

**Request for Application**  
 New one-year P.A.T.H. Mini-Grant  
**Expanding P.A.T.H. Services within Ohio**  
 (P.A.T.H. - Projects for Assistance in Transition from Homelessness)  
 Federal Fiscal Year 2011  
 (State Fiscal Year 2012)

Released: March 1, 2011

**I. Introduction of the Initiative**

- **Demonstration of the Need**

P.A.T.H. is a formula grant program administered by the Center for Mental Health Services, a component of Substance Abuse and Mental Health Services Administration (SAMHSA). P.A.T.H. was designed to support service delivery to individuals with severe mental illnesses (SMI) who may also have co-occurring substance use disorders, who are homeless or at risk of becoming homeless, and are not yet linked with traditional community mental health services. The ultimate goal is connecting individuals to mainstream mental health services as a way of working towards the elimination of homelessness for this population. P.A.T.H. services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

On August 12- 13, 2010, SAMHSA completed a federal site review of Ohio's P.A.T.H. Program. Two recommendations received from SAMHSA were: 1) to explore methods to serve more individuals with existing funds and 2) to consider a more competitive allocation process.

- **Purpose of the Initiative**

This \$50,000 one-time mini-P.A.T.H. grant has been created for State Fiscal Year 2012 (SFY 2012) in order to expand services to an additional geographic area within Ohio.

This initiative is intended to increase and target outreach, engagement, and service efforts that are trauma-informed and culturally-appropriate to people with severe mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness and are not yet linked with traditional community mental health services in their natural environments (e.g., living in camps, on the streets, and in shelters).

Ohio's currently Funded P.A.T.H. Projects:

Butler	Transitional Living
Cuyahoga	Mental Health Services, Inc.
Franklin	Southeast, Inc.
Hamilton	Greater Cincinnati Behavioral Health Services
Lake	Extended Housing
Lorain	Gathering Hope House, Inc.
Lucas	Neighborhood Properties, Inc.
Mahoning/Trumbull	Help Hotline
Montgomery	Miami Valley Housing Opportunities
Stark	ICAN
Summit	Community Support Services

## II. Target Population

- Services Targeted for:
  - a. Adults (18+ years old)
  - b. SMI/SPMI
  - c. SMI/SPMI with co-occurring substance abuse disorders [note - Substance abuse disorders without mental health diagnosis are excluded]
  - d. Currently Homeless \*

\* While PATH funds can be used for those persons who are at risk of homelessness, *this mini-grant is designed to address services only directed toward individuals who are currently homeless*. (SAMHSA is moving the P.A.T.H. program back to its core mission of serving individuals with severe mental illnesses, including those with co-occurring substance use disorders, who are currently homeless as the priority population.)

### **SAMHSA PATH Program Definitions:**

Homeless: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (such as an emergency shelter) that provides temporary living accommodations and an individual who is a resident in transitional housing.

Imminent Risk of Homelessness: An individual who, without direct intervention, will likely become homeless (as defined above) within the next 30 days. The individual's current living situation may include one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease; living in a condemned building without a place to move; in arrears on rent or with high rent/utility payments placing individual at risk of eviction within the next 30 days; judgment for eviction without a place to move; living in temporary or transitional housing that carries time limits; being discharged from a health care or criminal justice institution without a place to live.

Severe Mental Illness: Severe mental illness in persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities. Note: the SAMHSA (P.A.T.H.) Website does not define which diagnoses are considered to be a severe mental illness. However, ODMH provides further guidance on the definition of severe mental illness to include any mental health diagnosis that has impacted an individual's functioning to the point of being unable to maintain housing, employment, etc. When determining whether or not a diagnosis is severe, outside of major thought and mood disorders, ODMH advises P.A.T.H. outreach workers to consider the entire picture of the person's life circumstances and history such as:

- Current level of symptom distress
- Current functionality in all life areas, including but not limited to duration of homelessness
- Possibility of improvement without intervention, including but not limited to medication
- Functionality in all life areas during the past 7 months
- Involvement with other systems of care or benefit/assistance programs

### III. Availability of Funds

The funding for the mini-grant is available for the last 3 quarters of SFY 2012. All funds for this mini-grant and Ohio's PATH Program are dependent upon the allocation of P.A.T.H. funds to Ohio from SAMHSA. (SAMHSA P.A.T.H. funds are released on a federal fiscal year cycle.) Funds for the mini-grant are expected to be available from October 1, 2011 – June 30, 2012, in accordance with SFY 2012. Funds for the mini-grant are expected to be available on or about October 1, 2011.

Commitment of matching Funds (Cost Sharing) is required as specified in Section 523 (a) of the Public Health Service (PHS) Act. The state must match, directly or through donations from public or private entities, non-Federal contributions in an amount that is not less than \$1 for each \$3 of federal P.A.T.H. funds. Non-Federal contributions required in Section 523 may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized by any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contribution.

***Example:** If your program is awarded \$160,000.00, you must contribute at least \$53,333.33 in matching funds.*

### IV. Proposal Requirements

- Applicant Eligibility

Applicants must be county/regional mental health or alcohol, drug addiction and mental health services boards (Boards), or providers partnering with a Board, in Board areas that do not have one of the 11 existing P.A.T.H. Grants. Boards must contract with a non-profit agency to deliver P.A.T.H. services. Boards receiving P.A.T.H. allocations and their contract P.A.T.H. provider organizations must participate in their local community's Continuum of Care process.

Note: No program will be funded that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

- Applicant Qualifications (past experience, training, etc.) and Readiness

Proposal narrative questions and requests for information, set forth below, should demonstrate an overarching integration of the applicant's experience and readiness with regard to:

- a. Demonstrated need, vision, and how your proposed project will enhance Ohio's expansion of targeted outreach, engagement, and service efforts to people with severe mental illness, including those with co-occurring substance use disorders, experiencing homelessness and are not yet linked with traditional community mental health services in their natural environments, e.g. living in camps, on the streets, and in shelters.
- b. Utilization of Evidence-Based and Promising Best Practices in service delivery, including but not limited to trauma-informed care, culturally informed, and the integration of physical and behavioral healthcare
- c. Cultural Competency  
*Cultural competence is not a stand-alone function. It is an essential or intrinsic element that needs to be infused within every process and structure of communities systems of care and within all service programs and every aspect of service delivery. Throughout the proposal narrative, the Applicant must ensure that cultural competence is integrated into every planning and implementation function*
- d. Current success serving persons who are homeless
- e. Existing and Proposed Collaborations

- f. Employment of Peers and Involvement of Consumers and Family Members
- g. Client Satisfaction Measures
- h. Data Collection, Outcomes Management, and Evaluation
- i. Dissemination of Information: Sharing lessons learned and participating with State P.A.T.H. Providers in knowledge development to improve service delivery practices
- j. Sustainability & Replicability

- **Proposal Narrative**

Proposal narrative should address each of the following questions or requests for information:

1. What are the quantitative needs, goals, objectives, and desired outcomes associated with the P.A.T.H. program proposed for your local area?
2. Provide a brief description of the Board contracted provider, including name, type of organization, services provided by the organization and region served.

List the types of Services currently being provided by provider organization:

- |                                                  |                                                            |
|--------------------------------------------------|------------------------------------------------------------|
| • Outreach                                       | • Substance Abuse Services Referral, not treatment         |
| • Screening/Diagnostic                           | • Physical Health Services                                 |
| • Habitation/Rehabilitation                      | • Physical Health Services Referral, not treatment         |
| • Food/ Food Referral                            | • Medication Management                                    |
| • Clothing/Clothing Referral                     | • Case Management                                          |
| • Shelter/Shelter Referral                       | • Housing                                                  |
| • Referral to other agencies                     | • Benefits Bank Site or Assistance with Obtaining Benefits |
| • Mental Health Services                         | • Employment/Employment Referral                           |
| • Mental Health Services Referral, not treatment | • Other (Specify)                                          |
| • Substance Abuse Services                       |                                                            |

3. Describe the provider organization's current collaborations with local homeless shelters, Healthcare for the Homeless, community physical healthcare centers, social security administration, County Department of Job and Family Services, The Ohio Benefit Bank, and other local social service providers serving persons experiencing homelessness.
4. Describe the provider organization's current collaborations with Ohio prisons, jails, and the local criminal justice system.
5. Estimate the number of individuals in your board area who are experiencing homelessness and have a severe mental illness (ODMH Guidance Document revised September 2010, page 3 of 13).
6. Estimate the number of individuals in #3 who are Veterans.
7. Estimate the number of individuals in #2 and #3 to be served with P.A.T.H. dollars.
8. Describe: (a) the demographics of your county's homeless population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence and trauma informed care.

