

**BEST START LA BABY-FRIENDLY HOSPITAL PROJECT**

**REQUEST FOR PROPOSALS (RFP)  
REVIEW TOOLS**

**Proposal:**\_\_\_\_\_

**LEVEL I REVIEW**  
(By Project Lead)

<b>ELIGIBILITY CRITERIA</b>	<b>MEETS CRITERIA</b>	<b>FAILS TO MEET CRITERIA*</b>
Hospital demonstrates buy-in (i.e., Board approval or letter from the hospital's CEO)		
Hospital's exclusive breastfeeding rate is below county average of 24.1% (data as of 2007)		

**\* Any failure to any eligibility criterion will render the applicant ineligible or disqualified.**

<b>Proposal Packet (Appendices)</b>	<b>Provided</b>	<b>Did Not Provide</b>
Appendix A: Proposal Package Checklist		
Table of Content		
Proposal Narrative		
Appendix B: Scope of Work		
Appendix C: Budget Request Forms		
Budget Narrative		
Appendix E: Signature Authorization Form		
Appendix F: Agency Involvement in Litigation and/or Contract Compliance Difficulties		
Commitment to Achieve and Maintain Baby-Friendly Hospital Designation (Appendix G)		
Proof of nonprofit status and/or appropriate business license		
Current Audited Financials		
By-Laws		
Articles of Incorporation (if applicable)		
List of Governing Body Members		