Minnesota Department of Health

# Attachment A: Application Evaluation Scoring Criteria

Mpox Prevention Funding 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

|  |  |
| --- | --- |
| **Rating or 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 65 points

Form D Program Organizational Capacity Narrative (30 possible points)

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| --- | --- |
| **Criteria** | **Score (1-5 points)** |
| 1. The application describes:    1. Organizational background including mission and major programming.    2. Organizational structure and administrative capacity, including executive management, fiscal management, involvement of board members (if applicable), the expertise of the agency’s board members.    3. Staff responsible for program management, administrative/fiscal management, and information technology. |  |
| 1. The application describes:    1. How the organization prioritizes diversity, equity, and inclusion.    2. Specific examples such as initiatives, action steps, and policies in prioritizing diversity, equity and inclusion. |  |
| 1. The application describes:    1. How staff, leadership, and board members are representative of the communities served.    2. Plans for ensuring or increasing reflectiveness. |  |
| 1. The application describes:    1. Formal and informal relationships with other organizations, especially HIV/STD prevention providers, local health departments, medical clinics, and/or community-based organizations. |  |
| 1. The application describes:    1. How the organization involves clients in the planning, design, and implementation of services.    2. How the organization plans to implement continuous quality improvement. |  |
| 1. The application describes:    1. Experience providing prevention programs for individuals at high risk for mpox.    2. How the organization recruits and provides outreach to individuals who need services, are most vulnerable to mpox exposure, and/or live in different geographic areas.    3. How the organization works to reduce barriers to services. |  |

Form E: Program Activities Narrative (25 possible points)

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| **Criteria** | **Score (1-5 points)** |
| 1. The application summarizes the proposed program (250 words or less). |  |
| 1. The application describes:    1. How the organization will conduct the following required mpox activities as well as the specific action steps to do so.       1. Targeted mpox vaccinations       2. Active referral services       3. Access and rapid linkage to mpox medical care       4. Outreach and Health Education/Risk Reduction related to mpox diagnosis   Please reference Purpose and Goal of Mpox Prevention Funding section of RFP for a more detailed outline of these required activities. |  |
| 1. The application describes:    1. The priority population they plan to serve.    2. How the organization will ensure that the program is culturally, linguistically, and developmentally appropriate to the priority population.    3. Why the activities proposed will work for that priority population. |  |
| 1. The application describes:    1. Current or potential partners and collaborators for this program, both formal and informal.    2. Roles and responsibilities partners and collaborators will have in this program. |  |
| 1. The application describes:    1. How the organization will integrate health education, screening, risk reduction and referrals for other infections including STIs and hepatitis A, B, and C as relevant and appropriate. |  |

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. |  |

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To obtain this information in a different format, call: 651-201-5414.