Minnesota Department of Health

# Application Evaluation Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

## Rating Levels

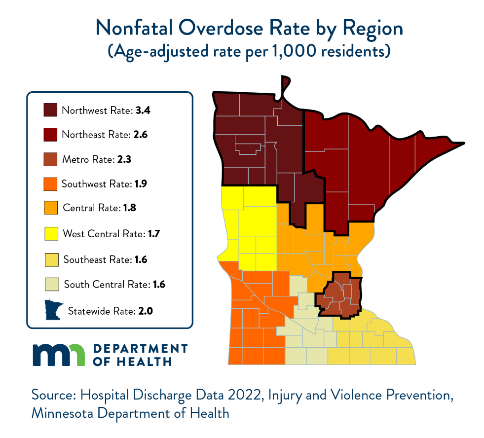
| Rating or Score | Description |
| --- | --- |
| Excellent or 5 | Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses. |
| Very Good or 4 | Substantial response: meets in all aspects and in some cases exceeds, 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. |

## Scoring Selection – Scored up to 100 points

| **Proposal Components** | **Possible Points** |
| --- | --- |
| 1. Attachment A - Executive Summary | 5 |
| 2. Attachment A – Organizational Capacity | 15 |
| 3. Attachment A – Project Design, Implementation, and Performance Measurement | 25 |
| 4. Attachment A – Equity, Target Populations, and Cultural Competence | 30 |
| 5. Attachment B - Workplan | 20 |
| 6. Attachment C - Budget | 5 |
| Total: | 100 points |

## Priority Populations/Geographical Areas:

* Areas of MN disproportionately impacted by overdose (**Northwest, Northeast, Metro**)   
  *\*see below map for the counties included in each region.*
* American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans
* Justice-involved Minnesotans
* People experiencing homelessness

  
**Nonfatal Overdose Rate by Region (age-adjusted per 1,000 residents)**  
Source: Hospital Discharge Data 2022, Injury and Violence Prevention, Minnesota Department of Health.  
Northwest Rate: 3.4; Northeast Rate: 2.6; Metro Rate: 2.3; Southwest Rate: 1.9; Central Rate: 1.8;   
West Central Rate: 1.7; Southeast Rate: 1.6; South Central Rate: 1.6; Statewide Rate: 2.0.

### Attachment A: Executive Summary (5 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The applicant organization clearly describes the following:   * Project goal(s) * Anticipated number of individuals to be served over the life of the project * Target population (score higher for priority populations) * Geographical are to be served (score higher for priority areas) * Intended project impact |  |

### Attachment A: Organizational Capacity (15 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The applicant organization clearly describes the following:   * History * Geographical reach, i.e., county, cities, region served (score higher for priority geographical locations) * Number of unduplicated people served by the applicant organization in 2022 * Demographics of those served in 2022 (score higher for priority populations) * Current staffing model |  |
| The applicant organization currently provides similar programming that is directly relatable to the goals related to this grant. They are well positioned to identify people who use drugs (PWUD) and experienced in providing support/navigation services/access to harm reduction services to PWUD. The applicant has the capacity to serve a high number PWUD. |  |
| The applicant demonstrates skill and experience of lead staff with experience providing the proposed services. |  |

### Attachment A: Project Design, Implementation, and Performance Measurement (25 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The applicant organization clearly outlines a plan to provide the proposed services. It includes a timeline and short- and long-term goals that include increasing the number of PWUD receiving support from a Navigator, increasing the number of referrals to evidence-based treatment and other services, and increasing the number of PWUD provided with harm reduction tools |  |
| The applicant organization demonstrates that they are well-positioned and have developed a clear and executable plan to identify PWUD that is trauma-responsive and person-centered. They have described how they will provide trauma-responsive and person-centered support and navigation services to PWUD. |  |
| The applicant demonstrates they are well-positioned to increase access to SUD-treatment, community resources, health services, harm reduction tools. The applicant demonstrates what resources they offer internally, and which will be offered via partnerships. The applicant organization demonstrates how they will utilize partnerships and community collaboration to provide navigation services to PWUD. They have or will have partnerships/collaborations in place to provide navigation to PWUD. The applicant organization has a plan to collaborate effectively with referrals pathways built from and/or to key systems and acute care settings\*. These collaborations/partnerships will support program outcomes of increasing access to evidence-based SUD treatment, harm reduction tools, and or other community resources.  *\*Acute care settings are only a requirement for the community-based organization category.* |  |
| The applicant organization has a clearly defined outcomes that are attainable during the 2-year grant period that are focused on the target population (not focused on what the organization will achieve). These outcomes are clearly aligned with the outcomes stated in the RFP (pages 9 and 10 of the RFP) under the category that the applicant is applying under. |  |
| The applicant has developed a plan to track qualitative and quantitative data. Project data aligns with the required project data identified in the RFP (pages 9 and 10 of the RFP). The applicant describes the process of how data will be collected and stored and any tools that will be used to support program data collection. The applicant has experience collecting and reporting similar data. |  |

### Attachment A: Equity, Target Populations, and Cultural Competence (30 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The applicant has identified a focus population(s) and/or a geographical region at higher risk for non-fatal overdose.   * Areas of MN disproportionately impacted by overdose (**Northwest, Northeast, Metro**) * American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans * Justice-involved Minnesotans * People experiencing homelessness |  |
| The applicant demonstrates skills and experience providing culturally responsive services to the focus population(s) being served or that will be served. |  |
| The applicant has clearly laid out a plan to ensure culturally responsive services will be provided under this grant project. The applicant’s proposed activities are aligned with the cultural practices and values of the intended service population. |  |
| The applicant demonstrates that they partner with the community they intend to serve to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. |  |
| The applicant has demonstrated that they can provide services in a language(s) other than English. These language skills are directly relatable to the target population. |  |
| The applicant shows a strong history of working to eliminate health disparities and advancing health equity for the identified focus population. |  |

### Attachment B: Work Plan (20 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The applicant organization has provided a clearly defined long-term goal(s) which establishes a connection between the problem/priorities and the applicant’s intentions. |  |
| The applicant organization has a clearly defined objectives which are attainable given then the project design. The objectives are clear, measurable, attainable, and achievable. The objectives are focused on PWUD (not focused on the organization will do). The objectives should pertain to what will happen within the target population, not what the organizations will “do”. |  |
| The applicant organization has demonstrated action steps (activities) that are comprehensive and clearly describe and how they will support the identified objectives. Included for each activity is a description of the anticipated outcome and evaluation measures (as applicable). Applicant also includes expected timeline and staff/partners who will be involved in the activity. |  |
| The applicant organization has embedded evaluation into the workplan to evaluate the impact of the proposed project and collect the required data tracking requirements. |  |

### Attachment D: Budget Spreadsheet (5 Points)

| Criteria | Score (1 -5) |
| --- | --- |
| The budget detail and justification/narrative are clear and provides a description of how funds will be used for the grant period. The expenses will contribute to the project goal(s). The expenses included in the budget detail and justification supports activities outlined in the work plan. The narrative detail in the budget provides detail of how the budget numbers were determined. The expenses are eligible (pages 10 and 11 of the RFP). |  |