

APPENDIX D

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RFA# 16-20: Enrollment Assistance Program Services

Key Personnel Reference Questionnaire

The Pennsylvania Department of Human Services (DHS) has identified Key Personnel for RFA# 16-20 Enrollment Assistance Program Services. You have been identified as a reference for an individual proposed in the RFA. As such, we are requesting you complete the attached questionnaire.

Definitions:

- “Applicant”:** The entity submitting an application in response to RFA# 16-20
- “Sub-contractor”:** An entity included in the Applicant’s application to whom the Applicant intends to sub-contract
- “Key Personnel”:** For purposes of RFA# 16-20, Key Personnel are the managers/executives responsible for the oversight of the day-to-day operations of the agency. As defined in RFA Section III-3.C.2, Personnel, these Key Personnel are: the Pennsylvania Program Manager, Pennsylvania Financial Analyst, Pennsylvania Systems Analyst and Designated Backup, Operations Manager(s), and Enrollment Center Manager.
- “Reference”:** The entity providing the reference information

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Key Personnel Reference Questionnaire

The Pennsylvania Department of Human Services appreciates your participation

Your specific responses and comments will be held in strictest confidence

Applicant/Subcontractor Organization where the Key Personnel Individual is/was employed:

Applicant/Subcontractor's Key Personnel Individual about whom this information is provided:

Reference Organization:

Reference Contact Name & Title:

Reference Contact Signature:

Date:

How long has this individual had a Business Relationship with the Reference Organization?

Describe the Program Objectives.

Describe this individual's role in the program, the nature of the work this individual completed, and his/her total estimated hours worked on behalf of the Reference Organization.

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Rating Guideline	
Rating	Description
10, 9	Excellent
8, 7	Very Good
6, 5	Good
4, 3	Fair
2, 1	Poor

Please Rate this Individual's Performance in the Following Areas

Circle the Applicable Rating

Please explain ratings of 1, 2 or NA in the Comments section below.

Area	Rating	
1. Proficiency in Managing a Large Program	10 9 8 7 6 5 4 3 2 1	NA
2. Proficiency in Managing a Large Staff	10 9 8 7 6 5 4 3 2 1	NA
3. Proficiency in Problem Identification and Resolution	10 9 8 7 6 5 4 3 2 1	NA
4. Proficiency in Work Plan Development	10 9 8 7 6 5 4 3 2 1	NA
5. Knowledge of the Business Area(s) Addressed by Your Program	10 9 8 7 6 5 4 3 2 1	NA
6. Ability to Work with Staff Members from his/her Own Organization	10 9 8 7 6 5 4 3 2 1	NA
7. Ability to Work with Staff Members from Other Organizations	10 9 8 7 6 5 4 3 2 1	NA
8. Ability to Work with Your Management Team	10 9 8 7 6 5 4 3 2 1	NA
9. Ability to Work with Your Organization's Staff	10 9 8 7 6 5 4 3 2 1	NA
10. Written Communication Skills	10 9 8 7 6 5 4 3 2 1	NA
11. Verbal Communication Skills	10 9 8 7 6 5 4 3 2 1	NA
12. Ability to accept and complete new assignments	10 9 8 7 6 5 4 3 2 1	NA
13. Ability to Accept Changes in Direction or Assignments	10 9 8 7 6 5 4 3 2 1	NA
14. Flexibility and Ease to Work with when Accepting Direction	10 9 8 7 6 5 4 3 2 1	NA
15. Adherence to Established Procedures, Policies, and Methodologies	10 9 8 7 6 5 4 3 2 1	NA

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Area	Rating	
16. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	NA
17. How successful is/was this individual in accomplishing assigned projects?	10 9 8 7 6 5 4 3 2 1	NA
18. How successful is/was this individual in accomplishing your Program's goals?	10 9 8 7 6 5 4 3 2 1	NA
19. How successful was this individual in administering an enrollment assistance program?	10 9 8 7 6 5 4 3 2 1	NA
20. How would you rate this individual on their ability to accurately and timely submit reports?	10 9 8 7 6 5 4 3 2 1	NA
21. How successful is/was this individual in Completing Your Program Requirements in prescribed timeframes?	10 9 8 7 6 5 4 3 2 1	NA
22. How would you rate this individual on their ability to ensure financial stability of their organization and the proper distribution of funds allocated to that organization?	10 9 8 7 6 5 4 3 2 1	NA
23. How would you rate this individual on their knowledge of programs and services for persons with disabilities, including those with limited English proficiency or who have alternative communication needs?	10 9 8 7 6 5 4 3 2 1	NA
24. How would you rate this individual on their experience in overseeing field staff?	10 9 8 7 6 5 4 3 2 1	NA
25. How would you rate this individual's ability to manage risks and issues?	10 9 8 7 6 5 4 3 2 1	NA
26. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	NA
27. Would you recommend this Individual to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
28. Would you accept this Individual to work on future Contracts/Projects with your Organization? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA

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1) Please explain ratings of 1, 2 or NA (Indicate the number of each of the areas on which you are commenting);

2) Any Other Comments: