ATTACHMENT 13
PROPOSAL SCORECARD

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
Narrative Section A: Justification of Need		100
Narrative Section B: Applicant Infrastructure, Experience and Capacity		100
Narrative Section C: Local Advisory Board and Cultural Competence		50

PROGRAM SCORES	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
Narrative Section D: Program Description for EBI #1		600
Narrative Section E: Program Description for EBI #2		600
Narrative Section F: Program Description for CRCS		600
Narrative Section G: Program Description for CTR		600
Narrative Section H: Program Description for Targeted Outreach		600
Narrative Section I: Program Description for Social Marketing		600
Narrative Section J: Program Description for Home-Grown Program		600

Average of Program Scores (Sections D through J) *Calculate the average program score utilizing only scores from completed sections and ignoring sections for which the applicant is not seeking funding.*		600
Narrative Section K: Referral Network & Tracking System		50
Narrative Section L: Record Maintenance and Data Management		50
Narrative Section M: Collaboration		50
TOTAL SCORE =		1000

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION A: JUSTIFICATION OF NEED		
1. Quality of the applicant's description of the HIV prevention services it currently provides.		**5**
2. Extent to which the applicant identifies other organizations that currently provide similar HIV prevention services in the proposed geographic area.		**5**
3. Quality and thoroughness of the applicant's description of its proposed target population(s) for each intervention proposed.		**20**
4. Quality and thoroughness of the applicant's description of the factors that place the selected target population(s) at high risk for HIV infection or for transmitting the virus.		**15**
5. Quality and thoroughness of the applicant's description of the nature and impact of HIV/AIDS in the proposed service area.		**25**
6. Quality and thoroughness of the applicant's description of the nature and impact of HIV/AIDS on members of the proposed target population(s) in the proposed service area.		**25**
7. Extent to which the applicant's proposed program would help meet needs identified in Georgia's comprehensive HIV prevention plan. • Applicants must use HIV/AIDS data and HIV needs assessment data to provide the information requested in this section. • Within this narrative section, applicants must also refer to the Georgia HIV Prevention Plan.		**5**
TOTAL SCORE FOR SECTION A:		**100 MAX**

NARRATIVE SECTION B: APPLICANT INFRASTRUCTURE, EXPERIENCE, CAPACITY		
1. Quality of the applicant's description of its history and service with the proposed target population(s).		**35**
2. Extent to which the applicant currently provides HIV prevention services in the proposed service area. This should include a description of the successes and challenges of its current programs and a description of funds received (from any source) to conduct HIV/AIDS programs for the applicant's proposed target population(s).		**15**
3. Extent to which the applicant has provided HIV prevention services in the past. The description must include the number of years each service was provided and the population(s) served.		**75**
4. Quality of the applicant's description of how it measures programmatic effectiveness (e.g., number of clients recruited, percent of clients completing all sessions of an intervention, percent of tested clients that receive their test results, client satisfaction) and how the agency defines a successful program.		**20**
5. Quality of the applicant's plans to ensure that staff members have at least one year of prior experience in working with the target population(s).		**35**
6. Adequacy of the applicant's infrastructure in terms of financial management systems, board governance, personnel policies and procedures (e.g., policies on staff and client safety, confidentiality, security).		**20**
TOTAL SCORE FOR SECTION B:		**200 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION C: LOCAL ADVISORY BOARD AND CULTURAL COMPETENCE		
1. Quality of the applicant's plans to establish and manage a local advisory board that includes members of the target population(s).		**20**
2. Quality of the applicant's plans for involving the target population(s) in planning and implementing the proposed services and how the applicant will ensure that services continue to be responsive to the needs of the target population(s).		**20**
3. Quality of the applicant's plan to ensure that services are culturally sensitive and relevant. Note: The applicant should state the number and percentage of persons on the advisory board who will be members of the applicant's selected target population(s).		**10**
TOTAL SCORE FOR SECTION C:		**50 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION D: PROGRAM DESCRIPTION FOR EBI #1 (EBI = EFFECTIVE BEHAVIORAL INTERVENTION) **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Target population(s): Quality of the applicant's description of the intended primary target population(s) for the intervention.		**10**
