

## APPENDIX F

### RFA 24-11: Subsidized Child Care Program Services

#### *Corporate Reference Questionnaire*

**Purpose of this Questionnaire:**

To obtain feedback from the Applicant/Sub-grant Reference Contacts

**This questionnaire is to be completed by:**

The Applicant/Sub-grantee's Corporate Reference Contacts who receive this questionnaire.

**Definitions:**

**“Applicant”:** The entity submitting an application in response to RFA 24-11

**“Sub-grantee”:** An entity included in the Applicant's application to whom the Applicant intends to sub-grant

**“Reference”:** The entity providing the reference information

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**The Pennsylvania Department of Public Welfare appreciates your participation**

*Your specific responses and comments will be held in strictest confidence*

Applicant/Sub-grantee Organization about which this information is provided:

Reference Organization:

Reference Contact Name & Title:

Reference Contact Signature:

Date:

How long has the Applicant/Sub-grantee Organization had a Business Relationship with the Reference Organization? Provide names of individuals proposed to work on the DPW Project that worked in the Reference Organization's Program. Include the individual's role(s) & estimated hours each individual worked on the Reference Organization's Program: Describe the nature of the work the Applicant/Sub-grantee completed for the Reference Organization.

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

**Please Rate the Applicant/Sub-grantee’s Performance in the Following Areas**

**Circle the Applicable Rating**

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

<b>Area</b>	<b>Rating</b>	
1. If applicable, how successful was the Applicant at selecting capable sub-grantees who were able to provide value in support of the contract performance?	10 9 8 7 6 5 4 3 2 1	NA
2. If applicable, how successful was the Applicant/Sub-grantee in picking up the contract/project responsibilities during transition to the Applicant/Sub-grantee from your staff or other contractor(s)	10 9 8 7 6 5 4 3 2 1	NA
3. How successful was the Applicant/Sub-grantee in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	NA
4. How successful was the Applicant/Sub-grantee in delivering products/services without waiver or extensions?	10 9 8 7 6 5 4 3 2 1	NA
5. How successful was the Applicant/Sub-grantee in managing project scope?	10 9 8 7 6 5 4 3 2 1	NA
6. How successful was the Applicant/Sub-grantee in delivering according to the established timelines?	10 9 8 7 6 5 4 3 2 1	NA
7. How successful was the Applicant/Sub-grantee in managing the project within the original project budget?	10 9 8 7 6 5 4 3 2 1	NA
8. How successful was the Applicant/Sub-grantee in administering a human services program	10 9 8 7 6 5 4 3 2 1	NA
9. Applicant/Sub-grantee accurately and timely determined eligibility for a human services program	10 9 8 7 6 5 4 3 2 1	NA
10. Applicant/Sub-grantee issued timely payments to providers	10 9 8 7 6 5 4 3 2 1	NA
11. Applicant/Sub-grantee reasonableness in resolving conflicts or problems	10 9 8 7 6 5 4 3 2 1	NA
12. Applicant/Sub-grantee personnel demonstrated professionalism and the necessary experience/skill	10 9 8 7 6 5 4 3 2 1	NA

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<b>Area</b>	<b>Rating</b>	
13. Applicant/Sub-grantee cooperated and communicated successfully with your in-house staff, other contractors, subcontractors and customers	10 9 8 7 6 5 4 3 2 1	NA
14. Applicant/Sub-grantee satisfactorily handled personnel issues (e.g. conflicts, turnover, providing experienced/skilled replacements)	10 9 8 7 6 5 4 3 2 1	NA
15. Applicant/Sub-grantee was responsive in taking corrective actions to address problems (issues) that arose during the project	10 9 8 7 6 5 4 3 2 1	NA
16. Applicant/Sub-grantee 's attitude towards customer service	10 9 8 7 6 5 4 3 2 1	NA
17. Applicant/Sub-grantee's technical skills and knowledge	10 9 8 7 6 5 4 3 2 1	NA
18. Applicant/Sub-grantee's ability to perform required work in a complex state-wide eligibility system	10 9 8 7 6 5 4 3 2 1	NA
19. Applicant/Sub-grantee provides comprehensive and consistent counseling and referral services	10 9 8 7 6 5 4 3 2 1	NA
20. Applicant/Sub-grantee manages budgets in a manner that maximizes expenditures, available funds and encumbrances	10 9 8 7 6 5 4 3 2 1	NA
21. Applicant/Sub-grantee performs accurate and timely data entry	10 9 8 7 6 5 4 3 2 1	NA
22. Overall Applicant/Sub-grantee performance	10 9 8 7 6 5 4 3 2 1	NA
23. Overall Applicant/Sub-grantee quality of work and contract/project deliverables	10 9 8 7 6 5 4 3 2 1	NA
24. Would you recommend this Applicant/Sub-grantee to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
25. Would you use this Applicant/Sub-grantee in the future? (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: