

# Attachment B: Grant Application Scoring Criteria

## Overview

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Rating Table

|  |  |
| --- | --- |
| Rating or Score | Description |
| Excellent **or 5** | Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses  |
| Very Good **or 4** | Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.  |
| Good **or 3** | Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.  |
| Marginal **or 2** | Lack of essential information; low probability for success; significant weaknesses, but correctable.  |
| Unsatisfactory **or 1** | Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.  |
| Blank/did not answer **or 0** | Did not answer the question or offered no response |

## Section C: (scored- 100 points)

Organizational History, Values and Capacity (20 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Provide a brief overview of the lead organization, including history, mission, services, and major programming.  | /5 |
| How has heart disease impacted the population you serve? | /5 |
| Describe how your organization has advanced equity for people from St. Paul’s Rondo and Capitol Heights neighborhoods | /5 |
| Who (staff, subcontractors, etc.) will do the work? What qualifications do they have? If you are working with other organizations or coalitions, describe who they are and what role they play in the project. | /5 |
| Total points for this section | /20 |

Project Narrative (30 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Provide a brief overview of the work you plan to do. This may include partners engaged, key activities or strategies highlighted from your workplan, and anticipated outcomes. | /5 |
| Select one or more categories that your project will focus on (see RFP-Section 2.2 Eligible Projects for examples of eligible focus areas for referral activities) Category 1: Social services and support that address at least one area of social determinants of health. Category 2: Culturally relevant supports for to improve heart health and reduce impacts of heart disease, hypertension and hypercholesterolemia. Category 3: Lifestyle change program for to improve heart health and reduce impacts of heart disease, hypertension and hypercholesterolemia. For the category(s) you selected above, describe how your organization will create or enhance existing community clinical linkagesto increase referrals to support adults with hypertension, high cholesterol, or other risk of cardiovascular disease. | /5X2= |
| Describe how your organization will sustain the linkage between clinic and community. | /5 |
| How will you know that your project was successful? | /5 |
| How will you ensure participation in activities proposed from the focus population this RFP intends to serve? | /5 |
| **Optional:** If you plan to work with a community health worker or patient navigator, please answer the question below. If not, skip to next question. Describe how your organization plans to work with a community health worker or patient navigator to connect community resources and clinic services. |  |
| Total points for this section | /30 |

Community Engagement and Collaboration (20 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Describe who and how you will collaborate with other organizations or partners to make a bidirectional referral and implement your project. Letter of support from collaborator is required. | /10 |
| How do you involve the population you serve in decision making? If you do not, how do you engage community members to ensure your activities are effective and inclusive? | /5 |
| Describe how your project proposal will align with at least one of the outcomes in [Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035](https://www.health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf). | /5 |
| Total points for this section | /20 |

Evaluation and Impact (10 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Describe how many participants/patients (in numbers) are expected to benefit from the project. | /5 |
| How do you plan on evaluating your project to assess if your project is meeting the goals and outcomes of your workplan? Create or enhanced existing linkage between clinic and community partner.* Increased referrals to one or more of the three categories to support adults with hypertension, high cholesterol, or other risk of cardiovascular disease.
* Improved understanding of social determinants of health and cardiovascular health in priority populations, particularly those that have faced historical health inequities.
* Aligned project with at least one of MN 2035 State Plan outcomes.
 | /5 |
| Total points for this section | /10 |

Workplan-(10 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Data, cultural considerations, lived experience or other evidence that methods are effective in focus populations. | /5 |
| Includes SMART goals, objectives, activities, responsible person, timeline. | /5 |
| Total points for this section | /10 |

Budget and Budget Justification – (10 points)

|  |  |
| --- | --- |
| Evaluation Criteria  | Score |
| Accuracy of proposed budget. | /5 |
| Budget narrative is consistent with the proposed objectives.  | /5 |
| Total points for this section | /10 |

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
Health.Heart@state.mn.us
[www.health.state.mn.us](http://www.health.state.mn.us/)