2. Choice of intervention and rationale: Quality of the applicant's description of the intervention and rationale for selecting this particular intervention for the proposed target population(s).		**30**
3. Previous experience: Extent to which the applicant has previous experience implementing the selected intervention.		**10**
4. Part One of the Project Plan:		
(a) Core elements: Quality of the applicant's plan for incorporating the core elements of the intervention into the delivery of the intervention.		**25**
(b) Implementation: Quality of the applicant's plan for implementing the intervention.		**175**
(c) Adaptation (if applicable): Quality of the applicant's rationale for proposing to adapt an intervention (only if the applicant should decide to implement an intervention for a target population(s) but the applicant's proposed intervention and population(s) are not shown as a match in Attachment 15). • If there exist any EBI's that were designed for the applicant's selected target population(s), the applicant must explain why none of those other already-existing EBI's would be good options (if implemented without adaptation) for serving the applicant's selected target population(s). • The applicant must describe the specific changes it intends to make to the EBI it has selected for the target population(s). • The applicant must explain why these intended changes will be necessary to meet the needs of its selected target population(s). • The applicant must affirm that it still plans to implement all of the core elements and key characteristics of the intervention.		**30**
(d) Client pool: Quality of the applicant's description of the pool from which it plans to recruit individuals into the intervention.		**30**
(e) Client eligibility criteria and screening: Quality of the applicant's description of its eligibility criteria for client participation in the intervention and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.		**50**
(f) Intervention frequency: Quality of the applicant's description of how often it will deliver a new cycle of the intervention (e.g., once per week, twice per month) and how many individuals will receive the intervention each time a cycle is delivered.		**10**
5. Part Two of the Project Plan:		
(a) Recruitment strategies: Quality of the applicant's proposed strategies for recruiting individuals into the intervention and retaining them throughout. Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.		**50**
(b) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(c) Intervention locations or settings: Quality of the applicant's description of the setting(s) where the intervention will be implemented including (1) how the applicant will determine if the setting is appropriate for and appealing to the target population(s); and (2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population(s).		**30**
(d) Quality of the applicant's description of when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).		**10**
(e) Program Process Monitoring: (1) Quality of the applicant's written goals for the intervention. (2) Quality of the applicant's list of written measurable objectives for when the intervention is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). Applicant should include objectives for each year in terms of total number of target population(s) clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention. (3) Quality of the applicant's description of how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(f) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(g) Quality of the applicant's plans to ensure the following: (1) Ensuring the intervention is being delivered in an appropriate, culturally competent and sensitive manner; (2) Ensuring the intervention is being delivered with fidelity to the program implementation package, core elements, key characteristics and required procedures of the intervention (e.g., observation of staff); and (3) Ensuring the intervention is meeting the needs of the target population(s) (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).		**10**
(h) Quality of the applicant's Staffing plan, which should address the following: (1) staffing for effective planning and oversight of the intervention or service; (2) staffing for effective delivery of the intervention or service; (3) staffing for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH; (4) staffing for maintenance of client records and management of program data related to the intervention or service.		**25**
(i) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing this intervention (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in the intervention, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION D:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION E: PROGRAM DESCRIPTION FOR EBI #2 (EBI = EFFECTIVE BEHAVIORAL INTERVENTION)		
NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.		
1. Target population(s): Quality of the applicant's description of the intended primary target population(s) for the intervention.		**10**
2. Choice of intervention and rationale: Quality of the applicant's description of the intervention and rationale for selecting this particular intervention for the proposed target population(s).		**30**
3. Previous experience: Extent to which the applicant has previous experience implementing the selected intervention.		**10**
4. Part One of the Project Plan:		
(a) Core elements: Quality of the applicant's plan for incorporating the core elements of the intervention into the delivery of the intervention.		**25**
(b) Implementation: Quality of the applicant's plan for implementing the intervention.		**175**
(c) Adaptation (if applicable): Quality of the applicant's rationale for proposing to adapt an intervention (only if the applicant should decide to implement an intervention for a target population(s) but the applicant's proposed intervention and population(s) are not shown as a match in Attachment 15). *Note: If no adaptation is proposed, assign 30 points to this item.*		**30**
(d) Client pool: Quality of the applicant's description of the pool from which it plans to recruit individuals into the intervention.		**30**
(e) Client eligibility criteria and screening: Quality of the applicant's description of its eligibility criteria for client participation in the intervention and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.		**50**
(f) Intervention frequency: Quality of the applicant's description of how often it will deliver a new cycle of the intervention (e.g., once per week, twice per month) and how many individuals will receive the intervention each time a cycle is delivered.		**10**
5. Part Two of the Project Plan:		
(a) Recruitment strategies: Quality of the applicant's proposed strategies for recruiting individuals into the intervention and retaining them throughout. Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.		**50**
(b) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**
(c) Intervention locations or settings: Quality of the applicant's description of the setting(s) where the intervention will be implemented including (1) how the applicant will determine if the setting is appropriate for and appealing to the target population(s); and (2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population(s).		**30**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(d) Quality of the applicant's description of when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).		**10**
(e) Program Process Monitoring: (1) Quality of the applicant's written goals for the intervention. (2) Quality of the applicant's list of written measurable objectives for when the intervention is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). Applicant should include objectives for each year in terms of total number of target population(s) clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention. (3) Quality of the applicant's description of how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(f) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(g) Quality of the applicant's plans to ensure the following: (1) Ensuring the intervention is being delivered in an appropriate, culturally competent and sensitive manner; (2) Ensuring the intervention is being delivered with fidelity to the program implementation package, core elements, key characteristics and required procedures of the intervention (e.g., observation of staff); and (3) Ensuring the intervention is meeting the needs of the target population(s) (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).		**10**
(h) Quality of the applicant's Staffing plan, which should address the following: (1) staffing for effective planning and oversight of the intervention or service; (2) staffing for effective delivery of the intervention or service; (3) staffing for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH; (4) staffing for maintenance of client records and management of program data related to the intervention or service.		**25**
(i) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing this intervention (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in the intervention, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION E:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION F: PROGRAM DESCRIPTION FOR COMPREHENSIVE RISK COUNSELING & SERVICES (CRCS) **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Target population(s): Quality of the applicant's description of the intended primary target population(s) for CRCS.		**10**
2. Choice of intervention and rationale: Quality of the applicant's description of CRCS as an intervention and rationale for selecting CRCS for the proposed target population(s).		**30**
3. Previous experience: Extent to which the applicant has previous experience implementing CRCS.		**10**
4. Part One of the Project Plan:		
(a) Client pool: Quality of the applicant's description of the pool from which it plans to recruit individuals into CRCS.		**30**
(b) Client eligibility criteria and screening: Quality of the applicant's description of the eligibility criteria for client participation in CRCS and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.		**50**
(c) Individualized prevention plan: Quality of the applicant's plans for ensuring each CRCS client receives an individualized prevention plan with measurable objectives.		**75**
(d) Monitoring client progress: Quality of the applicant's plans to conduct ongoing monitoring and reassessment of client needs and progress.		**50**
(e) Quality of the applicant's plans for client discharge and readmission.		**50**
(f) Quality of the applicant's plans for ensuring an appropriate caseload for each CRCS staff member, to ensure the CRCS program includes time for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions.		**20**