9. Proposed staffing for the P.A.T.H. mini-grant.
  - a. Position(s)
  - b. Duties assigned with each position
  - c. Qualifications for each position
  - d. FTE% for each position listed
  - e. Supervision of staff
  
10. Describe the organization's plan to provide coordinated and comprehensive services:
  - a. Which of the following services will be provided with P.A.T.H. funding?
    - Outreach
    - Screening and diagnostic treatment
    - Community mental health treatment
    - Alcohol and drug treatment
    - Staff training
    - Case management
    - Supportive and supervisory services in residential settings
    - Referrals for other services; e.g. primary health, job training, educational relevant housing
  
  - b. Which of the following P.A.T.H. Eligible Housing Services will be provided with P.A.T.H. funding?
    - Minor renovation, expansion, and repair of housing
    - Planning of housing
    - Technical assistance in applying for housing
    - Improving the coordination of housing services
    - Security deposits
    - Costs associated with matching eligible homeless individuals with appropriate housing situations
    - One-time rental payments to prevent eviction
  
  - c. Which community organizations will provide key services (e.g., primary health, behavioral health, substance abuse, housing, employment) to P.A.T.H. eligible clients? Include a description of the current and/or proposed enhanced coordination with those organizations.
  
  - d. Where are the current gaps in your local system of care and how will P.A.T.H. funds will be utilized to help to reduce those gaps?
  
  - e. What strategies will be implemented to make suitable housing available to P.A.T.H. clients (indicate the type of housing usually provided and the name of the agency(s) that provides such housing)?
  
11. Describe how your county's P.A.T.H. provider plans to participate in the HUD Continuum of Care and any other local planning, coordinating or assessment activities.
  
12. Describe how persons who are homeless and have severe mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of P.A.T.H.-funded services.
  
13. Please discuss how you will utilize your P.A.T.H. Quarterly Data in your program's daily operation practices to make real-time quality improvement changes.
  
14. Describe your local plan for continuation/sustainability funding once mini-grant funds end.

15. Describe your local plan to share replicate the lessons learned within the local system of care, including but not limited to best practices and effective outreach and engagement strategies to persons experiencing homelessness.

- Attachment Section shall include

- Budget and Budget Narratives (Exhibits A1, A2, B1, B2)
- If applicant is a provider, letter of support from the local ADAMH Board
- Reference Letter from 3 community partners for the P.A.T.H. mini-grant
- Job Descriptions for each position funded by the mini grant

- Budget and Financing Plan

In this section the Applicant should provide project budget and financial components, including the following:

- Budget Forms and Budget Narrative
  - Exhibit A1 & A2: Mandatory Forms (corresponding pages 10 & 11)
  - Exhibit B1 & B2: Mandatory Forms (corresponding pages 12 & 13)
- Identification of any other resources (local match) committed to this Mini Grant (Exhibit B1 & B2)
- Statement of assurance that the applicant will pursue appropriate first and third party payers
- Statement of assurance that these grant funds will not supplant current local, state, and federal funds for current service activities

Further budget development is provided on pages 9 – 12 of the “Ohio P.A.T.H. Guidance Document”.

Neither federal P.A.T.H. funds allocated to local boards nor local match funds may be used for costs associated with the administration of the grant. However, up to twenty-five percent (25%) of the federal P.A.T.H. budget and up to 25% of the local match budget may be used for non-direct services such as travel, equipment, supplies, leasing of vehicles, and operating costs. The Travel, Equipment, Supplies, and Other categories are separated into A, B and C for this purpose. Categories “A” and “C” are direct cost; category “B” is non-direct. All expenditures funded through P.A.T.H. funds must be excluded from the rates of other federal funding sources (e.g., Community Medicaid, Title XX). All federal P.A.T.H. funds must be directly attributable to a derived benefit to the targeted P.A.T.H. population. The match requirement is that for every three dollars of federal P.A.T.H. funds, the local system contributes at least one dollar.

Totals on Budgets Worksheets and Budget Narratives must exactly match the P.A.T.H. Project Allocation. Budget Worksheets and Narratives that do not match will be returned and may put the Proposal at risk of not being considered for funding.

- Evaluation Plan

In response to SAMHSA's recommendations, in SFY 2012 ODMH will require and monitor the following information for each currently funded P.A.T.H. Project:

- *The number of enrolled P.A.T.H. consumers for each county*
  - *the timely and accurate submissions of applications, draw downs, and quarterly data reports to ODMH*
  - *the ability to demonstrate the use of real-time data & outcomes in quality improvement processes*
  - *documented evidence of consumer involvement in the delivery of and planning for P.A.T.H. services at the local level*
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## Instructions for Submission of Proposal

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### V. Proposal Submission Process

- Application Due Date

The submission deadline for Proposals is 5:00 p.m. on **April 15, 2011**.

- Where to Send Proposal

**All proposals are to be submitted by 5:00 p.m., April 15, 2011 to:**

Deborah Givens, State P.A.T.H. Contact and Project Lead  
Office of Community Supports and Clients Rights  
30 E. Broad St., 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
E-mail: [Deborah.Givens@mh.ohio.gov](mailto:Deborah.Givens@mh.ohio.gov)  
Phone: 614-466-1323

- Method for Submission

All proposals need to be submitted electronically via e-mail to Deb Givens at [Deborah.Givens@mh.ohio.gov](mailto:Deborah.Givens@mh.ohio.gov), in MS Word format only by the deadline noted above, 5:00 p.m. on April 15, 2011. Incomplete or late submissions will not be considered. The risk of delay or failure of delivery rests with the applicant.

- Conditions of Submission

All proposals must be submitted in MS Word 12 point type and may not exceed six (6) narrative pages plus the cover sheet (outlined below) and specified attachments (see page 5 of this announcement). Proposals must meet all requirements set forth in this RFA.

A cover sheet that includes the following must accompany the proposal:

- Applicant's name(s)
- Board name (if applicant is a provider)
- Applicant's address
- Applicant's phone number
- Applicant's email address
- Name, phone number, and email address of Applicant's mini-grant contact person
- Name, phone number, and email address of Board's mini-grant contact person, if applicable

- Questions/Inquiries

Deborah Givens, State P.A.T.H. Contact and Project Lead  
Office of Community Supports and Clients Rights  
30 E. Broad St., 8<sup>th</sup> Floor, Columbus, OH 43215-3430  
E-mail: [Deborah.Givens@mh.ohio.gov](mailto:Deborah.Givens@mh.ohio.gov)  
Phone: 614-466-1323

- Award Date

The award will be made within SFY 2012, concurrent with the start of Federal Fiscal Year 2011 (October 1, 2011,) contingent upon receiving the P.A.T.H. grant allocation from SAMHSA.

- **Announcement of the Selection**

ODMH anticipates making a funding decision (selection) by May 6, 2011.

- **When work is expected to begin**

The awarded project is to begin all work no later than October 1, 2011. Work may begin as early as July 1, 2011. All work will end on June 30, 2012.

## **VI. Factors and Criteria for Evaluation of Proposals**

- **Criteria weighted as indicated:**

- a. Demonstrated need, vision, and explanation of how your proposed project will enhance Ohio's expansion of targeted outreach, engagement, and service efforts to people with severe mental illness, including those with co-occurring substance use disorders, experiencing homelessness (20%)
- b. Cultural Competency (10%)
- c. Current success serving persons experiencing Homelessness (5%)
- d. Existing and Proposed Collaborations: (10%)
- e. Training and Employment of Peers (5%)
- f. Client Satisfaction Measures (5%)
- g. Data Collection, Outcomes Management, and Evaluation (10%)
- h. Plan for Dissemination of Information: Sharing lessons learned and participating with State P.A.T.H. Providers in knowledge development to improve service delivery practices (15%)
- i. Plan for Sustainability & Replicability (20%)

- **Scoring Tool**

Included at the end of this document (see Pages 14-16).

## **VII. Conditions: (Standard Language)**

The Department reserves the right to reject, in whole or in part, any and all proposals where the Department, taking into consideration factors including, but not limited to, cost and the results of the evaluation process, has determined that the award would not be in the best interest of the Department.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.

