

Grants Posting Request for Application (RFA) Template



Department of Mental Health & Addiction Services

Office of (Treatment Services) Request for Applications

Bipartisan Safer Communities Act (BSCA)
Behavioral Health Disaster Preparedness Projects

RFA #:(68) MHA-FY25- Treatment Services

Funding Period: (01/24/2025) – (09/29/2025)

Request for Applications Posting Date: (11/22/2024)

Request for Applications Due Date: (12/27/2024), by 3 p.m. EDT

Mike DeWine, Governor

LeeAnne Cornyn, Director

Grants Posting Evaluation Criteria for Request for Applications (RFA)

BSCA Behavioral Health Disaster Preparedness Projects

RFA #: 6 8

Applications should be completed using the following information, guidance, and requirements:

SECTION I. GENERAL PURPOSE & APPLICANT INFORMATION

1.1 Purpose

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) releases this Request for Applications (RFA) for the purpose of soliciting applications from Ohio's county mental health and addiction services boards (ADAMHS boards) to conduct activities towards developing comprehensive behavioral health disaster preparedness plans for their board areas. This RFA seeks to select up to 50 grantees. The responsibilities of the selected applicants will include oversight and implementation of activities that will result in a comprehensive behavioral health disaster preparedness plan. OhioMHAS will award funding only to Ohio's county mental health and addiction services boards (ADAMHS) that provide planning, evaluation, and funding towards mental health and addiction services locally.

For the purpose of this RFA, the term "applicant" is defined as a nonprofit organization, governmental entity, or individual interested in this opportunity. The terms "application" and "response" may be used interchangeably to indicate materials submitted to OhioMHAS by an applicant in order to be considered for award of a grant for services described in this RFA. The terms "grantee" and "selected applicant" may be used interchangeably in reference to an organization selected by OhioMHAS through this RFA for award.

1.2 Overview of the Project

The Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) provides supplemental funding for the Community Mental Health Services Block Grant (MHBG) to enable states, the District of Columbia, and U.S. territories to expand access to mental health care. Overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA), the BSCA supplemental funding seeks to support state behavioral health systems in examining what is needed to address the mental health needs in the aftermath of traumatic events and natural disasters within our communities. To address the massive disruption and loss of life caused by these crises, SAMHSA is recommending that states utilize this funding to strengthen and enhance behavioral health disaster preparedness and crisis response efforts. This funding provides a unique opportunity to develop improved and sustainable public behavioral health systems that are more adept at meeting the needs of vulnerable people, including those with more complex presentations. This opportunity will provide funding to assist Ohio ADAMHS Boards in their stages of developing comprehensive behavioral health disaster preparedness plans that enhance existing local emergency response systems.

1.3 Issuing Office

The OhioMHAS Bureau of Behavioral Health Treatment, Office of Treatment Services is issuing this RFA and overseeing the resulting grants.

1.4

Background

The BSCA provides states with funding opportunities to address behavioral health system preparedness in the event of a disaster to offset the traumatic experiences and lingering consequences of natural and human-made disasters that may occur within Ohio's communities. This multi-year funding opportunity is a continuation of the FY2024 OhioMHAS Bipartisan Safer Community Project Initiatives grant.

A community's resiliency to disasters depends on a community's response. A community's response to a disaster depends on its ability to develop and implement collaborative and strategic disaster preparedness plans. In 2023 alone, the United States experienced 114 federally declared disasters, including 28 separate weather and climate disasters that each caused \$1 billion in damages (SAMHSA, 2024). In the event of a disaster, it is essential that Ohio's behavioral health care system build its capacity and knowledge to respond to the immediate and long-term behavioral health care needs of those adversely impacted by such events. To do so, we must recognize the prolonged implications of disasters on the behavioral health of those affected directly and indirectly. In disaster-affected communities, research has found increased rates of acute stress disorder, post-traumatic stress disorder (PTSD), major depressive disorder, and anxiety (Ustyol et al., 2023). Behavioral health is an essential component of community resilience in the aftermath of a disaster. Ohio has experienced a number of natural and human-made disasters. Such catastrophic disasters may overwhelm existing behavioral health care services, which supports the need to implement integrated disaster preparedness within Ohio's communities.

"Behavioral health disaster planning recognizes the unique ways mental health and substance use supports should be provided to people and communities after a natural or human-made disaster" both in the immediate and long-term. (SAMHSA, 2024). Behavioral health disaster planning and response uses evidence-informed and evidence-based strategies and interventions to support all those affected. While behavioral health crisis services are focused on the psychological distress of an individual, behavioral health disaster planning and response is a coordinated effort to provide behavioral health support to large groups of people affected by disasters while focusing on managing the widespread effects of trauma on the community as a whole. Behavioral health service programs have a special obligation to prepare for disasters because they provide an essential service to all persons. Disasters are often violent, life-threatening events that affect behavioral health. In the aftermath, there can be significant demand for behavioral health services as a result of a disaster. In addition to an increase in demand for services, disaster response can also highlight inequities within Ohio communities. Ohio has been fortunate that existing community provider systems and volunteer agencies often collaborate to assist Ohioans during disasters. However, continued development and integration of behavioral health within these partnerships is an essential component to assuring Ohio's readiness to address Ohioans immediate and long-term behavioral health needs in the aftermath of a disaster.

This programming opportunity takes steps to ensure that Ohio's county ADAMHS boards, behavioral health providers, and emergency management professionals have an equitable and accessible coordinated response plan that aligns with serving individuals across the care continuum, establishes the necessary statewide and local partnerships, policies, procedures, and protocols that create systemic changes necessary to respond to such tragedies, and enhances Ohio's robust disaster response system already in place. The following activities are grouped into stages. This is intentional and recognizes that Ohio's communities are in varying stages of their preparation, development, implementation, and maintenance of behavioral health disaster planning. Applicants should note their stage of implementation within their application and highlight any and all activities they plan on conducting during the grant period to move towards the next stage(s). This multi-year grant opportunity seeks to meet communities where they are at with the end goal being the creation of comprehensive and consistent behavioral health disaster plans and responses.

1.5 Scope of Work

This funding opportunity is to be utilized to develop and implement behavioral health disaster preparedness activities and plans led by Ohio's ADAMHS boards. The below activities and objectives have been developed with the understanding that Ohio's behavioral health systems may be varied in their readiness to develop behavioral health disaster preparedness plans. As a part of their application, applicants must:

- Provide information on what steps the ADAMHS board has taken prior to this application to create and implement a behavioral health disaster preparedness plan and integrate behavioral health within the existing local emergency response structure.
- Identify below activities and objectives that the applicant will complete within the grant period.
- Provide a timeline for completing these activities. The timeline must include the name of the activity, who will be responsive, and steps that will be taken to complete that activity within the grant period.
- Develop a Steering Committee comprised of ADAMHS board personnel, behavioral health provider representatives, emergency response personnel, and other relevant community representatives. This Steering Committee will oversee the creation and implementation of the behavioral health disaster preparedness plan and help to integrate behavioral health services within existing local emergency response efforts.
- Provide names of organizations that will be participating in the Steering Committee within the application and provide three (3) letters of support from Steering Committee members with the application.
- Grantees must be able to provide evidence of completed activities and future plans towards the development and implementation of a comprehensive behavioral health disaster preparedness plan in July 2025. OhioMHAS staff will communicate to grantees with reporting instructions.
- Grantees must also meet and communicate with OhioMHAS staff as needed throughout the grant period.

The below activities will be funded through this opportunity. Other identified activities may also be funded if they align with the purpose of this RFA and are compliant with state and federal guidance for the funding source.

Establish Disaster Equity

- Partner with peer organizations to develop an advisory council comprised of individuals with lived experience (mental health and substance use) and representative of the local population and hold regular meetings to influence the development and implementation of a behavioral health disaster preparedness plan.
- Partner with youth-serving peer organizations to develop a youth advisory council comprised of youth with lived experience (mental health and substance use) and representative of the local population and hold regular meetings to influence the development and implementation of a behavioral health disaster preparedness plan.
- Partner with organizations serving populations experiencing behavioral health disparities (e.g., persons living with disabilities, minority serving organizations, homeless shelters, organizations serving immigrants, etc.) to develop an advisory council and hold regular meetings to address disaster equity to influence the development and implementation of a behavioral health disaster preparedness plan.

Preparation

- With a consultant/contractor, conduct a community needs assessment specific to behavioral health disaster preparedness that includes identifying gaps and assessing the capacity for managing behavioral health related risks associated with disasters.
- Create Memorandums of Understanding (MOU) or like documents with external emergency response professionals, behavioral health organizations, county ADAMHS boards as part of the behavioral health disaster preparedness plan

to ensure continuity of care in the event of a disaster.

- Create a voluntary emergency registry for members of the public, including particularly vulnerable groups such as people living with disabilities or older adults in collaboration with human service organizations so that special care can be provided in the event of a disaster (e.g., developmental disabilities boards, area agencies on aging, faith-based organizations, etc.).
- Partner with agencies providing substance use treatment to develop medication management protocols within the behavioral health disaster preparedness plans.
- With a consultant/contractor, develop policies and procedures that promote behavioral health disaster preparedness for all local actors, first responders, and emergency response personnel.
- Participate in disaster risk reduction by mitigating short- and long-term effects of disasters through the provision of trainings to the behavioral health field (e.g., NOVA Crisis Response, Psychological First Aid, EMDR, CISM, Cognitive Behavioral Therapy, Cognitive Processing Therapy, grief modalities).
- Using an evidence-informed practice or model, develop readiness to respond to incidents of mass violence through education and training in order to develop preparedness to respond to these tragedies (e.g., school shootings).
- Provide disaster preparedness and response trainings to legal guardians of individuals with severe and persistent mental illness (SPMI).
- Provide disaster preparedness and response trainings to legal guardians of children and youth.
- Provide educational opportunities specific to disaster planning and response (e.g., mental health first aid, advanced directives, NOVA Crisis Response) to peers and peer-run organizations to increase equitable and accessible behavioral health services as a part of the behavioral health disaster preparedness plan.
- Provide media training focused on confidentiality during and after disasters for behavioral health and substance use providers and emergency response teams.

Action

- Contract with a consultant to assist in the development of a behavioral health disaster preparedness plan in compliance with federal, state, and local laws and credentialing, licensing, and/or accreditation bodies.
- Hire a contractor to ensure that the behavioral health disaster preparedness plan is culturally and linguistically competent specific to populations within the board service area(s) as well as accessible for persons with disabilities, children, and youth.
- Conduct community education opportunities to expand community knowledge of the importance and availability of behavioral health services in disaster response.
- Conduct community conversations with minority and underserved populations with culturally and linguistically accessible materials and information.
- Hire a consultant to translate public facing materials and information to address the cultural and linguistic needs of the community.
- Hire a consultant to develop safety plans for persons living with SPMI and/or substance use that can be tailored and used in the event of a disaster.

Maintenance

- Hire a contractor to develop a webpage for public transparency of plans and centralized communication to increase knowledge of the behavioral health emergency preparedness plan.
- Hire a contractor to review an already established behavioral health disaster response plan and evaluate the plan for accessibility, disaster equity, and applicability in accordance with the current needs of the community.

1.6 Eligible Applicants

OhioMHAS seeks applications from Ohio county ADAMHS boards.

Only organizations that have the resources to complete each item under “Scope of Work/Deliverables” should apply. Applicants must be a 501-C (3) or (4) non-profit or government entity.

1.7 Award

The OhioMHAS has released this RFA with the intent of awarding up to \$56,000.00 for up to 50 ADAMHS boards, which will in turn support the development of behavioral health disaster preparedness plans within their board areas. Applicants must be a 501-C (3) or (4) entity.

Awards are expected to be announced for project implementation by 01/24/2025.

Future funding award years are contingent upon receipt of federal funds.

The actual dollar amounts awarded for selected applications will be based on the amount of state or federal funding made available to OhioMHAS, and the number of applications which are both qualified and selected for award. Applications are qualified if they are in accordance with the application submission requirements and earn at least the minimum score requirements for quality and completeness of applications, as specified in this RFA. Scoring and final selections will be completed by a team selected by OhioMHAS. To make its final selection of applications which will receive awards and to determine the size of those awards, OhioMHAS may, at its option, take into consideration application quality, reasonableness and appropriateness of the proposed budget, geographic diversity, local collaborations and funding available.

OhioMHAS may, at its option, make selections based in part on geographical and demographic criteria in order to provide a wide range of services around the state, and in both urban and rural areas. Applicants are encouraged to prepare and submit applications and budgets which are both practicable and capable of completing identified activities.

Applicants are to be aware that OhioMHAS may, at its sole discretion, negotiate with all technically qualifying applicants for a revised Project Budget, if the Project Budgets of all technically qualifying applicants are in excess of the available funding for this project. Please refer to Section 7.1 C. of this RFA for further information on OhioMHAS procedures to be implemented if this occurs.

SECTION II.

Posting and Award PROCESS INFORMATION

2.1 Anticipated Timetable

1. The RFA, accompanying documents, and all questions and answers will be posted on the OhioMHAS website at: <https://mha.ohio.gov/supporting-providers/apply-for-funding/funding-opportunities>
2. All questions must be submitted electronically no later than December 20, 2024, **by 3 p.m. EDT**, to OhioMHAS at: bipartisanssafercommunityactrfi@mha.ohio.gov
3. The FAQ mailbox will close one week prior to the application due date. No questions will be answered after the deadline. You may **NOT** contact any OhioMHAS staff member directly with questions regarding this RFA. Contacting staff directly with questions could result in disqualification of an application.
4. Responses to all questions (FAQ) will be posted to the OhioMHAS website at <https://mha.ohio.gov/supporting-providers/apply-for-funding/funding-opportunities> and will be updated frequently.
5. Applications must be submitted electronically to bipartisanssafercommunityactrfi@mha.ohio.gov by December 27, 2024 **by 3 p.m. EDT.**
6. Application grant notification letters will be sent approximately fourteen days post grant application closure.
7. OhioMHAS agreements are not valid and effective until the issuance of an approved State of Ohio Notice of Sub-Award (NOSA). The NOSA will contain the start and end dates of the award.
8. The grantee(s) must be able to begin work no later than seven (7) working days after the time funds are encumbered and approved by the Office of Budget & Management. The grantee(s) will be notified by the OhioMHAS Agreement Manager when work may begin. Any work begun by the grantee prior to this notification may not be reimbursable by OhioMHAS.
9. All work must be completed and approved by the OhioMHAS Agreement Manager. All work must be completed by 3:00 p.m. of the last day of the programmatic period as it appears on the NOSA.

It is the responsibility of all applicants to check the webpage dedicated to this RFA on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFA. OhioMHAS is not responsible for the accuracy of any information regarding this RFA that was obtained or gathered through a source different from the Q & A process described in this RFA.

Should applicants experience technical difficulties accessing the OhioMHAS website where the RFA and its related documents are published, they may contact the OhioMHAS Helpdesk at (MHAHelpdesk@oha.ohio.gov) for guidance.

SECTION III. APPLICATION GUIDELINES

The applicant must submit electronic response to bipartisansafercommunityactrfi@oha.ohio.gov. A copy of the grant *application* must be received by OhioMHAS no later than December 27, 2024 by 3:00 pm. *Applications* received after this date and time will not be reviewed. Materials mailed or submitted separately from the *application* packet will not be accepted or added to the application/proposal by staff of OhioMHAS. Faxed or mailed *applications* will not be accepted. Costs incurred in the preparation of this application are to be borne by the applicant; OhioMHAS will not contribute in any way to the costs of the preparation.

3.1 Page Limit

The page limit for this application is 6 pages, single spaced, on-inch margins, 12-point Times New Roman. The 6 pages do not include the Budget Expenditure Form, Budget Narrative, or requested attachments.

Please note that if the application is longer than 6 pages, OhioMHAS will evaluate the application based upon the first 6 pages, and the remainder of the application may be disregarded.

3.2 Application Components

A. Face-sheet

- a. Name of applicant organization, address, phone number
- b. Executive director name and contact information
- c. Project Director name and contact information
- d. Fiscal officer name and contact information
- e. Applicant's federal tax ID
- f. Specify whether applicant is a 501 C (3) or (4) non-profit or government entity
- g. Title of this RFA
- h. Amount of funding requested

- B. **Abstract** – A summary outlining the goal(s) and object(s) of the proposed services and supports, and the total amount of funding requested for the funding period. (400 words or less)

C. Scope of the Work/Project Description: In the project description, please include the following information.

- a. **Experience** – The applicant must provide a summary of steps previously or currently being taken by the ADAMHS board to create and implement a behavioral health disaster preparedness plan and integrate behavioral health within existing local emergency response systems.
- b. **Activities** – Identify the activities that will be completed and the steps that will be taken to complete these activities within the funding period.
- c. **Timeline** – The applicant must provide a timeline for completing each identified activity within the funding period. The timeline should include objectives that are SMART (specific, measurable, achievable, relevant, and time-bound). All key dates, key activities, and responsible personnel should be outlined in detail and align with the proposed phases of the project.
- d. **Applicant Qualifications:** The applicant must address all the minimum qualifications and fully describe the applicant's experience and qualifications.
- e. **Steering Committee** – The applicant must identify the names and a brief description of the organizations that are or will be represented on the required Steering Committee.
- f. **Letters of Support:** The applicant must include three (3) letters of support from organizations that will participate in a Steering Committee for this grant project.
- g. **Adherence to the National CLAS Standards:**
 1. Link to National CLAS Standards
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvid=53>
 2. How diverse cultural health beliefs and practices will be implemented in a culturally competent and trauma informed manner
 3. How preferred languages will be honored
 4. How to meet health literacy and other communication needs of all sub-populations identified in the proposal

D. Outcome Measures

Applications must include a description of the project goals and outcomes to be achieved; a detailed methodology for measuring progress; benchmarks that provide an indication of standards to be achieved; a methodology for tracking progress achievements or shortfalls; and a methodology for analyzing and correcting project errors.

E. Budget Expenditure Form and Budget Narrative

- a. Applications must include a Budget Expenditure Form and Budget Narrative that identifies all costs to complete the project as described in the Request for Application.
- b. Include a signed Notice of Award/Sub-awardee Statement of Assurances including budget and budget narrative for each sub-awardee.
- c. Include the Budget Checklist which can be found on the OhioMHAS Funding Opportunity Page.

By submitting a budget expenditure form and budget narrative, the Applicant is confirming that the services and deliverables outlined within this RFA are encompassed within the budget expenditure form and budget narrative. The Applicant acknowledges that if their application is chosen as a result of this RFA, the Applicant will not be entitled to increase the original application's cost breakdown. OhioMHAS relies on the budget expenditure form and budget narrative to adequately evaluate and determine awards, and no Applicant shall be entitled to additional funds outside of the cost proposal.

SECTION IV. CRITERIA FOR APPLICATION SCORING

4.1 Scoring Applications

OhioMHAS will enter into agreement(s) with a grantee(s) that best demonstrates the ability to meet requirements as specified in the RFA. Applicants submitting a response will be evaluated based on the capacity and experience demonstrated in their Application and Project Budget. All applications will be reviewed and scored by a team from OhioMHAS.

OhioMHAS is under no obligation to issue an agreement as a result of this solicitation if, in the opinion of OhioMHAS and the Scoring Team, none of the applications are responsive to the objectives and needs of OhioMHAS. OhioMHAS reserves the right not to select any application should OhioMHAS decide not to proceed.