(g) Coordination: Quality of the applicant's plans for coordinating client support with other case management programs and providing referrals as needed for clients enrolled in CRCS.		**20**
5. Part Two of the CRCS Project Plan:		
(a) Recruitment strategies: Quality of the applicant's proposed strategies for recruiting individuals into the intervention and retaining them throughout. Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.		**50**
(b) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**
(c) Intervention locations or settings: Quality of the applicant's description of the setting(s) where CRCS will be implemented including (1) how the applicant will determine if the setting is appropriate for and appealing to the target population(s); and (2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population(s).		**30**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(d) Start date: Identify when (month/year) full implementation of CRCS will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).		**10**
(e) Program Process Monitoring: (1) Quality of the applicant's written goals for CRCS. (2) Quality of the applicant's list of written measurable objectives for when the CRCS is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). Applicant should include objectives for each year in terms of total number of target population(s) clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention. (3) Quality of the applicant's description of how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(f) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(g) Quality of the applicant's Quality Assurance plans, which should address the following: (1) ensuring the intervention is being delivered in an appropriate, competent, and sensitive manner; (2) ensuring the intervention is being delivered with fidelity (e.g., observation of staff); and (3) ensuring the intervention is meeting the needs of the target population(s) (e.g., client satisfaction surveys).		**10**
(h) Quality of the applicant's Staffing plan, which should address the following: (1) planning and oversight of the intervention; (2) delivery of the intervention; (3) collecting, entering, analyzing, and using standardized CRCS program monitoring data and CRCS program performance indicators related to the intervention and reporting data and indicators to DCH; (4) quality assurance activities that will be conducted on the CRCS sessions; and (5) maintenance of client records and management of program data related to the intervention.		**25**
(i) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing CRCS (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in CRCS, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION F:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION G: PROGRAM DESCRIPTION FOR COUNSELING, TESTING AND REFERRAL SERVICES (CTR) **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Target population(s): Quality of the applicant's description of the intended primary target population(s) for CTR.		**10**
2. Description of the program: Quality of the applicant's description of the proposed CTR services and how the applicant plans to ensure that the CTR services are integrated into the applicant's overall HIV prevention program.		**30**
3. Previous experience: Extent to which the applicant has previous experience implementing a CTR program.		**10**
4. Part One of the CTR Project Plan:		
(a) Test technologies: Quality of the applicant's description of the specific HIV rapid testing technologies it intends to utilize in the CTR program.		**25**
(b) Confirmatory testing: Quality of the applicant's plans for ensuring individuals with reactive (preliminary positive) rapid HIV test results will participate in confirmatory testing (such as OraSure or another form of confirmatory testing).		**30**
(c) Providing test results: Quality of the applicant's plans for ensuring clients receive their test results, particularly clients who test positive.		**30**
(d) Risk-reduction counseling: Quality of the applicant's plans for ensuring risk- reduction counseling is provided to (1) persons whose HIV test results are positive and (2) persons whose HIV test results are negative but who are at ongoing high risk for HIV infection.		**30**
(e) Linkage to care and services for clients testing positive: Quality of the applicant's plans for ensuring persons testing HIV-positive are successfully linked to medical care and treatment, case management, and HIV prevention services (i.e., prevention with positives).		**75**
(f) Partner services: Quality of the applicant's plans for ensuring persons who test HIV- positive are linked to local county health departments for Partner Services.		**45**
(g) Prevention services for clients testing negative: Quality of the applicant's plans for linking to additional prevention services, those persons who test HIV-negative but are at ongoing high risk for HIV infection.		**20**
(h) Service integration: Quality of the applicant's plans for integrating STD, viral hepatitis, and TB screening and prevention into the CTR program.		**20**
(i) Addressing other CTR requirements: Quality of (1) the applicant's description of the steps it will take to ensure that the CTR program meets all local, state, and federal requirements for HIV prevention counseling, testing, and referral services; (2) the applicant's plans to ensure that the CTR program has appropriate medical and laboratory oversight; and (3) how the applicant will report confirmed HIV positive tests to state and local health departments.		**25**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(j) Applicants must provide the following: (1) A letter of support from the local county health department or health district verifying that the applicant has discussed the details of the proposed CTR program with the local health department or health district and agrees to follow its guidelines for these services. (2) CLIA Certificate of Waiver		**20**
