

| EXHIBIT E EVALUATION SCORE TOOL Criteria, Sub-criteria Sheet RFA HHS0009996 TNFP | | | | |
|--|---|--------|-------|----------|
| Evaluator | | | | |
| Applicant | | | | |
| # | Criteria | Weight | Score | Comments |
| 1 | Applicant's Background and Experience | | | |
| 1.1 | How well does the Application demonstrate: - experience administering programs of a similar scale and scope -alignment between organization mission and project scope? | 5% | | |
| 1.2 | How well does the Application demonstrate experience working with and an understanding of the proposed client population? | 8% | | |
| 1.3 | How well does the Application detail rationale and plans to serve pregnant and parenting mothers and their families, especially any special populations identified? | 7% | | |
| 1.4 | How well does the Application detail existing relationships with applicable community stakeholders to serve pregnant and parenting mothers and their families? | 5% | | |
| SUM | | 25% | | |
| 2 | Needs Assessment & Goals | | | |
| 2.1 | How well does the Application provide a relevant and comprehensive CSNA, including geographic, community, and population factors? | 5% | | |
| 2.2 | How well does the Application identify goals, objectives and outcomes in the Exhibit H Program Narrative and link to/address factors identified in the CSNA? | 5% | | |
| SUM | | 10% | | |
| 3 | Project Delivery | | | |
| 3.1 | How well does the Application demonstrate an understanding of and justification for the proposed programming? | 5% | | |
| 3.2 | How well does the Application demonstrate the Applicant's preparedness to undertake collaborative efforts with community organizations and justify the proposed strategies? | 5% | | |
| 3.3 | How well does the Application demonstrate the reasonableness of the implementation plan, timeline, and likelihood of success? | 5% | | |
| 3.4 | How well does the Application demonstrate a plan for effective program outreach, Participant identification and recruitment, engagement, and retention? | 5% | | |
| 3.5 | How well does the Application demonstrate a clear and effective implementation plan for every stage of Participant engagement, from intake to service delivery to case closure? | 5% | | |
| 3.6 | How well does the Application demonstrate proposed services including outlining how the Applicant will provide resources and supports to Mothers and their Families? | 5% | | |
| 3.7 | How well does the Application demonstrate proposed administrative, Nurse Supervisor, and Nurse Home Visitor staff will be able to meet the goals of this Grant? | 5% | | |
| 3.8 | How well does the Application describe the plan for TNFP program management and oversight including staffing, supervision, and service quality? | 5% | | |
| 3.9 | How well does the Application plan for and demonstrate collaboration with community partners, including but not limited to local hospital/clinic, local mental health organization, and local CPS office or local nonprofit currently serving foster youth. | 5% | | |
| SUM | | 45% | | |
| 4 | Financial Stability | | | |
| 4.1 | How well does the Application demonstrate administrative ability and financial ability to oversee a TNFP Grant? | 5% | | |
| 4.2 | How well does the Applicant's financial statements demonstrate financial stability? | 5% | | |
| SUM | | 10% | | |
| 5 | Reasonable Project Cost | | | |
| 5.1 | How well does the Exhibit Q Expenditure Proposal align with and reflect the elements outlined in the Exhibit I-Project Work Plan as well as provide a reasonable, allocable and allowable cost methodology? | 5% | | |
| 5.2 | How well does the Exhibit Q Expenditure Proposal demonstrate appropriate use of funding and allocation of resources? | 5% | | |
| SUM | | 10% | | |
| TOTAL (%) | | 100% | | |