Lynn Fitch
ATTORNEY GENERAL

Total Score	

Human Trafficking Fund Application Review Form

Applicant Name: _____

Reviewer Name: _____

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?

To which priority(ies) is the applicant writing?

____1 ____2 ____3 ____4

Does the applicant's project adequately support the priority(ies) to which they are writing?

____Yes ____No

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

____ Yes ____ No

If not, what is missing?

Does the applicant provide all required attachments?

____ Yes ____ No

If not, what is missing?

Would you like to request any clarifying information?

____ Yes ____ No

The next part of your panel review form is intended to gauge your overall impression of the integrity and worthiness of the applicant's proposal and the applicant's ability to implement and sustain the proposed program/project. Please do not base your scores on whether the applicant has merely provided the information listed. Rather, use the bulleted lists as a guide in working through these priorities addressed in the application to determine whether the proposed program/project scores high enough to warrant funding in this grant cycle.

EVALUATION CRITERIA	**POINTS**
Description of the Program/Project to address human trafficking and the applicant's ability to implement the proposed program/project *Overall, does the applicant propose a program/project that adequately addresses a clear problem in the statewide effort to combat human trafficking? Has the applicant demonstrated the expertise and ability required to implement the proposed program/project?* • Clearly highlights the priority(ies) for which the applicant is writing • Shelter providers: clearly states the maximum length of stay for clients and is specific about the location of beds, i.e. whether they are in an existing domestic violence or other shelter • Non-shelter providers: clearly provides a projection of the number of human trafficking clients they will serve in this grant cycle and includes a fee-for-service breakdown with a total amount for which they are applying • Clearly describes the nature and scope of the problem the proposed program/project will address • Clearly describes the program/project to address the specified problem • States clearly the goals and objectives of the program/project, including how the geographic area served will be impacted as a whole and the number of victims expected to be served by the program/project • Provides a detailed description of proposed actions required to complete the program/project • Describes specific services that will be provided to victims through the program/project • Describes specifically how the program/project will utilize trauma-informed and evidence-based practices when serving victims • Describes how the applicant will support victim-informed decisions and autonomy while providing services to victims through the program/project • Demonstrates institutional experience and expertise to implement the proposed program/project effectively • Describes any history of providing specialized services for victims of human trafficking	____ /50

• Demonstrates sustained victim services for human trafficking victims that correlate with the requested funding • Distinguishes human trafficking services from other services evidenced by specialized programming, designated spaces/staff, policies, and/or publicized services • Describes the specific roles and responsibilities of all staff and volunteers who will be involved in the proposed program/project • Provides a detailed description of trauma-informed, victim service training provided to staff and volunteers • Demonstrates that staff has the appropriate training to carry out all of the duties proposed for the program/project (i.e. Curriculum Vitae, resumes, etc.) • Identifies program/project partners, if applicable • Provides a plan for collection of performance measure data, including, if available, pre-existing measurable outcomes Additional Comments:	
Survivor Autonomy *Overall, is it clear that survivor autonomy is a priority in the implementation of the proposed program/project? What about the applicant's human trafficking victim services as a whole?* • Procedures and policies demonstrate that applicant provides all survivors access to safe shelter, counseling and/or other assistance without discriminating in its admissions or provision of services on the basis of race, religion, color, age, disability, marital status, national origin, or ancestry • Procedures and policies do not require victims to take certain actions (e.g. report to law enforcement or achieve sobriety) to be eligible for or to receive services Additional Comments:	____/10
Financial Stability *Overall, has the applicant demonstrated the financial stability and integrity of their organization and proposed a 12-month budget directly tied to the proposed program/project?* • Applicant has multiple (at a minimum, 2) sources of income • Applicant has a clearly established accounting system; a policy for handling bank statements, disbursements and procurements; and a property control policy • Applicant has provided a thorough and satisfactory annual audit • Applicant certifies and shows that it receives local funds in an amount not less than 15% of the requested award (may include in-kind contributions) • Budget request is reasonable and includes allowable expenses	____/20

• Budget clearly demonstrates link between the specific project and the proposed budget items • Budget only contains items that are supported by the proposal narrative Additional Comments:	
Sustainability *Overall, has the applicant demonstrated sustainability of services for human trafficking victims in a way that is not solely reliant on the grant? Do they have the support of the community?* • Applicant provides a plan for how the applicant will sustain the continuity of services without additional state funding • Applicant has strong letters of support from community stakeholders Additional Comments:	____/20
TOTAL	____ /100

Funding Recommendations

- Overall Strengths:

- Overall Weaknesses:

If $1 million is available to award, do you recommend this applicant for full funding, partial funding, or no funding? If partial funding, please list the amount and any revisions to the proposed budget you would make.

For example, you might recommend that the applicant be awarded only 40% of the entire proposed budget, or you might recommend more specific reductions such as funding salaries at 75% of the proposed budget, not funding any of the proposed travel budget, and funding the rest of the budget as is.

____ **Full Funding:** ___Insert amount_____

____ **Partial Funding:** ___Insert amount and explanations of revisions_____

____ **No Funding**

It may be that the Committee has less than $1 million to award this year. If funds are limited, please list any items from this proposal, in order of priority, that you believe should be considered by the Committee on their final list of awards and at what funding amount.