5. Part Two of the CTR Project Plan:		
(a) Recruitment strategies: Quality of the applicant's plans for recruiting individuals to CTR services. This should include a description of the following: (1) How the applicant will ensure it reaches high-risk members of the target population(s) who have not been tested in the last six months or do not know their HIV serostatus into CTR services (e.g., targeted outreach, social networks, social marketing, incentives and participation in other programs at the agency). (2) How the target population(s) will be involved in developing the recruitment strategies; (3) Whether or not incentives will be used to facilitate client recruitment and retention. If incentives will be used, the rationale for using them and the cost of each incentive. If incentives will be provided, applicant should include in "Appendix F: Other Documentation" a copy of the applicant's written procedures and internal controls for the purchase, storage, tracking, distribution and accounting of all incentives. (4) Client eligibility criteria: Quality of the applicant's plans for screening clients for eligibility to participate in CTR using behavioral risk assessment criteria. Applicant should also state the specific eligibility criteria for client participation in HIV testing. Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.		**50**
(b) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**
(c) Intervention locations or settings: Quality of the applicant's description of the setting(s) where CTR will be implemented including (1) how the applicant will determine if the setting is appropriate for and appealing to the target population(s); and (2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population(s).		**30**
(d) Start date: Identify when (month/year) full implementation of CTR will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).		**10**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(e) Program Process Monitoring: (1) Quality of the applicant's written goals for CTR. (2) Quality of the applicant's list of written measurable objectives for when the CTR is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). Applicant should include objectives for each year in terms of total number of target population(s) clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention. (3) Quality of the applicant's description of how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(f) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(g) Quality of the applicant's Quality Assurance plans, which should address plans for ensuring the following: (1) Appropriate standards for HIV testing are being met; (2) Risk-reduction counseling provided in association with testing is being delivered in an appropriate, competent, and sensitive manner (e.g., observation of staff); (3) The CTR services are meeting the needs of the target population(s) (e.g., client satisfaction surveys).		**10**
(h) Quality of the applicant's Staffing plan, which should address the following: (1) planning and oversight of the intervention; (2) delivery of the intervention; (3) collecting, entering, analyzing, and using standardized CTR program monitoring data and CTR program performance indicators related to the intervention and reporting data and indicators to DCH; (4) quality assurance activities that will be conducted on the CTR sessions; and (5) maintenance of client records and management of program data related to the intervention.		**25**
(i) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing CTR (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in CTR, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION G:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION H: PROGRAM DESCRIPTION FOR TARGETED OUTREACH **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Previous experience: Extent to which the applicant has previous experience implementing Targeted Outreach.		**10**
2. Target population(s): Quality of the applicant's description of the intended primary target population(s) for Targeted Outreach.		**10**
3. Quality of the applicant's description of the main goals (purpose) of its Targeted Outreach program.		**30**
4. Part One of the Project Plan:		
(a) Implementation: Quality of the applicant's plans for implementing its Targeted Outreach program.		**100**
(b) Completeness of the applicant's description of locations where outreach will be conducted. For each location, the applicant should provide the following information: name of the location; street address; whether the location will be for active street outreach, fixed-site outreach and/or drop-off site outreach; whether or not the applicant has conducted outreach there in the past; and how often the applicant will implement Targeted Outreach (e.g., once per week, twice per month). • Quality of the applicant's plans for building trust and credibility in the eyes of potential target population(s) clients. • Extent to which the demographics and characteristics of the applicant's outreach workers match those of the target population(s). • Completeness of the applicant's description of the specific number and type of materials that will be distributed, such as latex condoms, non-oil based lubricants and other risk reduction and educational materials. • Quality of the applicant's plans for keeping count of distributed materials.		**150**
(c) To help ensure the safety of paid and volunteer personnel while conducting off-site outreach and recruitment of clients, applicant must submit a copy of its Safety Protocol as part of Appendix F: Other Documentation.		**50**
5. Part Two of the Project Plan:		
(a) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**
(b) Start date: Identify when (month/year) full implementation of the Targeted Outreach Program will be accomplished.		**10**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(c) Program Process Monitoring: (1) Quality of the applicant's procedures for collecting and recording the following process data for each outreach activity: date of activity, duration, location, client population(s), team identification, team size, type of outreach, number of client contacts, types of services provided, number (and type) of print materials distributed, number of condoms distributed, number of lubricants distributed and number of other collateral items distributed (palm cards, incentives, etc.). (2) Quality of the applicant's measurable objectives for when the Targeted Outreach program is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). (3) Quality of the applicant's plans for utilizing program monitoring data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(d) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(e) Quality of the applicant's plans for ensuring the following: (1) Ensuring the Targeted Outreach program is being delivered in an appropriate, culturally competent and sensitive manner. (2) Ensuring the Targeted Outreach program is meeting the needs of the target population(s) (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).		**10**
(f) Staffing: Quality of the applicant's staffing plans, which should address the following: (1) planning and oversight of the Targeted Outreach program; (2) staffing for effective delivery of the Targeted Outreach program; (3) staffing plans for collecting, entering, analyzing and reporting data to DCH; (4) maintenance and management of client records and program data.		**25**
(g) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing Targeted Outreach (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in Targeted Outreach, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION H:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION I: PROGRAM DESCRIPTION FOR SOCIAL MARKETING **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Previous experience: Extent to which the applicant has previous experience implementing Social Marketing.		**10**
2. Target population(s): Quality of the applicant's description of the intended primary target population(s) for Social Marketing.		**10**
3. Quality of the applicant's description of the main goals (purpose) of its Social Marketing program.		**30**
4. Part One of the Project Plan:		
(a) Implementation: Quality of the applicant's plans for implementing its Social Marketing program.		**100**
(b) Completeness of the applicant's description of the specific Social Marketing activities it plans to conduct. For each activity, the applicant should provide the following information: type of activity (print media, radio, television, etc.); whether the applicant has implemented the activity in the past; how often each activity will be implemented; and how many persons will be exposed to the applicant's Social Marketing message and how this number was calculated.		**155**
(c) Extent to which the demographics and characteristics of the applicant's staff members (those who will be responsible for implementing the Social Marketing plan) match those of the target population(s).		**75**
5. Part Two of the Project Plan:		
(a) Start date: Identify when (month/year) full implementation of the Social Marketing Program will be accomplished.		**10**
(b) Program Process Monitoring: (1) Quality of the applicant's procedures for collecting and recording the following process data for each Social Marketing activity, including a list of the specific variables to be measured. (2) Quality of the applicant's measurable objectives for when the Social Marketing program is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). (3) Quality of the applicant's plans for utilizing program monitoring data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(d) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(e) Quality of the applicant's plans for ensuring the following: (1) Ensuring the Social Marketing program is being delivered in an appropriate, culturally competent and sensitive manner. (2) Ensuring the Social Marketing program is meeting the needs of the target population(s) (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).		**10**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(f) Staffing: Quality of the applicant's staffing plans, which should address the following: (1) planning and oversight of the Social Marketing program; (2) staffing for effective delivery of the Social Marketing program; (3) staffing plans for collecting, entering, analyzing and reporting data to DCH; (4) maintenance and management of client records and program data.		**25**
(g) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing Social Marketing (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in Social Marketing, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION I:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION J: PROGRAM DESCRIPTION FOR HOME-GROWN PROGRAM **NOTE: In scoring this section, please also take into consideration the "Intervention Implementation Planning Tools" which the applicant should have completed and included as part of Appendix C. The "Intervention Implementation Planning Tools" are mandatory templates for the creation of work plans.**		
1. Target population(s): Quality of the applicant's description of the intended primary target population(s) for this Home-Grown Program.		**10**
2. Choice and rationale: Quality of the applicant's rationale for selecting this particular approach for the proposed target population(s).		**30**
3. Previous experience: Extent to which the applicant has previous experience implementing this Home-Grown Program.		**10**
4. Part One of the Project Plan:		
(a) Implementation: Quality of the applicant's plans for implementing its Home-Grown program.		**230**
(b) Quality of the applicant's plans for recruiting clients into the Home-Grown program, including a discussion of the client pool		**30**
(c) Client eligibility criteria and screening: Quality of the applicant's description of its eligibility criteria for client participation in the intervention and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.		**50**
(d) Program frequency: Quality of the applicant's description of how often it will deliver a new cycle of the intervention (e.g., once per week, twice per month) and how many individuals will receive the intervention each time a cycle is delivered.		**10**
5. Part Two of the Project Plan:		
(a) Recruitment strategies: Quality of the applicant's proposed strategies for recruiting individuals into the intervention and retaining them throughout. Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.		**50**
(b) Referrals: Quality of the applicant's plans for providing referrals to clients and coordinate certain activities with other service providers.		**20**
(c) Intervention locations or settings: Quality of the applicant's description of the setting(s) where the intervention will be implemented including (1) how the applicant will determine if the setting is appropriate for and appealing to the target population(s); and (2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population(s).		**30**
(d) Quality of the applicant's description of when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).		**10**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
(e) Program Process Monitoring: (1) Quality of the applicant's written goals for the intervention. (2) Quality of the applicant's list of written measurable objectives for when the intervention is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). Applicant should include objectives for each year in terms of total number of target population(s) clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention. (3) Quality of the applicant's description of how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives.		**30**
(f) Quality of the applicant's plans for data collection and reporting, including use of Program Evaluation Monitoring System (PEMS) software.		**30**
(g) Quality of the applicant's plans to ensure the following: (1) Ensuring the intervention is being delivered in an appropriate, culturally competent and sensitive manner; (2) Ensuring the intervention is meeting the needs of the target population(s) (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).		**10**
(h) Quality of the applicant's Staffing plan, which should address the following: (1) staffing for effective planning and oversight of the Home-Grown Program; (2) staffing for effective delivery of the Home-Grown Program; (3) staffing for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH; (4) staffing for maintenance of client records and management of program data related to the intervention or service.		**25**
(i) Quality of the applicant's Staff Training plan, which should include a list of all the employees who will be responsible for implementing this Home-Grown Program (including current as well as future employees) and each employee's history of training in the intervention or service. If an employee has not yet been trained in the intervention, the applicant should describe plans for getting the employee trained as soon as possible.		**25**
TOTAL SCORE FOR SECTION J:		**600 MAX**

	ACTUAL SCORE GIVEN	MAXIMUM POSSIBLE SCORE
NARRATIVE SECTION K: REFERRAL NETWORK AND TRACKING SYSTEM		
1. Referral network: Quality of the applicant's referral network plans, to ensure that clients identified through the program (both HIV-infected persons and high-risk negatives) have easy access to comprehensive services, including primary care, life-prolonging medications, other prevention services, and essential support services (e.g., additional counseling, screening for other infections).		**25**
2. Referral Tracking: Quality of the applicant's plans to track referral activities and follow up on their outcomes.		**25**
TOTAL SCORE FOR SECTION K:		**50 MAX**

NARRATIVE SECTION L: RECORD MAINTENANCE AND DATA MANAGEMENT		
1. Quality of the applicant's plans to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics.		**15**
2. Quality of the applicant's description of how client records will be maintained.		**10**
3. Quality of the applicant's description of how client records and program data will be managed to ensure client confidentiality.		**10**
4. Quality of the applicant's plans to ensure the completeness and quality of data collected for program monitoring and reporting to DCH.		**10**
5. Quality of the applicant's plans for meeting technical assistance needs associated with program monitoring and reporting requirements.		**5**
TOTAL SCORE FOR SECTION L:		**50 MAX**

NARRATIVE SECTION M: COLLABORATION		
1. Partner Services: Quality of the applicant's plans to ensure that all newly-diagnosed, confirmed HIV positive clients are linked to Partner Services (PS). Applicant must attach a completed and signed Partner Services Memorandum of Agreement (MOA) with the local county health department or health district (Attachment 14: Partner Services MOA with Health Department).		**25**
2. Incorporating with STD, viral Hepatitis and TB: Quality of the applicant's plans to incorporate STD, viral Hepatitis, and TB screening and prevention services into its overall proposed HIV prevention activities.		**25**
TOTAL SCORE FOR SECTION M:		**50 MAX**