



Lynn Fitch
ATTORNEY GENERAL

Total Score	
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Opioid Settlement Fund Advisory Council Scoring Rubric

Applicant Name: _____

Reviewer Name: _____

Subcommittee Team #: _____

Note: Reviewer name will be redacted if form is provided to applicant.

Date Reviewed: _____

Application Eligibility and Minimum Requirements Checklist

Is this an eligible applicant as defined in the solicitation?

____ Yes ____ No

Does the applicant meet all provider requirements?

____ Yes ____ No

If not, what is missing?

Does the applicant provide all required attachments?

____ Yes ____ No

If not, what is missing?

Does the applicant sufficiently provide in their proposal narrative all information solicited?

____ Yes ____ No

If not, what is missing?

Would you like to request any clarifying information?

EVALUATION CRITERIA	POINTS
<p>Abatement Impact</p> <ul style="list-style-type: none"> • Project will treat, prevent, surveil, or reduce opioid use disorder or the misuse of opioids, or otherwise remediate the harmful effects of the opioid epidemic • Project aligns with one or more of the core strategies outlined in the settlement agreement exhibits listing opioid remediation uses • Overall, project will have a significant anticipated impact on opioid abatement <p>Additional Comments:</p>	<p>____ /20</p>
<p>Proposal Narrative and Attachments</p> <ul style="list-style-type: none"> • Applicant identifies the nature and scope of the problem the proposed program or project will address • Applicant identifies the type of harm caused by the opioid crisis • Applicant describes any previous attempts by the applicant to address the problem and any current programs of the applicant which address the problem • Applicant clearly states the goals and objectives of the proposed program or project and provides a detailed description of proposed actions required to complete the program or project • Applicant identifies specific services which will be provided to people through the proposed program or project • Applicant identifies any program or project partners and submits any Memoranda of Understanding with such partners, if applicable <p>Additional Comments:</p>	<p>____ /25</p>
<p>Geographic Area and Population to be Served</p>	

<ul style="list-style-type: none"> • Project will serve a large geographic area, a disproportionately impacted geographic area, or a geographic area currently lacking access to the types of services the project aims to provide • Project will be for the benefit of residents of Mississippi • Applicant organization is located, incorporated, or otherwise deeply connected to and invested in the State of Mississippi • Project will serve an underserved or under-resourced population • Project will serve a population that has been disproportionately impacted by the opioid epidemic • Project will serve a variety of individuals from different age groups and of different socioeconomic status <p>Additional Comments:</p>	<p>____/20</p>
<p>Financial Stability</p> <ul style="list-style-type: none"> • Applicant has multiple sources of income • Applicant has a clearly established accounting system, a policy for handling bank statements, disbursements and procurements, a mechanism for internal financial controls, and a property control policy • Applicant has provided a thorough and satisfactory statement of financial affairs in the form required by the Secretary of State • Budget request is reasonable and includes allowable expenses, with no more than 10% of the proposed grant funds to be spent on administrative costs • Budget demonstrates a clear nexus between the specific project and the proposed budget items • Applicant provides a plan for the collection of performance and financial data • Budget only contains items that are supported by the proposal narrative <p>Additional Comments:</p>	<p>____/10</p>

<p>Matching Funds</p> <ul style="list-style-type: none"> Applicant certifies ability to provide matching funds, in cash or in-kind, at a level of at least 10% 	<p>_____/10</p>
<p>Project Sustainability</p> <ul style="list-style-type: none"> Applicant demonstrates institutional experience, expertise, and staffing necessary to successfully implement the project Applicant will utilize evidence-based practices in the execution of the project Organization has provided similar services for a significant length of time Program describes a plan for the continuity of services without additional state funding Application describes community-level support for the value of the project and a high need for the services Applicant has strong letters of support from community stakeholders <p>Additional Comments:</p>	<p>_____/15</p>
<p>TOTAL</p>	<p>_____/100</p>
<p>Recommended Tier Number</p> <p>1: 90-100</p> <p>2: 80-89</p> <p>3: 70-79</p> <p>4: 60-69</p> <p>5: 59 or below</p>	

Overall Strengths:

Overall Weaknesses: