

APPENDIX G

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RFA #17-18 Early Care and Education Professional Development Organizations

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 #17-18

“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 Human Resources 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 and discuss their specific qualifications and capacity to perform their work.

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

Circle the Applicable Rating

Please explain ratings of 1, 2 or N/A in the Comments section below.

Area	Rating	
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	N/A
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	N/A
3. How successful was the Applicant/Sub-grantee in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	N/A
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	N/A
5. How successful was the Applicant/Sub-grantee in managing project scope?	10 9 8 7 6 5 4 3 2 1	N/A
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	N/A
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	N/A
8. How successful was the Applicant/Sub-grantee in administering a human services program	10 9 8 7 6 5 4 3 2 1	N/A
9. Applicant/Sub-grantee accurately and timely determined eligibility for a human services program	10 9 8 7 6 5 4 3 2 1	N/A
10. Applicant/Sub-grantee issued timely payments to providers	10 9 8 7 6 5 4 3 2 1	N/A
11. Applicant/Sub-grantee reasonableness in resolving conflicts or problems	10 9 8 7 6 5 4 3 2 1	N/A
12. Applicant/Sub-grantee personnel demonstrated professionalism and the necessary experience/skill	10 9 8 7 6 5 4 3 2 1	N/A

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Area	Rating	
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	N/A
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	N/A
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	N/A
16. Applicant/Sub-grantee 's attitude towards customer service	10 9 8 7 6 5 4 3 2 1	N/A
17. Applicant/Sub-grantee's technical skills and knowledge	10 9 8 7 6 5 4 3 2 1	N/A
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	N/A
19. Applicant/Sub-grantee provides comprehensive and consistent counseling and referral services	10 9 8 7 6 5 4 3 2 1	N/A
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	N/A
21. Applicant/Sub-grantee performs accurate and timely data entry	10 9 8 7 6 5 4 3 2 1	N/A
22. Overall Applicant/Sub-grantee performance	10 9 8 7 6 5 4 3 2 1	N/A
23. Overall Applicant/Sub-grantee quality of work and contract/project deliverables	10 9 8 7 6 5 4 3 2 1	N/A
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	N/A
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	N/A

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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: