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| --- | --- |
| **Panelist Name:** |  |

**Applicant Information**

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| --- | --- |
| **Organization name** |  |
| **Organization type** |  |
| **County/counties served** |  |
| **Name of partner(s)**  Note: Partnership not required, except if primary applicant is a clinical org |  |

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| **Priority Areas** | **Definitions & Clarifications** | **Panelist Score** (Y/N) | **Available Bonus**  “Y” worth 2pts | **Panelist Comments**  Please include any feedback or points for discussion |
| Project demonstrates connection to housing, food, transportation, or employment services | * Only needs connection to one of the listed areas to score “Y” |  | Y/N |  |
| Project will serve youth and/or justice involved populations | * Only needs to serve one of the listed populations to score “Y” |  | Y/N |  |
| Organization is a community-based organization (CBO) or by/for organization | * **CBO:** Solutions to address priority issues are developed with residents. Program design, implementation, and evaluation components have residents involved & in leadership positions * **By/For:** Organizations led by and for impacted communities, with 50% or higher leadership, Board, and/or staff comprised of individuals from impacted groups |  | Y/N |  |
|  | **Priority Areas Bonus Subtotal** |  | **6** |  |
| **Proposal Components** | **For example …**  Note: not an exhaustive list! | **Panelist Score** (1-4) | **Available Points** | **Panelist Comments**  Please include any feedback or points for discussion |
| Scoring: 1-Not adequate, 2-Passes, 3-Adequately Addresses, 4-Excellent \_\_ | | | | |
| Project demonstrates that it will improve access to health-related social needs services including those outside of their organization | * Names services provided internally/referred to/specific partnership for |  | 4 |  |
| Project demonstrates how care coordination will be used to improve access to care | * Currently employs care coordinators/peers/CHWs with lived experience or has clear plan to engage/employ |  | 4 |  |
| Organization identifies measurable outcomes and a plan for reviewing and adapting program | * Measurable outcome examples: successful engagement in/connection to services, client experience feedback, changes in clients served (number and/or demographics) * Reviewing & adapting: use of a patient/community advisory group, quality improvement (QI) processes in place |  | 4 |  |
| Organization shares how the community was engaged and identified the need for the proposed activity | * Evaluation of current work, focus groups, listening sessions, client advisory boards |  | 4 |  |
| Organization shows strong ability to engage with the population they are intending to work with | * Community served has an advisory role in the implementation/improvement of the proposed work * Proven history of engagement/services |  | 4 |  |
| Organization demonstrates evidence of or ability to build and sustain capacity/infrastructure  **For clinical organization primary applicants:** Organization shows commitment to long term partnership with the health-related social needs provider as part of building and sustaining capacity/infrastructure | * Staffing plans, including workforce development * Diverse or matching funding sources * A shared savings, reinvestment, or value-based contracting – build in payment to SDoH/CBO contract – pay for partnership |  | 4 |  |
|  | **Considerations Subtotal** |  | 24 |  |
| **Priorities Bonus & Components Total** | |  | **24** |  |

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| **Funding recommendation** |  |  |
| □Full Funding | **□** Partial Funding | **□** Not recommending funding |
| Notes: |  |  |