Minnesota Department of Health

# Attachment D: Application Scoring Criteria Sexual Violence Prevention Grant Request for Proposals

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. There are 120 total possible points.

Applicants are encouraged to score their own application using the evaluation score sheet 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 = **5** | Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses. |
| Very Good = **4** | Substantial response; meets minimum requirements in all aspects and in some cases exceeds; no significant weaknesses. |
| Good = **3** | Generally meets minimum requirements; significant weaknesses, but correctable. |
| Marginal = **2** | Lack of essential information; low probability for success; significant weaknesses, but correctable. |
| Unsatisfactory = **1** | Fails to meet minimum requirements; needs major revision to make it acceptable. |
| Not answered = **0** | Did not answer the question or offered no response at all. |

## Section A: General information (unscored)

Did the applicant provide contact information, a brief project summary, and a funding request?

Yes

No

## Section B: Applicant history & capacity (30 possible points)

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| --- | --- |
| **Criteria** | **Score (1 – 5)** |
| 1a. Lead applicant’s history, mission, and major programming **align with and/or complement** the purpose of the grant proposal: to stop sexual violence from happening by promoting health equity. | (up to 5) |
| 1b. Lead applicant demonstrates **experience** with sexual violence prevention/services, and/or strengthening economic supports for individuals and families.  If the lead applicant does not have previous experience working on sexual violence, they have a plan to collaborate with a partner that can provide expertise related to sexual violence. | (up to 5) |
| 2a. Lead applicant demonstrates an **understanding** **and** **commitment** to promoting health equity[[1]](#footnote-1) by improving the conditions in which communities in Minnesota are born, live, learn, work, play, worship, and age.[[2]](#footnote-2) | (up to 5) |
| 2b. Lead applicant provides **examples** of how they have effectively incorporated health equity into their work. | (up to 5) |
| 3a. Lead applicant demonstrates a strong **understanding** of communities, populations, and/or geographic areas they plan to serve, including strengths, assets, and relevant history. | (up to 5) |
| 3b. Lead applicant’s **approach** to reaching communities, populations, and/or geographic areas is clear and feasible. | (up to 5) |
| Total score for this section (out of 30): | (up to 30) |

## Section C: Project narrative (35 possible points)

|  |  |
| --- | --- |
| **Criteria** | **Score (1 – 5)** |
| 4a. The project and activities proposed for the full 4.5-year grant period will **contribute** to sexual violence prevention and/or strengthening economic supports for individuals and families in Minnesota. | (up to 5) |
| 4b. The project and activities proposed for the full 4.5-year grant period are **clear** and **feasible** to accomplish. | (up to 5) |
| 5. The project and activities proposed for the first six months of the project are **clear** and **feasible** to accomplish. The plan for the first six months includes a **detailed timeline**. | (up to 5) |
| 6. The applicant provides an **explanation** of how and why they chose the proposed project and activities. Examples can include but are not limited to: prior experience implementing the intervention, community wisdom, and/or the intervention is evidence-based. | (up to 5) |
| 7. The applicant provides a **description of collaborators and partners** that will support and/or be a part of the project. | (up to 5) |
| 8. Staff working on the project will be **adequately supported** by the lead applicant to implement the proposed project and activities. | (up to 5) |
| 9. The applicant provides a **description of ideas** for evaluation activities to support the proposed project and activities. | (up to 5) |
| Total score for this section (out of 35): | (up to 35) |

## Section D: Grant Priorities (40 possible points)

|  |  |
| --- | --- |
| **Criteria** | **Score (1 – 5)** |
| 10. The proposed project and activities will **promote health equity** by improving the conditions in which communities in Minnesota are born, live, learn, work, play, worship, and age. (10 possible points) | (up to 5) x 2 |
| 11. The proposed project and activities will address **one or more** of the grant priority areas. The three priority areas are:   * Strengthen economic supports for individuals and families * Create protective environments * Promote social norms that protect against violence   Note: Applicants that address more than one grant priority area should NOT be scored higher than those that focus on one grant priority area. | 5 (Yes)  OR  0 (No) |
| 12. Proposed project and activities include strategies to work within the following level(s) of change:   * Community-level AND/OR societal-level change = 5 points * Individual-level change ONLY = 1 point | 5  OR  1 |
| 13. The proposed project and activities will **address one or more root causes** of sexual violence (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, colonialism, and more). (10 possible points) | (up to 5) x 2 |
| 14. The applicant has a **clear plan** to implement the proposed project and activities in a way that will honor the **intersectionality** identities/communities experiencing unique overlapping inequities in the communities/populations they plan to serve. (10 possible points) | (up to 5) x 2 |
| Total score for this section (out of 40): | (up to 40) |

## Budget (15 possible points)

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| --- | --- |
| **Criteria** | **Score (1 – 5)** |
| The proposed six-month budget includes a clear and reasonable description of how funds will be used during the first six months of the grant (August 2024 – January 2025). The six month budget equals no more than 50% of the proposed annual budget. | (up to 5) |
| The proposed annual 12-month budget includes a clear and reasonable description of how funds will be used each year during the later four years of the grant (February 2025 – January 2029). | (up to 5) |
| The requested level of funding is reasonable and justified for the proposed project and activities. | (up to 5) |
| Total score for this section (out of 15): | (up to 15) |

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03/18/2024

To obtain this information in a different format, call: 651-201-5484.

1. **Health equity** is defined by the Centers for Disease Control and Prevention (CDC) as: the state in which everyone has a fair and just opportunity to attain their highest level of health. For more information on health equity, visit the CDC’s Office of Health Equity (OHE) website: [What is Health Equity? (https://www.cdc.gov/healthequity/whatis/index.html)](https://www.cdc.gov/healthequity/whatis/index.html). [↑](#footnote-ref-1)
2. This is also known as **addressing social determinants of health (SDOH). SDOH** are defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For more information on SDOH, visit the Healthy People 2030 website: [Social Determinants of Health (https://health.gov/healthypeople/priority-areas/social-determinants-health)](https://health.gov/healthypeople/priority-areas/social-determinants-health) [↑](#footnote-ref-2)