

Application Score Sheet Guide

Overview

Applicant Name:

Reviewer Name:

Rating Table

Rating or Score	Description
5- Excellent (highest)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
4- Very Good	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
3- Good	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
2-Marginal	Lack of essential information; low probability for success; significant weaknesses, but correctable.
1- Unsatisfactory (lowest)	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

Regional Data Model Applications

Criteria	Score (1-5)
<p>1. Does the applicant list the names, roles, and responsibilities for the project team? (5 points)</p> <p><i>This might include, but is not limited to: named individuals; clearly defined roles/responsibilities; appropriate expertise/leadership.</i></p>	
<p>2. Does the applicant provide names of jurisdictions and CHS administrators and/or directors that have committed to participating in the model? (5 points)</p> <p><i>This might include, but is not limited to: clearly names all the partners/jurisdictions involved in the model, attests that all listed partners/jurisdictions have agreed to participate.</i></p>	
<p>3. Describe the current data capacity among the participating partners (5 points)</p> <p><i>This might include, but is not limited to: clear articulation of data and capacity gaps; clearly describes how they are or are not meeting FPHR Assessment and Surveillance measures, historical or current investments in data capacity.</i></p>	

REGIONAL DATA MODEL REQUEST FOR APPLICATION

Criteria	Score (1-5)
<p>4. Describe how this project aims to support and increase data capacity. (5 points)</p> <p><i>This might include, but is not limited to: articulation of plan to create or increase capacity to meet Assessment and Surveillance Foundational Public Health Responsibilities (FPHR) through regional staffing, knowledge, skills, and resources; describes benefits to jurisdictions; aligned with regional needs and funding purpose; complements ongoing, successful partnerships, while leveraging regional strengths and assets; eliminates disparities in regional data capacity.</i></p>	
<p>5. Describe your regional data model (15 points total)</p> <p>a. What is your current and/or proposed staffing plan? (5 points)</p> <p><i>This might include, but is not limited to: FTE stated; adequate staffing or hiring plan for scope of project.</i></p> <p>b. What shared infrastructure, delivery models, processes, etc. will be created or sustained? (5 points)</p> <p><i>This might include, but is not limited to: clearly describes how the regional data model functions, includes considerations such as creation of data sharing agreements, procedural development, technical support, coaching, information sharing, ability to access data, etc.</i></p> <p>c. How will you ensure shared decision making and ongoing engagement among participating partners? (5 points)</p> <p><i>This might include, but is not limited to: creates infrastructure for regional sharing and collaboration where each CHB and/or Tribe benefits and has a voice; defined governance/shared decision-making; ongoing engagement or evaluation plans; inclusive approach.</i></p>	
<p>6. With each jurisdiction and/or partner identified, describe what you have done, or are currently doing, to secure buy-in and set a strong foundation for successful collaboration on this project. (5 points)</p> <p><i>This might include, but is not limited to: partners identified; evidence of foundation-building; and is responsive to the region's unique context, needs, and relationships.</i></p>	
<p>7. Does their budget align with the applicants proposed work? (5 points)</p> <p><i>Work aligns with their stage of development, proposed work; is adequate for staffing needs.</i></p>	
<p>TOTAL</p>	<p>/45</p>
<p>30-45 points: recommended for funding 0-29 points: not recommended for funding</p>	

REGIONAL DATA MODEL REQUEST FOR APPLICATION

Minnesota Department of Health
Center for Public Health Practice
625 Robert Street N.
PO Box 64975
St. Paul, MN 55164-0975
651-201-3880
health.ophp.@state.mn.us
<https://www.health.state.mn.us/communities/practice/systemtransformation>

02/26/26

To obtain this information in a different format, call: 651-210-3880.