DEPARTMENT OF HEALTH

Evaluation Criteria for Component B

The review criteria include, but may not be limited to, the items listed below.

1. The thoroughness and clarity of the application. (*Maximum score=10*)

- a. Grant Application Form is completed and signed.
- b. The application is clear and concise.
- c. The application is complete and follows the prescribed format.

2. Applicant Information (Maximum score=20)

- a. A description of the service area and service area population is included.
- b. The applicant's populations served, and services provided are described.

3. Applicant Interest (Maximum score=20)

- a. Applicant demonstrates interest in oral health.
- b. Applicant's goals align with goals of this funding opportunity.
- c. Applicant demonstrates the potential value a sealant program could add to their community.
- 4. Applicant Capacity (Maximum score=20)
 - a. The applicant addresses their COVID safety procedures.
 - b. The applicant complies with national and state guidance.
- 5. The applicant's past performance on grants received through MDH Oral Health Program has been successful. (*Maximum score=20*)

MDH Oral Health Program may elect not to award any of the programs if applications fail to meet criteria or lack merit. MDH decisions on awards are final.