

ATTACHMENT E: EVALUATION TOOL



<b>Applicant:</b>		
<b>Evaluator:</b>		
<b>Date:</b>		
<b>Section 1: The evaluator will stop if the answer is "No" to any of the following three questions. Applications will not be awarded if any of the answers are "No."</b>		
<b>Scoring</b>	<b>Yes or No</b>	
Does the application adequately describe how the project plan aligns with <a href="#">at least one</a> State Health Improvement Plan priority?		
Does the application indicate the required amount and source of matching funds other than funds from the state legislature?		
Does the application include all required elements (cover sheet, project narrative, project plan, budget, and budget justification)?		
<b>Section 2: Points will be awarded based on how well the application addresses the following:</b>		
<b>Scoring</b>	<b>Maximum Points</b>	<b>Points Awarded</b>
How well does the project address one or more of the State Health Improvement Plan priority recommendations?	30	
How well-defined are the project goals, activities, and timelines?	25	
How well will the process and outcome measures be reported? How well will the identified evaluation measures illustrate the impact on health priorities?	25	
Does the project demonstrate a tie to data-informed community needs and/or have community partnership/collaborative support?	20	
<b>Total</b>	<b>Possible Points</b> <b>100</b>	<b>Points Awarded</b>

**Evaluator Comments:**