OhioMHAS may review the highest-ranking Applicants and/or its key team members to ensure that the Applicant is responsible. The award may not be made to an Applicant that is determined not to be responsible. OhioMHAS's determination of an Applicant's responsibility may include the following factors: the experience of the Applicant and its key team members; past conduct and past performance on previous contracts or grants; ability to execute this project properly; and management skill. OhioMHAS will make such determination of responsibility based on the Applicant's Application, reference evaluations, and any other information OhioMHAS requests or determines to be relevant.

Additionally, OhioMHAS reserves the right to review the Applicant's previous work or work product prior to awarding a grant.

All applications and any other documents submitted to OhioMHAS in response to any solicitation shall become the property of OhioMHAS. This RFA and, after the selection of an applicant for award, any applications received in response to a solicitation that have been opened, reviewed and considered by OhioMHAS are deemed to be public records pursuant to ORC 149.43. For purposes of this section, the term "application" shall mean both the Technical Application and the Project Budget submitted by an applicant and any attachments, addenda, appendices, resumes, letters of recommendation, or sample products.

A. Criteria for Scoring

All applications will be scored based on the available points per section according to the following scale, based on a proposed plan's ability to meet the objectives outlined in this RFA. The application scoring uses the following point values for rating each requirement:

Technical Performance Scoring Definitions:

- **DOES NOT MEET (0):** Response does not comply substantially with requirements or is not provided.
- **WEAK (1):** Response was poor related to meeting the objectives.
- **BELOW AVERAGE (2):** Response indicates the objectives will not be completely met or at a level that will be below average.
- **MEETS (3):** Response generally meets the objectives (or expectations).
- **ABOVE AVERAGE (4):** Response indicates the objectives will be exceeded.
- **STRONG (5):** Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

Award

1. Awards are expected to be announced during the week of January 20, 2025.
2. Grant award will not exceed \$56,000.00 per grant recipient.
3. All grant funds must be expended by September 29, 2025.
4. Renewals are subject to successful performance and the availability of future funds.

**Deadline for submission of all applications is December
27, 2024 3 p.m. EDT**

and must be submitted to bipartisansafercommunityactrfi@mha.ohio.gov

SECTION V. CONDITIONS AND OTHER REQUIREMENTS

*According to requirements of Ohio Revised Code (ORC) 126.07, OhioMHAS agreements are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (PO). The selected applicant(s) may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the PO approval date. The OhioMHAS Agreement Manager will notify the selected applicant(s) when the requirements of ORC Section 126.07 have been met.

* * Subject to all applicable approvals, the agreement period is expected to run from approximately January 2025 through September 2025. Renewal of the agreement(s) will be contingent upon availability of funding, satisfactory performance, the continued need for the services described herein, and all required approvals.

5.1 Public Release of Records

Public release of any evaluation or monitoring reports funded under this agreement will be made only by OhioMHAS. Prior to public release of such reports, OhioMHAS must have at least a thirty (30) day period for review and comment.

SECTION VI. ATTACHMENTS AND THEIR USES

- A. Required Applicant Information and Certifications (*To be completed & included in the application as specified*)**
- B. Assurances**
- C. Application Score Sheet (*For applicant reference purposes*)**
- D. Project Budget Form (*To be completed and included in cost application packet as specified in Section 3.2, B.*)**

RFA Scoring Evaluation Instructions

EVALUATION CRITERIA:

WEIGHT: The weighted score breaks down your RFA evaluation criteria and assigns a value to each question or section. For example, your RFA criteria may consider certain criteria more important than others. Weighted scoring prioritizes the criteria that are most important to OhioMHAS by assigning them a point value. For example, if prior experience working with OhioMHAS is something of important value to the RFA, it would be weighted heavier than other criteria that are not as important when evaluating the RFA.

Please note that if your office or bureau does not utilize weighting, a one (1) or N/A can be utilized in its place.

EVALUATION TEAM: The evaluation team shall be comprised of three to five individuals, with three being the absolute minimum, who are required to individually review and score each application. The team members should have some knowledge of the RFA's subject matter; however, every member does not need to be knowledgeable in every aspect of the RFA. After each individual separately reviews and scores each application, a consensus meeting will take place to discuss all applications and determine a consensus score on a separate scoring sheet for each application. All finalized scoring sheets must be submitted to the Agency Procurement Officer for review and verification, prior to an award being made.

TECHNICAL REQUIREMENTS, EVALUATION, RATING, AND SCORING: Each application will be scored, and numerical technical point values will be assigned according to the criteria listed below. The scale (0-5) will be used to rate each application response to the RFA on the technical evaluation sections:

DOES NOT MEET	WEAK	BELOW AVERAGE	MEETS	ABOVE AVERAGE	STRONG
0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS

OhioMHAS will score the application responses by multiplying the score received in each category by its assigned weight and adding all categories together for the Offeror's total technical score. Representative numerical values are defined as follows:

- DOES NOT MEET (0): Response does not comply substantially with requirements or is not provided.
- WEAK (1): Response was poor related to meeting the objectives.
- BELOW AVERAGE (2): Response indicates the objectives will not be completely met or at a level that will be below average.
- MEETS (3): Response generally meets the objectives (or expectations).
- ABOVE AVERAGE (4): Response indicates the objectives will be exceeded.
- STRONG (5): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

Once each of the Evaluation Criteria's ratings are completed, to calculate the Extended Score you simply multiply the Weight by the Rating (Weight x Rating= Extended Score). An example of the Extended Score would look like this:

Evaluation Criteria	Weight	Rating (0-5)	Extended Score
Example 1	20	3	60
Example 2	10	5	50

Offeror's Total Technical Score: 110

Example 1: $20 \times 3 = 60$

Example 2: $10 \times 5 = 50$

Total Technical Score: $60 + 50 = 110$

Grants

Administration 4.24.24

Scoring Rubric

1. Application Score Sheet (For applicant reference purposes). Note that this form may be modified to meet the needs of the project. The Scoring Rubric must be submitted with the RFA to the Legal Office for review.

DOES NOT MEET	WEAK	BELOW AVERAGE	MEETS	ABOVE AVERAGE	STRONG
0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS

Organization: _____

Name: _____

Review Criterion	Weight	Rating 0-5	Extended Score
Face Sheet			
Abstract			
Scope of Work/Project Description Components:			

Requirements: Demonstration that applicant meets the minimum requirements to apply for the grant. Applications that do not meet the minimum requirements will not be scored.			
Experience: Demonstration that applicant has prior experience successfully implementing complex projects across multiple organizations, including prior experience developing training curricula, hosting trainings, and leading organizations to improve performance as applicable.			
Activities: Activities have been identified and are relevant to the funding opportunity.			
Timeline: A realistic timeline for each month of the project. The timeline should include objectives that are SMART (specific, measurable, achievable, relevant, and time-bound). All key dates, key activities, and responsible personnel should be outlined in detail and align with the proposed phases of the project.			
Evidence-based and evidence-supported practices (EBPs/ESIs): A discussion of proposed EBPs and ESIs. The discussion should include whether and/or how the proposed practices will be culturally sensitive and relevant to minority populations and other special populations of interest. If practices will need tailored to special populations, then please provide a description of practices may be appropriately tailored.			
OhioMHAS Cultural Linguistic Competency: Displays adherence to National CLAS Standards.			
Applicant Qualifications : The applicant clearly outlined their qualifications to conduct activities outlined in this opportunity.			
Steering Committee: Applicant provided names and brief description of organizations that will or are represented on a Steering Committee relevant to this funding opportunity.			
Letters of Support: Provided three (3) letters of support from organizations that will be or are represented on the Steering Committee for this grant relevant to this funding opportunity			
Outcome Measures: Realistic and achievable methodology for gathering outcomes and ensuring benchmarks will be achieved.			

Cost: Cost is reasonable, realistic, and is within the projected annual budget			
Total Score			

Comments:

Printed Name of Reviewer _____

Signature of Reviewer _____

Date _____