**Reviewer’s Name:**

**RFA Name or Number: RFA #: 2021-CC****: COVID-19 Registry of Unmet Needs Relief**

**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 **more than satisfies** the intent of the question in that section, assign a **score of 2 (two)**.

If you believe the applicant’s response **satisfies** the intent of the question in that section, assign a **score of 1 (one)**.

If you believe the applicant’s response **does not satisfy** the intent of the question in that section, assign a **score of 0 (zero)**.

A total score of 62 (sixty-two) 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responses are clear and complete** | | Written Comments | |
| 1.  Summary provides adequate and relevant information of the innovative work that will meet needs of individuals who are on the Registry of Unmet Needs whose unmet needs were exacerbated by the COVID-19 Pandemic. |  | Applicant demonstrates capacity to lead the initiative effectively. |
| 2.  Description provides organization’s experience and work with individuals with I/DD on the Registry of Unmet Needs. |  |
| 3.  Description provides how a brief report will be developed that includes: 1) the most critical needs of individuals on the Registry of Unmet Needs, which were exacerbated by the COVID-19 pandemic; 2) which needs will continue to be exacerbated after the pandemic ends, and; 3) advocacy recommendations for systems improvements to better meet the needs of individuals on the Registry of Unmet Needs. |  |
| 4.  Explanation provides the need or gap in services and how the funds will be used to meet the need or address the gap in services. |  |
| 5.  Response includes the number of people with I/DD expected to benefit from this initiative. |  |
| 6.  Applicant provides adequate and relevant information of the expected outcomes and what will happen because of this initiative. |  |
| 7.  Applicant provides adequate information about outcomes achievement and how initiative success will be known (e.g., data collection). |  |
| 8. Description provides information about the person/persons responsible for managing the contract. |  |

Total Points: (Maximum Score Possible: 16)

Reviewer’s Initials:

**BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Budget** | | Written Comments | |
| The submitted budget is detailed, breaking down all aspects of costs and justified by an explanation within the narrative. |  |  |
| Budget seems reasonable in relation to proposed activities and outcomes. |  |
| Total budget is sufficient to perform the activities and meet the identified outcomes as described in the summary of the work. |  |

Project Budget Total Points: (Maximum Score Possible: 6)

Reviewer’s Initials:

**TOTAL SCORE: (Sum of Totals)** **(Maximum Score: 22)**

(This is the total score assigned to this application by the individual Reviewers)

REVIEWER’S RECOMMENDATION:

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

\_\_\_\_\_\_\_\_\_\_ 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: