Application Scoring Rubric for Community-Based Organizations

Applicant Name:

Total Application Score	/128

Minimum Required Application Components

*If the applicant does not meet all the minimum requirements in the two tables below, consider the applicant ineligible and do not score application.

Did the applicant submit all required documents?	
Grant Application Packet (Yes/No)	
Budget Workbook (Yes/No)	

Did the applicant include the following components in their application?	
Did the applicant apply for at least two (2) Required Activities? (Yes/No)	
Did the applicant show that at least 60% of proposed activities are for direct client services? (Yes/No)	

One-Time Enhancement & Naloxone Questions

Applicant requested One-Time Enhancement (Yes/No) *If yes, score the One-Time Enhancement question below	
Applicant requested funds for naloxone purchase (Yes/No)	

*The scores for this section will be compared between the applicants that opted to apply for a One-Time Enhancement.

One-Time Enhancement Total:	/12
Question: If you are requesting a One-Time Enhancement, please describe how you will use the extra, non-renewable funds to support a time-limited project or to build capacity for your proposed long-term projects. ****Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.***	
Applicant described the activities and interventions that they will fund using the One-Time Enhancement funds.	/3
The proposed activities and interventions aim to support a time-limited project or build capacity for their proposed long-term projects.	/3
Applicant described how the One-Time Enhancement will meet the needs of their community and the populations they aim to serve.	/3
Applicants budget components for the One-Time Enhancement are reasonable and realistic.	/3
Reviewer Comments (does applicant need to provide more information about something?):	

Additional Points Available

*Questions located under "Health Equity" section in Application Packet

Additional Points Total:	/12
Reviewer Comments:	

5. Do you consider your organization to be run by and for the communities that you serve? If yes, please describe how your organization is representative of the focus populations that you serve. (For example, does your organization have leadership and staff that can identify with the communities that you serve and the challenges that they face?)	Total /6
Applicant noted that they do consider their organization to be run by and for the communities they serve. No = 0 points and skip to next question Yes = 3 points and score the following:	/3
Applicant describes how their organization is representative of the focus populations that they serve	/3
Reviewer Comments:	

7. Does your organization have a demonstrated history of existing relationships with the populations you aim to serve? If yes, please describe this history.	Total /6
Applicant noted that they do have a demonstrated history of existing relationships with the populations they aim to serve No = 0 points and skip to next question Yes = 3 points and score the following:	/3
Applicant describes the history of their existing relationships with the populations they aim to serve	/3
Reviewer Comments:	

Budget Questions

*Please refer to the applicant's submitted budget workbook to answer the following questions.

Budget Questions Total: *Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.*	/9
Applicant provides calculations for all line-item costs in the "Budget Justification" tab (Yes/No)	/3

Applicant's written justifications for line-item costs in the "Budget Justification" tab mirror the activities mentioned in the application workplan (Yes/No)	/3
Costs are reasonable and realistic for implementing the activities proposed in the application workplan (Yes/No)	/3
Reviewer Comments (does applicant need to provide more information about something?):	

Narrative Questions

Section I, II, and III Total:	/63
Reviewer Comments:	

Section I: Data to Action Framework

Section Total	/12
Reviewer Comments:	

1. Please share which populations you aim to serve through activities funded under this grant. If you aim to serve populations not identified by DOH, how did you determine that these populations were a priority for your program? ***Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.***	Total /6
Applicant listed populations they aim to serve.	/3
If choosing populations not identified by DOH, applicant described why the population was determined to be a priority.	/3
Reviewer Comments:	

2. Please share what regions you aim to serve through activities funded under this grant. How did you identify these regions as a priority for your program? ***Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.***	Total /6
Applicant listed the regions they aim to serve.	/3
Applicant described why they identified the listed regions as a priority.	/3
Reviewer Comments:	

Section II: Partnerships

Section Total	/18
Reviewer Comments:	

3. Please list organizations and groups that you consider to be your community partners. How do you maintain collaboration and communication with these partners?	Total /9

Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.	
Applicant listed groups and organizations that they consider partners.	/3
Applicant shared that they maintain collaboration and communication with partners.	/3
Applicant demonstrated that they communicate routinely with partners.	/3
Reviewer Comments:	

