Minnesota Department of Health

# Attachment C: Application Scorecard and Feedback Form 988 Minnesota lifeline youth peer leader Grant RFP

## Applicant Organization:

**Overall Score: 0/30**

Organizational Capacity: 0/10

Project Narrative and Workplan: 0/10

Equity: 0/5

Budget: 0/5

### Rating or Score Levels

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

### Section 1. Organizational Capacity (10 Points)

| Criteria | Score (1 -5) | Notes |
| --- | --- | --- |
| The applicant organization demonstrates organization commitment and capacity to participate and implement the work plan for the project. | (1-5) | (notes) |
| The applicant demonstrates how the organization intends to engage and collaborate with youth providing examples. | (1-5) | (notes) |

Strengths:

Weaknesses:

### Section 2. Project Narrative and Work Plan (10 Points)

| Criteria | Score (1 -5) | Notes |
| --- | --- | --- |
| The applicant has a clear description of their defined community. Priority will be given to projects within the 12 GLS identified counties (Beltrami, Sherburne, St. Louis, Anoka, Scott, Dakota, Stearns, Washington, Wright, Olmsted, Hennepin, and Ramsey) including Minnesota tribal nations and communities. | (1-5) | (notes) |
| The applicant clearly describes their understanding the requirement of this grant to engage youth leaders and collaborate to facilitate the 988 Minnesota Lifeline - Someone to Talk to Youth Peer Leader Program presentation. | (1-5) | (notes) |

Strengths:

Weaknesses:

### Section 3. Equity (5 Points)

| Criteria | Score (1 -5) | Notes |
| --- | --- | --- |
| The applicant describes their plan for implementing the program among youth who are most vulnerable to mental health challenges and suicidal experiences. They have a plan for engaging youth with lived experience and youth leaders are reflective of the community demographics. | (1-5) | (notes) |

Strengths:

Weaknesses:

### Section 4. Budget (5 Points)

| Criteria | Score (1 -5) | Notes |
| --- | --- | --- |
| The budget detail and justification are clear and provides a description of how funds will be used for the grant period. | (1-5) | (notes) |

Strengths:

Weaknesses:

Minnesota Department of Health  
Suicide Prevention Unit  
625 Robert St. N  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5400  
[health.suicideprev.mdh@state.mn.us](mailto:health.suicideprev.mdh@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

4/23/2025

To obtain this information in a different format, call: 651-201-5400