Public Health Department
212 Main Ave. N.
Bagley, MN 56621
Phone: (218)694-6581
Fax: (218)344-8141

Clearwater County Opioid Settlement Grant Application Score Sheet

Applicant's Name:_____

Scorer's Name:_____

Directions:
*Score items a) through j) below using submitted materials
*Complete Strength/Weakness/Comments and recommendation

Rating/Score	Description
Excellent - 5	Outstanding level of quality, significantly exceeds all aspects of the minimum. high probability of success, no significant weaknesses.
Very Good – 4	Substantial response, meets in all aspects and in some cases exceeds minimum Requirements, good probability of success, no significant weakness.
Good – 3	Generally meets minimum requirements, probability of success, significant weaknesses, but correctable.
Marginal – 2	Lack of essential information, low probability of success, significant weaknesses, but correctable.
Unsatisfactory - 1	Fails to meet requirements, little likelihood of success, needs major revision to make it acceptable.

Scoring Section:

a) Provides sufficient background regarding experience with opioid/substance use prevention, treatment, and/or recovery (5 points) ☐

b) The applicant clearly describes the project, including a timeline, implementation, and evaluation steps, intended outcomes, and how the project addresses opioid use disorder-related stigma (5 points) ☐

c) Clear evidence is provided on how the proposed work will meet the community's needs (5points) ☐

d) Applicant has indicated the category their work will be supporting; prevention, harm reduction, treatment/recovery, criminal justice or opioid response (5 points) ☐

e) Is the proposal specific, measurable, achievable, and realistic (5 points) ☐

f) Does the activity seem reasonable (doable) and, sufficient to accomplish the proposed project (5 points) ____

g) Is the information in the budget consistent and justified with the proposed work (5 points) ____

h) Are the projected costs reasonable, cost-effective, and sufficient to accomplish the proposed work plan activity (5 points) ____

i) Does this request align with community priorities (5 points) ____

j) Is there an adequate sustainability plan or funds to continue the proposal once funds are exhausted (5 points) ____

TOTAL ____ / 50 Points

Complete the Following:

a) Strengths:

b) Weaknesses:

c) Comments:

Recommendations:

Check only one box below. Provide any explanations in the space provided

Funding: Do you recommend this applicant for funding?
☐ **Yes**, for the full amount requested.
☐ **Yes**, but a reduced award. What would be a reasonable award? $_____ Provide primary reason(s) for a reduced award
☐ **No** Provide primary reason(s):