

Appendix D
Community Capacity Building Funding Scoring Rubric

| Application questions | No answer: | Does not meet needs: | Meet Needs: | Exceeds: |
|--|-------------------|--|--|-----------------|
| Applicant Organization Information | | -Incomplete information -Application received after the funding window | -All requested information is completed -Application received during the application window MUST MEET | |
| Eligibility Criteria- Attestation | | -Organization does not contest to all criteria | -Organization attests to all criteria: -Organization must have the ability to provide HRSN services to qualifying individuals -Financial stability of the organization can be confirmed either independently or through the use of a fiscal sponsor, as determined by the CCO -States intent to contract with the CCO or Fee for Service Administrator to provide at least one HRSN service in a timely manner or provide HRSN services in the fee for service delivery system. MUST MEET | |
| Eligibility Criteria- Organization Type | | -Organization is not one of the organization types listed -Organization not eligible to apply of listed on one of the following lists: U.S. Department of the Treasury’s Office of Foreign Assets; Control (OFAC) Sanction Lists; Social Security Administration Death Master File (SSADMF); System of Award Management (SAM); U.S. Department of Health and Human Services, Office of Inspector General’s (HHS-OIG) List of Excluded Individuals and Entities (LEIE); and Oregon’s Medicaid Exclusion List | -Organization checks one of the organization types and is not listed on one of the exclusion lists listed. MUST MEET | |

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|---|-------------------|--|---|---|
| Who will be served: 1. Counties | | -Organization does not serve any counties/regions in Oregon | -Organization serves at least 1 county in Oregon MUST MEET | - |
| Who will be served: 2. Current relationship and knowledge of county(s), partnerships, work proposed for each county | | -No clear connections to the county listed or -No partnerships within the county -Work proposed not relevant to the county/region | -Organization serves individuals in the county but may not have a location in the county but clearly demonstrates how work will impact the county listed -- Organization states need for funding | -Demonstrates established relationships and connections to the county/ region in the service area -Demonstrates a high level of understanding of the region where the work is being proposed -Makes a strong case for needed funding and a connection to support the delivery or increase capacity in at least one county |
| Who will be served: 3. Population types | | -Organization does not serve priority populations | -Organization serves one of the priority populations | -Organization serves at least one of the HRSN covered populations and at least one of the priority populations |
| Who will be served: 4. Language access | | -Does not list language access | -Language access is provided | - Language access is provided by the organization and -Spoken fluently by native speaker(s) -Written by native speaker(s) |
| Organizational Background Information: 5. How funds will build capacity and provide equity through the delivery of service | | -Does not clearly explain how the funds will be used to build capacity -Answer does not address the promotion of equity across populations served | -Explanation of how the funds will be used to support delivery of or increase capacity for HRSN services is clear. -Explanation includes details on how the organization intends to promote health equity through the use of the funding | -Response includes clear planning and makes a strong case for funds needed to support the delivery of or increase capacity for HRSN services. -Planning includes partnerships that elevate the voices of those served -Demonstrates a clear connection between the funding requested and improving health equity. -Supports health equity principles and values |
| Organizational Background Information: 6. Culturally and linguistically responsive and trauma informed services | | | - Has clear ideas on how the organization can contribute in culturally and linguistically responsive ways. -Shows understanding of the populations being served and demonstrates the understanding of a trauma informed approach. | -Demonstrates experience developing partnerships or programs that use culturally and linguistically specific strategies -Demonstrates experience and knowledge of using a trauma informed approach |
| Organizational Background Information: | | -Does not clearly explain the organizations experience providing the services marked or does not have a clear explanation of how | -Answer includes at least one of the HRSN services | -Organization demonstrates clear planning or experience providing HRSN services. |

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|--|-------------------|---|---|---|
| 7. Experience with HRSN (Climate support, Housing, Nutrition, Outreach and Education) | | they intend to provide one of the HRSN services | -Demonstrates experience providing one of the HRSN services OR an intent to develop capacity to offer on or more HRSN services -How HRSN services will be delivered is clear | -Organizations response clearly demonstrates an impact on the capacity of the HRSN network for the population described. -The organization clearly describes a gap in HRSN service capacity that will be addressed with the funding requested. |
| 8. Allowable Funding Uses of Community Capacity Building Funds | | -An allowable use is not checked OR -Does not make a strong case for why funding is needed and how it will be used to build capacity -Organization does not have enough experience in this category to clearly identify a need. | -At least one allowable use is checked -For each allowable use checked there is a clear explanation of why funding is needed and how it will build capacity -The organization has enough experience to identify a need in each category requested | -At least one allowable use is checked and the description makes a strong case for why this is a need and how it will be used for participation in the HRSN service program -Makes a strong case that the funding needed will address a gap and build capacity -Organization has experience in this category and clearly defines how that experience shows a need for funding |
| 9. Awarded or requested CCBF to other CCOs | | -Award or request to another CCO is duplicative as application being reviewed | -Award or request to another CCO is for not duplicative to the application being reviewed. -Additional award or request is appropriate for work being proposed and compliments but not duplicates current application | |
| Attestation and Certification | | -Either Signature, Name, Title or date is missing | -Signature, Name and Title and date of the attestation is complete MUST MEET | |
| Budget | | -Budget is incomplete or inaccurate -Funds requested do fall into one of the allowable use categories | -Budget is clear and allowable uses match expected funding amounts -Budget requests can be adjusted based on CCO available funds -Requested funds clearly fall within one of the allowable use categories | |