APPENDIX G
EXTERNAL REVIEWERS" SUMMARY SCORE SHEET
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

GRANT APPLICATION #: _____

AGENCY SUBMITTING PROPOSAL: _____

SERVICE TO BE PROVIDED: _____

Assign points to each section of the application based on the Evaluation Criteria.

FORMS Sections			
Comments:			
Reasons for Deducting Points:			
Maximum Points	5	Points Awarded	
1. DESCRIPTION OF ORGANIZATION			
Strengths:			
Reason for deducting points:			
Maximum Points	20	Points Awarded	

2. DESCRIPTION OF THE PROPOSED PROJECT			
Strengths:			
Reasons for deducting points:			
Maximum Points	20	Points Awarded	
3. COLLABORATION AND REFERRAL			
Strengths:			
Reasons for deducting points:			
Maximum Points	15	Points Awarded	
4. QUALITY MANAGEMENT AND EVALUATION			
Strengths:			
Reasons for deducting points:			
Maximum Points	15	Points Awarded	

5. Meaningful Engagement			
Strengths:			
Reasons for deducting points			
Maximum Points	10	Points Awarded	
6. BUDGET			
Strengths:			
Reason for deducting points:			
Maximum Points	15	Points Awarded	
TOTAL POINTS AWARDED FOR APPLICATION		(Out of 100):	

APPENDIX H – SECTION A
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP
PROPOSAL TECHNICAL REVIEW

GRANT_____

AGENCY_____

SERVICE_____ PROPOSAL #_____

Review Questions 1-4 are concerning required documents and correct format, and are not to be considered by External Reviewers in evaluation and scoring of proposals.

1. When was the proposal due? Thursday, November 17, 2022 5:00 P.M. CST

   A. Proposal submitted on time? ☐ Yes ☐ No

   B. If "No," when was the proposal submitted?

   _____

2. A. Required number (7) of copies of the proposal submitted? ☐ Yes ☐ No

   B. If "No," how many copies were submitted?

   _____

If the answer to either question #1 or #2 is "No," the proposal will NOT be reviewed.

3. Are all required documents included? ☐ Yes ☐ No

If "NO," deduct 5 points from the final External Review Score.

1) Form E-1: Section II Cover Sheet	☐ Yes	☐ No	
2) Form E-2: DSHS Assurances and Certifications	☐ Yes	☐ No	
3) Form E-3: HIV Contractor Assurances	☐ Yes	☐ No	
8) Form E-4: Non-Profit Board Member/Executive Officer Assurance	☐ Yes	☐ No	
9) Form E-5: General Provisions for Grant Agreement Assurances	☐ Yes	☐ No	
10) Board of Director's List	☐ Yes	☐ No	
11) Current Financial Audit	☐ Yes	☐ No	
12) Quality Management Plan & PI Goals	☐ Yes	☐ No	
13) Article of Incorporation	☐ Yes	☐ No	☐ N/A
14) By-Laws	☐ Yes	☐ No	☐ N/A
15) IRS Tax-exempt Determination Letter	☐ Yes	☐ No	☐ N/A
16) Licensure, Permits, or Certifications	☐ Yes	☐ No	☐ N/A
15) Subcontracts	☐ Yes	☐ No	☐ N/A

4. Is the proposal in the required format? ☐ Yes ☐ No

If "NO," deduct 5 points from final External Review Score.

1) Is the proposal typed or computer generated?	☐ Yes	☐ No
2) Is the font correct and size within required limits?	☐ Yes	☐ No
3) Is the number of pages within required limits?	☐ Yes	☐ No
4) Is paper size correct?	☐ Yes	☐ No
5) Is line spacing in required limits? (No single spacing)	☐ Yes	☐ No
6) Are margins within required limits?	☐ Yes	☐ No
7) Are all pages printed only on one side?	☐ Yes	☐ No
8) Are all pages black and white as required? (no color)	☐ Yes	☐ No
9) Are page numbers on all pages (as applicable)?	☐ Yes	☐ No

APPENDIX H – SECTION B
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP
PROPOSAL TECHNICAL REVIEW

GRANT: _____

AGENCY: _____

SERVICE: _____ PROPOSAL #: _____

Reviewers WILL be given PART B to be used in their evaluation and scoring of proposals.

