

# Sample Scoring Sheet for the 2026–2029 Healthy Housing Grant

Applicant name:

Reviewer name:

## Rating Table

Use this numbering system to score each of the categories below.

Rating	Meaning
5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
3	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
1	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

## Contact Information

- Section is complete
- Section is incomplete

**Background Information on Organization /10**

Criterion	Score( /5)	Multiplier	Total
Organization’s history is summarized		0.2	
Administrative structure is summarized		0.2	
Organizational chart is included and clear		0.2	
Quality and relevance of current programs and services		0.4	
Organization has qualifications and experience to complete grant objectives		0.6	
Healthy Homes training of organization members is described (current and/or planned)		0.4	

Comments:

**Project Overview /10**

Criterion	Score( /5)	Multiplier	Total
Services to be provided by the grant are clear		0.5	
Services to be provided are within the scope of work		0.5	
Geographic area of services clearly described		0.2	
Populations to which services will be targeted are clearly described		0.2	
Need demonstrated in target area		0.6	

*Note: Applicants should include at least two areas of work (unless they are applying for the Healthy Housing Mini-Grant Administration Grant). Applicants wishing to address only two of the seven areas will have the same number of points available as applicants wishing to address more than two areas.*

- The grant includes at least two of the areas of work numbered 1–7 listed in the Request for Proposals (RFP) “Areas of Work” section (unless they are applying for the Healthy Housing Mini-Grant Administration Grant).
- The grant does not include at least two of the areas of work numbered 1–7 listed in the Request for Proposals (RFP) “Areas of Work” section.

SCORING SHEET FOR 2026–2029 HEALTHY HOUSING GRANT

Comments:

**Project Outcomes /10**

Criterion	Score( /5)	Multiplier	Total
Project outcomes are clearly defined		0.2	
Project outcomes align with the scope of work		0.6	
Project outcomes are measurable		0.6	
Project outcomes are achievable given project plan and budget		0.6	

Comments:

**Project Plan Narrative /35**

Criterion	Score( /5)	Multiplier	Total
Project plan narrative aligns with project outcomes		1.0	
Project plan provides sufficient detail to describe how project outcomes will be achieved		1.2	
Project plan is likely to achieve project outcomes; plans realistic		1.4	
Plan utilizes evidence-based strategies		1.0	
Quality of evaluation plan/measurement of program effectiveness		1.4	
Project plan addresses health equity		1.0	

Comments:

**Budget Summary /5**

SCORING SHEET FOR 2026–2029 HEALTHY HOUSING GRANT

Criterion	Score( /5)	Multiplier	Total
Budget summary table complete		0.5	
Indirect costs do not exceed 15% of direct costs (If applicant has a federally negotiated indirect cost rate, indirect costs do not exceed stated percentage of direct costs)		0.3	
Total request does not exceed amount available		0.2	

Comments:

**Project Budget Narrative /30**

Criterion	Score( /5)	Multiplier	Total
Sufficient detail provided to explain costs in budget summary		1.0	
Proposed costs are for activities within the scope of work		1.2	
Costs correlate with project plan narrative		1.5	
Objectives can be achieved within proposed budget		1.5	
Administrative costs are identified and minimized		0.8	
Proposal includes matched funds		0.4	

*Note: Leveraging matching funds was not a requirement, so applicants could score more than 30 points on this section*

Comments:

**Affirmations**

- Section is complete
- Section is incomplete

**Other Sections**

*Note: If the applicant indicated any amount in the “Contractual Services” line of the Budget Summary Table, the information requested in the Optional Sections: Subcontractors needs to be provided somewhere on their application.*

- Section is complete
- Section is incomplete
- Section is not applicable

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*To obtain this information in a different format, call: 651-201-4620.*