

DDML 2024 Scoresheet

Douglas County individuals with IDD planned to be served through this proposal. (Score) *

1-10=2pts

11-20=4pts

21-30=6pts

31-40=8pts

41+=10pts

1. Scope of Work (Score) *

Enter a score between 0-10. Applicants will receive higher scores if the proposal addresses a high need category such as *housing and transportation*. Did applicants answer all three parts of this question?

Scope of Work Comments

2. Project Timeline (Score) *

Enter a score between 0-10. * 0 = Timeline doesn't seem feasible; * 5 = Timeline is logical, but have minor concerns. * 10=Timeline appears to be reasonable, logical, and well planned.

Project Timeline Comments

3. Project Goals and Outcomes (Score) *

Enter a score between 0-10: 2pts=All goals listed are SMART, 2pts=Goals align with the project scope, 2pts=Outcomes are related to goals, 2pts= Based on the answer to this question, and the greater application, there is a well thought out plan to achieve listed goals, 2pts=Application has 3 or more goals.

Project Goals and Objectives Comments

4. Does the proposal meet a need by filling a current gap in services? *

Yes

No

Current gap comments.

5. Explain any collaborative elements and partners associated with your proposal (Score) *

Enter a score of 0-10. Scoring will be based on the number of partnerships associated with the proposal.

* 0 = 0 partners * 2 = 1-3 partners; * 4 = 4-6 partners; * 6 = 7-9 partners, * 8 = 9-11 partners, * 10 = 12+ partners

Collaborative elements and partners comments.

6. Will grant funds be used toward an existing program, a program launched within the last year, or a new program? (Score) *

New program=8

Launched in last year=6

Ongoing=0

Length of program existence comments.

7. Will the program continue to be available to Douglas County residents after grant funds are exhausted? (Score) *

Enter a score of 0-10. * 0 = Program will end; * 5 = Yes, but modified somehow; * 10 = Yes, program will continue.

Program continuation comments.

8 and 9. Organization waitlist and referral capacity comments. (Not scored) Comments.

10. Other than funding, what does your organization need to increase your success or expand services to I/DD individuals? (Not scored) Comments.

11. List the criteria your organization uses to qualify a person for services funded through the DDML grant? *

Enter a score of 0-10. *0 = Criteria does not align with project scope and funds. Based on the criteria, we are not confident that funds will be used as intended; *5 = Criteria somewhat meets the I/DD definition. Based on the criteria listed we can be fairly confident funds will be used as intended; *10 = Criteria serves DC residents and meets State definition of a person with I/DD. Based on the criteria listed we can be very certain funds will be used as intended.

List the criteria your organization uses to qualify a person for services comments.

12. Does your organization have experience managing grants and with the project being proposed? (Score) *

Enter a score of 0-10. 4=Experience managing grants, 2=Longevity of staff, 2=Appropriate staffing levels, 2=Experienced Program Management

Staff experience comments.

Financial Review

15. Describe the other funds you will be leveraging for this proposal. (Score) *

Enter a score of 0-10. Scores will be higher for applicants that have a combination of diverse funding sources associated with the project.

Leveraged funds comments.

Does the organization appear to be financially stable? (See attachments) (Score) *

Enter a score of 0-10. Based on the financial attachments, does the organization appear to be financially sound? Do they have reserves? Did they provide all of the requested financial documents as applicable? Is the proposed project budget reasonable and realistic?

Financial stability comments.

Unit Cost (see attached spreadsheet) (Score) *

Enter a score from 0-10. Demonstrates reasonable costs of program = 2, Includes in-kind donations and volunteers = 2, Itemized program budget = 2, Low overhead = 2, Reasonable administrative costs = 2

Unit cost comments.

Overview

Impact (Score) *

Enter a score of 0-10. Will this proposal have a lasting impact on those served? How significant of a time and resource investment is being made per individual?

Comments on impact.

Overall quality of the application submitted. (Score) *

Enter a score of 0-10. 2pts=Based on the applicable submitted, was it complete? 2pts=Were all attachments included? 2pts=Did the applicant fully answer the questions? 2pts=Were answers well-thought out or do they appear to be cut and paste? 2pts=Was the application well written and clear?

Application quality comments.

Total Score