## Exhibit A1 Project Budget

### PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2011: P.A.T.H. Mini-Grant  
**Increasing Outreach and Services to Homeless Adults**

Ohio Department of Mental Health

<b>Provider Name:</b>		Period Request Covering		
		From:		To:
<b>Board Area:</b>				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
<b>P.A.T.H. FUNDS</b>				
Personnel				
Fringe Benefits				
Travel (A)				
Travel (B)				
Equipment (A)				
Equipment (B)				
Supplies (A)				
Supplies (B)				
Contractual				
Construction				
Other (A)				
Other (B)				
Other (C - Housing)				
<b>Total Federal Direct</b>				
<b>Total Federal Non-direct (B)</b>				
<b>TOTAL FEDERAL</b>				

**Certification:**

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

<b>Provider Executive Director</b>	Date
<b>Provider Chief Financial Officer</b>	Date

## Exhibit A2 Project Budget Narrative

### Budget Narrative

Further detail regarding P.A.T.H. Mini-Grant funds requested for each object class category.

- Direct Costs are those that can be specifically identified with the particular project.
- Indirect Costs are those that have been incurred for a common or general business purpose and cannot be readily identified with a particular project. Indirect costs will not exceed 5% of the budgeted project costs.

## Exhibit B1 Project Budget

### PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2011: P.A.T.H. Mini-Grant  
**Increasing Outreach and Services to Homeless Adults**

Ohio Department of Mental Health

<b>Provider Name:</b>		Period Request Covering		
		From:		To:
<b>Board Area:</b>				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
<b>LOCAL MATCHING FUNDS</b>				
Personnel				
Fringe Benefits				
Travel (A)				
Travel (B)				
Equipment (A)				
Equipment (B)				
Supplies (A)				
Supplies (B)				
Contractual				
Construction				
Other (A)				
Other (B)				
Other (C - Housing)				
<b>Total Federal Direct</b>				
<b>Total Federal Non-direct (B)</b>				
<b>TOTAL FEDERAL</b>				

**Certification:**

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Provider Executive Director:	Date:
Provider Chief Financial Officer:	Date:

## **Exhibit B2 Project Budget Narrative**

### **Budget Narrative**

Further detail regarding P.A.T.H. Mini-Grant funds requested for each object class category.

- Direct Costs are those that can be specifically identified with the particular project.
- Indirect Costs are those that have been incurred for a common or general business purpose and cannot be readily identified with a particular project. Indirect costs will not exceed 5% of the budgeted project costs.

**PATH Mini-Grant**  
 SFY12 Mini-Grant: Expanding P.A.T.H. Services within Ohio  
**Scoring Tool**

**RFP Reference Number:** \_\_\_\_\_

**Board/Applicant Name:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_

<b>Step 1) Scoring Criteria</b>	<b>Points Earned</b> <i>(place a score in the box)</i>		
<ul style="list-style-type: none"> <li>• Criteria were fully/completely/comprehensively met = 3 points</li> <li>• Criteria were partially met = 1 or 2 points (gradation based on your assessment of completeness/congruency relating to that criteria)</li> <li>• Criteria were poorly met or not met at all = 0 points</li> </ul>	<b>No</b> <b>(0)</b>	<b>Partial</b> <b>(1 or 2)</b>	<b>Yes</b> <b>(3)</b>

	(0)	(1 or 2)	(3)	
<b>Project Vision (20%)</b>				
Does the project demonstrate current need, current gaps, and vision for the project, including the demographics of the county's homeless population?				
Will the project enhance Ohio's expansion of targeted outreach, engagement, and service efforts to people with severe mental illness, including those with co-occurring substance use disorders, experiencing homelessness?				
Is the planned work well matched and does it appear to be practical and realistic to the relevant characteristics of the target population, including homelessness, persons with severe mental illness, and veteran population?				
			<b>Subtotal</b>	
			<b>Total</b>	___ x 20 = ___
<b>Training and Utilization, Expansion, and Enhancement of Culturally-Informed and Trauma-Informed Practices/Readiness (10%)</b>				
Does the PATH Project and planned work use evidence-based or promising practices consistent with professional and/or national standards of practice within the target population?				
Does the PATH Project and planned work demonstrate culturally-informed practices including, but not limited to, the proposed demographics of the staff serving the clients; how staff providing services to the target population will be sensitive to age, gender and racial/ethnic differences of clients; and the extent to which staff receive periodic training?				
Does the PATH Project and planned work demonstrate trauma-informed practices?				
Does the PATH Project and planned work demonstrate the integration of physical and behavioral healthcare?				
Does the planned work demonstrate cultural competence is integrated into every planning and implementation function?				
			<b>Subtotal</b>	
			<b>Total</b>	___ x 10 = ___