1. Is all information completed on the "Application for Financial Assistance" form?
☐ Yes ☐ No

2. Are the following sections included in the proposal as required?

Description of the Organization	☐ Yes	☐ No
Description of the Proposed Project	☐ Yes	☐ No
Collaboration and Referral	☐ Yes	☐ No
Quality Management and Evaluation	☐ Yes	☐ No
Consumer Involvement	☐ Yes	☐ No
Budget	☐ Yes	☐ No

3. Are required Budget Forms (D- Series)

		Included?		Complete?	
Current HIV/AIDS Funding		☐ Yes	☐ No	☐ Yes	☐ No
Licensure, Permits, & Certs		☐ Yes	☐ No	☐ Yes	☐ No
Line Item & Budget Justification		☐ Yes	☐ No	☐ Yes	☐ No
Proposed Subcontracting	☐ NA	☐ Yes	☐ No	☐ Yes	☐ No

4. Are all CATEGORICAL budget items allowable?

Personnel	☐ Yes	☐ No
Fringe	☐ Yes	☐ No
Travel	☐ Yes	☐ No
Equipment	☐ Yes	☐ No
Contractual	☐ Yes	☐ No
Supplies	☐ Yes	☐ No
Other	☐ Yes	☐ No

5. Does the CATEGORICAL budget separate the administrative and the program cost?
☐ Yes ☐ No

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____

Budget Review By: _____ Date: _____

APPENDIX I: INDIVIDUAL REVIEWER'S CHECKLIST

Applicant: _____ Service: _____

Reviewers: Refer to the evaluation criteria for a complete description of each section.
Meeting criteria: if form – is it completed entirely and correctly; does it answer/address the questions/statements

FORMS SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
A-1 Application of Financial Assistance	☐ Y ☐ N		☐ Y ☐ N	
A-2 Application Checklist	☐ Y ☐ N		☐ Y ☐ N	
A-3 Agency Contact List	☐ Y ☐ N		☐ Y ☐ N	
1. DESCRIPTION OF THE ORGANIZATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
History/Mission of Agency	☐ Y ☐ N		☐ Y ☐ N	
Service Provision Experience	☐ Y ☐ N		☐ Y ☐ N	
Agency Structure	☐ Y ☐ N		☐ Y ☐ N	
Organizational Chart (appendices)	☐ Y ☐ N		☐ Y ☐ N	
Job Descriptions and Resumes (appendices)	☐ Y ☐ N		☐ Y ☐ N	
Current Programs and Activities	☐ Y ☐ N		☐ Y ☐ N	
Software Technology	☐ Y ☐ N		☐ Y ☐ N	
Eligibility and Service Delivery	☐ Y ☐ N		☐ Y ☐ N	
Security of Client-level Information	☐ Y ☐ N	# or ☐ N/A	☐ Y ☐ N	
List strategies from National HIV/AIDS Strategy/ Continuum of Care	☐ Y ☐ N		☐ Y ☐ N	
Activities to accomplish strategies	☐ Y ☐ N		☐ Y ☐ N	
2. DESCRIPTION OF THE PROPOSED PROJECT				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
How Does Service fit into Overall Mission & Goals	☐ Y ☐ N		☐ Y ☐ N	
Form B-1: Work Plan for service delivery	☐ Y ☐ N		☐ Y ☐ N	Is Plan complete and with objectives?

2. DESCRIPTION OF THE PROPOSED PROJECT				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Describe how proposed service targets Epi Profile	☐ Y ☐ N		☐ Y ☐ N	
Form B-2: Clients to be Served Chart	☐ Y ☐ N		☐ Y ☐ N	Is form complete with correct data?
Method of Informing Priority Populations	☐ Y ☐ N		☐ Y ☐ N	
Activities to ensure Priority Populations are served.	☐ Y ☐ N		☐ Y ☐ N	
System to Identify Barriers	☐ Y ☐ N		☐ Y ☐ N	
Are Barriers to Access Identified	☐ Y ☐ N		☐ Y ☐ N	
Barriers to Access Addressed/Elinimated	☐ Y ☐ N		☐ Y ☐ N	
3. COLLABORATION AND REFERRAL				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Form B-3: Collaborative Agreements	☐ Y ☐ N		☐ Y ☐ N	Is the form complete and include date requested
Procedure to Identify Newly-Diagnosed or Out of Care	☐ Y ☐ N		☐ Y ☐ N	
Linkage to Care Model	☐ Y ☐ N		☐ Y ☐ N	
Referral Procedure (Step by Step)	☐ Y ☐ N		☐ Y ☐ N	
Follow-Up Procedure	☐ Y ☐ N		☐ Y ☐ N	
4. QUALITY MANAGEMENT AND EVALUATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Description of CQI Process	☐ Y ☐ N		☐ Y ☐ N	
Copy of QM Plan (copy in appendices)	☐ Y ☐ N		☐ Y ☐ N	Was the plan included and did the Plan detail the process?
Grievance Process and Designated Staff	☐ Y ☐ N		☐ Y ☐ N	
Resolutions Incorporated into CQI Process	☐ Y ☐ N		☐ Y ☐ N	
Copy of Client Grievance Policy	☐ Y ☐ N		☐ Y ☐ N	
Client Satisfaction Survey Process	☐ Y ☐ N		☐ Y ☐ N	

Copy of Survey and Results Tabulations	☐ Y ☐ N		☐ Y ☐ N	
5. CONSUMER INVOLVEMENT INFORMATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
FORM C-1- