

## Rating of Applications in Response to CVIP RFGA 2024

**Applicant Agency Name:** \_\_\_\_\_  
**Reviewer #:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_  
**Service Area:** \_\_\_\_\_

<b>COVER LETTER REVIEW (Not Scored)</b> Review if items were included as part of the cover letter as requested.	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1. Applicant provided the Service Area(s) in which they are applying.			
2. Applicant provided a statement that the applicant is willing to perform the services as stated in the RFGA, if awarded?			
3. Applicant provided statement that the project(s) can be carried out for the estimated award?			
4. Is the cover letter signed by a person with authority to commit the applicant to a subaward agreement?			
5. Did applicant provide the name and email address of the person to which the Intent to Award Notification should be sent?			
6. Did the applicant attach the requested W-9?			
<b>ELIGIBILITY DETERMINATION DOCUMENTATION (Not Scored)</b> Review if requested items were submitted as part of the application process. All must be present for applicant to be eligible.	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1. Applicant is a non-profit 501(c)(3) d organization or agency with a documented, established history of providing effective evidence-informed violence reduction initiatives.			
2. Applicant's primary facilitator and point-of-contact must reside in South Carolina.			
3. Applicant provided evidence of ability to make services available within 30 days of the start of the subaward agreement.			
4. Applicant provided a statement indicating the applicant has the capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.			
5. Applicant submitted a Certificate of Existence, also known as a Certificate of Good Standing from the Secretary of the State.			
6. Applicant provided a statement indicating organization has had a DPH subaward or contract terminated for non-compliance in the last three (3) years. If termination, include a note in the "Comments" column. <i>Applicants previously terminated in last three years are NOT eligible.</i>			
Based on Eligibility Determination Documentation, is the applicant eligible?			

Additional comments regarding Eligibility Determination:

If applicant is eligible, continue to Section A. If applicant is not eligible, end the review.

<b>CVIP APPLICATION REVIEW: 100 Points Total</b>	<b>PTS POSSIBLE</b>	<b>PTS AWARDED</b>	<b>COMMENTS</b>
<b>Section A. CVIP Program Description (28 points)</b> Assess the organization's plan for providing CVIP services.			
1. Description of the CVIP services the applicant will provide and the number of CVIP eligible constituents the applicant expects to serve annually with each CVIP evidence informed service.	(7) Excellent (5) Average (3) Poor (0) No Response		
2. Description of the service delivery process for each CVIP service, including how the applicant plans to provide services and how the applicant will ensure proper and timely access to services.	(7) Excellent (5) Average (3) Poor (0) No Response		

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3. Description of the staff that will provide CVIP services and administer the subaward. Include position descriptions and biographical sketches (or resumes) of staff providing services and administering the subaward to include their phone numbers and email addresses. Position descriptions for all staff in the proposed CVIP budget must be included.	(7) Excellent (5) Average (3) Poor (0) No Response		
4. Description of the applicant's ability to begin provision of services within thirty (30) calendar days of grant execution.	(7) Excellent (5) Average (3) Poor (0) No Response		
<b>Section Total</b>	<b>28 points</b>		

Comments and/or concerns:

<b>Section B. Organizational History, Experience, and Qualifications (31 points)</b> Assess the organization's ability to effectively operate proposed program.			
1. Description of the applicant's history, experience, and qualifications providing evidence of the ability to accomplish the tasks set forth in the Scope of Work and adhere to state program requirements.	(7) Excellent (5) Average (3) Poor (0) No Response		
2. Description of an organizational chart (a list is not an acceptable substitution) reflecting the applying organization's governance, programs/services and staffing.	(7) Excellent (5) Average (3) Poor (0) No Response		
3. Description of the experience the organization has in record keeping of when and how services are provided, evaluating services and marketing services to the target population. Provide a description of the organization's ability to complete quarterly, fiscal and programmatic progress reports.	(7) Excellent (5) Average (3) Poor (0) No Response		
4. Description of how the applicant will track program income, revenue, and expenditures.	(7) Excellent (5) Average (3) Poor (0) No Response		
5. Applicant submitted a Certificate of Existence, also known as a Certificate of Good Standing from the Secretary of State.	(1) Submitted (0) Not Submitted		