4. Programs should continuously integrate feedback and suggestions from program participants when planning and implementing interventions. Please share how your program will solicit feedback from and foster shared decision-making among program participants. *Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.*	Total /9
Applicant confirmed that they plan to solicit feedback/suggestions from program participants.	/3
Applicant described how they will continuously integrate feedback/suggestions from program participants when planning/implementing interventions.	/3
Applicant described how they will foster shared decision-making among program participants.	/3
Reviewer Comments:	

Section III: Health Equity

Section Total	/33
Reviewer Comments:	

5. Please describe your community's need and how your proposal will fill a resource or service gap. *Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.*	Total /9
Applicant noted a gap in overdose prevention resources and services in their community.	/3
Applicant described the community need for resources and services.	/3
Applicant described how their proposal will fill a resource and/or service gap.	/3
Reviewer Comments:	

6. Please share how your program will tailor activities and interventions to be culturally sensitive and responsive to the changing needs of the communities and priority populations you identified. *Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.*	Total /6

Applicant described how they will tailor activities and interventions to be culturally sensitive.	/3
Applicant described how the implementation of their activities and interventions will be responsive to the changing needs of communities and priority populations.	/3
Reviewer Comments:	

7. Please share any other equity considerations that your organization will incorporate into your program planning, implementation, and tracking. ***Assign points between 0-3 based on the level of detail applicant described in response to each aspect of the question.***	Total /9
Applicant described how they will ensure their program planning is equitable	/3
Applicant described how they will ensure their program implementation is equitable	/3
Applicant described how they will ensure their program tracking is equitable	/3
Reviewer Comments:	

Workplan Questions

Workplan Questions Total:	/44
Reviewer Comments:	

Non-Scored Workplan Questions	
Which 2 Required Activities did the apply for? (list the #, ex. 6.1.1 & 9.2.1)	
If applicant applied for Required Activities beyond the required two (2), how many additional Required Activities did they apply for?	
Which additional Required Activities did they apply for? (list the #)	
Did applicant apply for any Optional Activities?	
If yes, which Optional Activities did they apply for? (list the #)	
Reviewer Comments:	

Clinician/Health System Engagement

Section Total:	Total /11
Applicant described details of implementation for Q1	/1
Applicant described milestones they will meet in Q1	/1
Applicant described details of implementation for Q2	/1
Applicant described milestones they will meet in Q2	/1
Applicant described details of implementation for Q3	/1
Applicant described milestones they will meet in Q3	/1
Applicant described details of implementation for Q4	/1
Applicant described milestones they will meet in Q4	/1
Applicant listed population(s) of focus	/1
Applicant shared which partners will be involved in activity implementation	/1
Applicant listed desired outcome	/1
Reviewer Comments:	

Washington State Department of Health
Overdose Data to Action in States
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Public Safety Partnerships/Interventions

Section Total:	Total /11
Applicant described details of implementation for Q1	/1
Applicant described milestones they will meet in Q1	/1
Applicant described details of implementation for Q2	/1
Applicant described milestones they will meet in Q2	/1
Applicant described details of implementation for Q3	/1
Applicant described milestones they will meet in Q3	/1
Applicant described details of implementation for Q4	/1
Applicant described milestones they will meet in Q4	/1
Applicant listed population(s) of focus	/1
Applicant shared which partners will be involved in activity implementation	/1
Applicant listed desired outcome	/1
Reviewer Comments:	

Harm Reduction

Section Total:	Total /11
Applicant described details of implementation for Q1	/1
Applicant described milestones they will meet in Q1	/1
Applicant described details of implementation for Q2	/1
Applicant described milestones they will meet in Q2	/1
Applicant described details of implementation for Q3	/1
Applicant described milestones they will meet in Q3	/1
Applicant described details of implementation for Q4	/1
Applicant described milestones they will meet in Q4	/1
Applicant listed population(s) of focus	/1
Applicant shared which partners will be involved in activity implementation	/1
Applicant listed desired outcome	/1
Reviewer Comments:	

Community-Based Linkage to Care

Section Total:	Total /11
Applicant described details of implementation for Q1	/1
Applicant described milestones they will meet in Q1	/1
Applicant described details of implementation for Q2	/1
Applicant described milestones they will meet in Q2	/1
Applicant described details of implementation for Q3	/1
Applicant described milestones they will meet in Q3	/1
Applicant described details of implementation for Q4	/1
Applicant described milestones they will meet in Q4	/1

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Applicant listed population(s) of focus	/1
Applicant shared which partners will be involved in activity implementation	/1
Applicant listed desired outcome	/1
Reviewer Comments:	