Minnesota Department of Health

# Attachment A: SSP RFP Application Evaluation Criteria (Scoresheet)

## Increasing Access to Syringe Services Programs for People Experiencing Homelessness Request for Proposal

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 Table

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| **Score** | **Description** |
| **5 – Excellent** | Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses |
| **4 – Very Good** | Substantial response: meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses. |
| **3 – Good** | Generally meets minimum requirements; probability of success; significant weaknesses, but correctable. |
| **2 – Marginal** | Lack of essential information; low probability for success; significant weaknesses, but correctable. |
| **1 - Unsatisfactory** | Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable. |

## Scoring – Scored up to maximum of 80 points

### Form E Program Application Narrative Questions: (70 possible points)

| Program Organizational Capacity Narrative (20 Points) | |
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| Criteria | Score (1-5 points) |
| 1. The application describes:  * Organizational background including mission and major programming, geographical and other service specific areas, populations currently served, wraparound services, etc. |  |
| 1. The application describes:  * Organizational structure and administrative capacity, including executive management and involvement of board members (if applicable), the expertise of the agency’s board members (if applicable). |  |
| 1. The application describes:  * How the organization embeds the principles of harm reduction in policy and programming and provides examples of how these principles are reflected in policy, programming, and staffing using specific examples.   + If applying to expand SSP services to serve PEH/PEHI, the applicant describes experience providing harm reduction programming, including syringe services programming, HIV/HCV, and other harms associated with drug use.   + If applying to establish SSP services within an existing program, applicant describes the organization’s experience providing direct services to PWID/PWUD and PEH/PEHI. |  |
| 1. The application describes:  * How the agency provides oversight of administrative, fiscal, and programmatic aspects of government grants and/or other funding sources. If currently providing HIV prevention and/or services, describe your sources of funding and how your proposed programming will be monitored for avoidance of funding duplication |  |

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| Program Design and Implementation Narrative (30 points) | |
| **Criteria** | **Score (0 or 5 points)** |
| The applicant selected one of the following subpopulations:  American Indian PWID/PWUD (5 points)  Black PWID/PWUD (5 points)  Other PWID/PWUD (0 points) |  |
| **Criteria** | **Score (1-5 points)** |
| 1. The application summarizes the proposed program (250 words or less). |  |
| 1. The applicant describes how the organization will conduct (including specific action steps) the required harm reduction/syringe services activities:  * Syringe and safer use supply/exchange (include distribution, collection, and disposal activities). * HIV and HCV testing and linkage to care. * Overdose prevention/response (distribution of test strips and overdose reversal kits). * Safer sex education and supply distribution and other applicable harm reduction activities (e.g., Wound care, sex worker support, hormone and other injectable support, etc.). |  |
| 1. The applicant describes how the organization will conduct (including specific action steps) the required harm reduction/syringe services activities:  * Describes data collection, tracking and storing (systems and forms used to collect/track data, and mentioned secured storage) * Describe how they use data you are required to collect for the purpose of evaluating the implementation of your program(s) and making changes and improvements to your program(s). |  |
| 1. The application describes:  * The duties, qualifications, and skills of each position (current or future) that will be involved in project administration and delivery of the proposed project. |  |
| 1. The applicant describes and identifies specific:  * Current or potential referral partners and collaborators for this program, both formal and informal, and describes the rational for referring to or collaborating with and roles and responsibilities they will have in this program. Referral/collaboration could include linkage to appropriate medical care (HIV/HCV/STD, wound care, MOUD or treatment for SUD, etc.) and other pertinent social services (legal aid, housing/shelter, food access, etc.) based on the populations the agency proposes to serve. |  |

| Health Equity Narrative (20 Points) | |
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| Criteria | Score (1-5 points) |
| 1. The application describes the various factors that create barriers to accessing syringe services and harm reduction programming for the priority populations of PWID/PWUD and PEH/PEHI and other priority populations. |  |
| 1. The application describes:  * Barriers to delivering syringe services and harm reduction programming to the priority populations of PWID/PWUD and PEH/PEHI. * How the harm reduction program will be inclusive to PWID/PWUD and PEH/PEHI and what activities the organization will undertake to reduce barriers. * If applying to serve Native American/American Indian PWID/PWUD and PEH/PEHI or Black/African American PWID/PWUD and PEH/PEHI, please highlight evidence and activities focused on those communities. |  |
| 1. The application describes:  * How the organization meaningfully involves people with lived/living experience and/or clients/populations served in the planning, design, and implementation of services. (Current and planned activities.) * How client feedback will be used to alter/improve services. |  |
| 1. The application describes:  * How staff, leadership, and board members are reflective of the populations your proposal purports to serve. * Plans to ensure or increase reflectiveness. |  |

### Forms F1 and F2: Budget Spreadsheet (10 possible points)

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| Criteria | Score (1-5 points) |
| 1. The budget detail and justification are clear and provide a description of how funds will be used during the grant period. |  |
| 1. The expenses included in the budget detail and justification support activities outlined in the work plan. |  |