	(0)	(1 or 2)	(3)	
<b>Current Success serving persons who are experiencing homelessness (5%)</b>				
Does this PATH Project demonstrate a current local increase in serving people who are experiencing homelessness?				
			<b>Subtotal</b>	
			<b>Total</b>	<b>___ x 5 = ___</b>
<b>Existing and Proposed Collaborations/Readiness (10%)</b>				
Does the PATH Project already have established collaborations or address methods to enhance/expand collaborations with other local providers servicing people experiencing homelessness?				
Does the PATH Project already have in place cross-system collaborations or address methods to enhance/expand cross-system collaborations with Ohio prisons, jails, and the local criminal justice system?				
Does the PATH Project already have in place cross-system collaborations or address methods to enhance/expand cross-system collaborations with the Veterans Administration or other providers servicing Veterans?				
Does the PATH Project already have the ability to or address methods to enhance/expand the leverage of local housing dollars within local community for persons experiencing homelessness?				
Does the PATH Project already have or address methods to enhance/expand collaborations with physical healthcare providers?				
Does the PATH Project describe how the county's P.A.T.H. provider plans to participate in the HUD Continuum of Care and any other local planning, coordinating or assessment activities?				
			<b>Subtotal</b>	
			<b>Total</b>	<b>___ x 10 = ___</b>
<b>Education, Training, and Employment of Peers/Readiness (5%)</b>				
Does the provider organization currently employ peers?				
Does the provider organization collaborate with a local Consumer Operated Service site and the Ohio Empowerment Coalition?				
Does the provider organization offer training around stigma to employees on an annual basis and to new employees?				
			<b>Subtotal</b>	
			<b>Total</b>	<b>___ x 5 = ___</b>
<b>Client Satisfaction Measures (5%)</b>				
Does the provider organization already collect client satisfaction data?				
Does the provider organization demonstrate a utilization of client satisfaction data to inform quality improvement efforts presently?				
Does the planned work discuss new ways or expanded ways to collect client satisfaction data?				
Does the planned work discuss how the provider organization will utilize client satisfaction data to inform quality improvement efforts targeting services to persons experiencing homelessness?				
			<b>Subtotal</b>	
			<b>Total</b>	<b>___ x 5 = ___</b>

	(0)	(1 or 2)	(3)	
<b>Data Collection, Outcomes Management, and Evaluation (10%)</b> Are the intended outcomes of the planned work clearly stated and in alignment with the project work plan and evaluation plan?				
Does the provider organization discuss current data collection, outcomes management, and evaluation methods currently utilized in quality improvement processes?				
			<b>Subtotal</b>	
			<b>Total</b>	___ x 10 = ___
<b>Dissemination of Information (15%)</b> How likely is the planned work to produce results that will advance one or more of the following in terms of providing services to individuals experiencing homelessness: strengthen individual knowledge & skills; promote education/knowledge acquisition of their community; foster collaboration growth; change organizational practices; inform culturally-informed practices, inform trauma-informed practices and/or influence needed policy changes?				
Does the planned project possess a meaningful evaluation component that can be assessed and monitored, and does this project address how it will share it's learnings with other provider organizations?				
			<b>Subtotal</b>	
			<b>Total</b>	___ x 15 = ___
<b>Sustainability &amp; Replicability (20%)</b> Is the budget logical and cost effective – does it appropriately connect with the planned work?				
Does the budget effectively leverage other funding sources and demonstrate strong matching funds/resources?				
Could the planned approach be adapted to a variety of situations and environments, i.e., does it have a strong potential for replication?				
Could the planned approach be sustainable and not just a one-time or irregularly implemented episode of funding?				
Objectively, does this project plan demonstrate creativity in terms of expanding services to individuals who are experiencing homeless? Does this project possess the potential that you think should be demonstrated in helping to effectively and efficiently coordinate quality care and reduce homelessness?				
			<b>Subtotal</b>	
			<b>Total</b>	___ x 20 = ___

<b>Step 2) Total Points for Criteria by Column</b> <i>Add the total point values for each section above together for the total score</i>	_____ (total out of 1080 points)
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<b>Step 3) Brief Reviewer Notes/Comments (Feel free to use back if needed)</b>
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Reviewer's Signature \_\_\_\_\_

Date \_\_\_\_\_