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<p>6. List any lawsuits filed against the organization for all services related to services that will be provided under CVIP.</p>	<p>(0) No lawsuits                   (-5) Lawsuit lost impacting provision of CVIP services.                  (Additional points may be negated depending on severity and future impact on services to clients.)</p>		
<p>7. List of all offices and locations of the organization (including street address and telephone numbers).</p>	<p>(1) Submitted                  (0) Not Submitted</p>		
<p>8. List any grants a state or federal government entity awarded to the organization or to any parent, subsidiary, or affiliate of the organization in the past five years for Community Violence Intervention and Prevention efforts and, for each, identify the grant (title, date, grant #), the awarding agency, the receiving organization, amount, and a contact with the awarding agency and describe the program outcomes, any supporting data, any compliance issues that arose in connection with the grant, and the resolution of the issues. "Affiliate" includes but is not limited to any organization under partial or total common ownership or control with applicant organization.</p>	<p>(1) Submitted                  (0) Not Submitted</p>		
<b>Section Total</b>	<b>31 points</b>		

Comments and/or concerns:

<p><b>Section C. Community Collaborations (15 points)</b>                  Access the applicant's collaboration efforts with community partners.</p>			
<p>1. List the agencies and community-based organizations with which your agency will collaborate. For each agency or organization, define its proposed scope of services, role in the region/area and record of services to Community Violence Intervention and Prevention programming.</p> <p>Applicants who propose to collaborate with an outside entity but <b>fail</b> to submit a letter of support should not be scored.</p>	<p>(15) Submitted                   (0) Not Submitted</p>		
<b>Section Total</b>	<b>15 points</b>		

Comments and/or concerns:

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### Section D. Needs Assessment (21 points)

Assess the applicant's plan in identifying the targeted population and determining the area to provide services in.

1. Description of your plan to identify the populations and subpopulations of individuals in the area—to be served—that are disproportionately affected by community violence and your plan to collect this information.	(7) Excellent (5) Average (3) Poor (0) No Response		
2. Description of the existing services and service needs or gaps within the areas to be served. Describe how the service needs or gaps will be filled with the applicant being allocated the Community Violence Intervention and Prevention unit funding.	(7) Excellent (5) Average (3) Poor (0) No Response		
3. Applicant provided a summary of the most recent Needs Assessment completed by the applicant. If not available, applicant submitted their plan for conducting a Needs Assessment annually.	(7) Excellent (5) Average (3) Poor (0) No Response		
<b>Section Total</b>	<b>21 points</b>		

Comments and/or concerns:

### Section E. Reporting and Evaluation (5 points)

Assess the applicant's evaluation measures.

1. Describe the system your organization will use to collect demographics, service provided data, and qualitative data; to evaluate its success in responding to the identified needs and providing cost-effective services. Include the protocols and timelines for data collection.	(5) Excellent (3) Average (1) Poor (0) No response		
<b>Section Total</b>	<b>5 points</b>		

Comments and/or concerns:

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### REVIEWER SCORING SUMMARY

Each reviewer should enter total points awarded for each of the scored sections. Please enter scores in the column labeled Review Score Per Section and add the total points for all sections and enter the total score in the total points box.

Section	Maximum Points Per Section	Reviewer Score Per Section
Section A. <i>CVIP Program Description</i>	28	
Section B. <i>Organizational History, Experience, and Qualifications</i>	31	
Section C. <i>Community Collaborations</i>	15	
Section D. <i>Needs Assessment</i>	21	
Section E. <i>Reporting and Evaluation</i>	5	
<b>Total Points</b>	<b>100</b>	

**Applicants must score at least 80 points to be considered for funding.**

**Budget and Budget Justification: not scored.**

Comments or Concerns:

**Overall Recommendations:**

- Fund CVIP Program.
  
- Fund with required changes noted in previous comments and/or below.
  
- Do not fund.

Comments: `