific names in that area:

*Clackamas County
2051 Kaen Rd., #290
Oregon City, OR 97045*

2. **Additional Insured Provision.** The insurance, other than Professional Liability, Workers’ Compensation, and Personal Automobile Liability insurance, shall include “Clackamas County, its agents, officers, and employees” as an additional insured. Under the ‘Description of Operations’ on the COI, the following language should be listed applying to General Liability. This can also be checked-off at the top of the COI in the ‘ADDL INSR’ column for General Liability:
Clackamas County, its agents, officers, and employees are additional insured.

3. **Commercial General Liability Insurance** Required by COUNTY
AGENCY shall obtain, at AGENCY’s expense, and keep in effect during the term of this contract, Commercial General Liability Insurance covering bodily injury and property damage on an “occurrence” form in the amount of not less than \$1,000,000 per occurrence/\$2,000,000 general aggregate for the protection of COUNTY, its officers, commissioners, and employees. This coverage shall include Contractual Liability insurance for the indemnity provided under this contract. This policy(s) shall be primary insurance as respects to the COUNTY. Any insurance or self-insurance maintained by COUNTY shall be excess and shall not contribute to it.

4. **Commercial Automobile Insurance** Required by COUNTY
AGENCY shall also obtain, at AGENCY’s expense, and keep in effect during the term of the contract, “Symbol 1” Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.

5. **Professional Liability Insurance**
AGENCY agrees to furnish COUNTY evidence of Professional Liability Insurance in the amount of not less than \$1,000,000 combined single limit per occurrence/ \$2,000,000 general annual aggregate for malpractice or errors and omissions coverage for the protection of COUNTY, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use thereof, and damages because of negligent acts, errors and omissions in any way related to this contract. COUNTY, at its option, may require a complete copy of the above policy.

6. **Tail Coverage.** If liability insurance is arranged on a “claims made” basis, “tail” coverage will be required at the completion of this contract for a duration of thirty-six (36) months or the maximum time period the AGENCY’s insurer will provide “tail” coverage as subscribed, or continuous “claims made” liability coverage for thirty-six (36) months following the contract completion. Continuous “claims made” coverage will be acceptable in lieu of “tail” coverage, provided its retroactive date is on or before the effective date of this contract.

7. **Cross-Liability Clause.** A cross-liability clause or separation of insureds condition will be included in all general liability, professional liability, and errors and omissions policies required by this contract.

8. **Workers’ Compensation.** All subject employers working under this agreement must either maintain workers’ compensation insurance as required by ORS 656.017, or qualify for an exemption under ORS 656.126. AGENCY shall maintain employer’s liability insurance with limits of \$500,000 each accident, \$500,000 disease each employee, and \$500,000 each policy limit.