**Reviewer’s Name:**

**RFA Name or Number: RFA #: 202****4.2: Community Living Mini-Grants**

**Application Number:**

**Applicant Organization Name:**

**Name of Initiative:**

**The application should include information in each section that addresses how their agency proposes to address the intent of the Request for Application (RFA).**

**SCORING DIRECTIONS**

If you believe the applicant’s response **substantially satisfies** the intend of the question, assign a **score of 5 (five)**.

If you believe the applicant’s response **more than satisfies** the intent of the question, assign a **score of 4 (four)**.

If you believe the applicant’s response **satisfies** the intent of the question, assign a **score of 3 (three)**.

If you believe the applicant’s response **weakly satisfies** the intent of the question, assign a **score of 2 (two)**.

If you believe the applicant’s response **does not satisfy** the intent of the question, assign a **score of 1 (one)**.

If you believe the applicant’s response **completely misses** the intent of the question, assign a **score of 0 (zero)**.

A total score of 25 (twenty-five) is possible in this review.

**REVIEWER’S’S COMMENTS**

Please be specific with your written comments. Specific, written comments/observations (positive or negative) are important to Council staff in giving feedback to applicants interested in improving grant applications in the future.

**NC Council on Developmental Disabilities’ competitive fund releases are reviewed objectively and without bias by a team of individuals, including Council members, who are knowledgeable and have experience in the concept that is being advanced by the Council.**

The Application Scoring Form is designed as a guide to help you assess the responses received to our RFA using the questions provided in this form. All applications should be scored based on the applicants' ability to clearly address how their agency will carry out the intended purpose of the RFA. The Scoring Form helps judge the quality of the applications and to serve as a starting point for the team to make recommendation(s) for funding.

**Note: Application Review Committee members are strongly encouraged to read all applications once without assigning any scores to the application. After a second reading, review committee members normally feel much more comfortable and confident about the merits of each application and may more easily assign a score based on those merits.**

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| **Evaluation Criteria** | Written Comments |
| 1. The proposal clearly describes what the applicant intends to do and what outcomes the applicant expects to see.  |  |  |
| 2. The proposal fills an important and current need or gap related to people with I/DD and their families being able to live full and meaningful lives in the community. |  |
| 3. The proposal meets a Community Living goal and/or objective as defined in NCCDD’s Five-Year State Plan. (See Pages 2 and 3 of the RFA for Information on the Five-Year State Plan.) |  |
| 4. The overall impact of the proposal on the systems change and capacity building to help people with I/DD live full and meaningful lives in the community. |  |
| 5. The proposal involves people with I/DD and their family members in the planning and implementation of this initiative. |  |
| 6. The proposed budget is clear and also reasonable in relation to the work that the applicant proposes. |  |
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|  |  |

 Total Points: (Maximum Score Possible: 30)

Reviewer’s Initials:

REVIEWER’S RECOMMENDATION:

\_\_\_\_\_\_\_\_\_\_ I recommend this application for full funding.

\_\_\_\_\_\_\_\_\_\_\_I recommend this application for partial funding. Recommended Funding Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ I recommend this application for funding with the following contingencies:

\_\_\_\_\_\_\_\_\_\_ I DO NOT recommend this application for full funding.

Reviewer’s Name (Print): Reviewer’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_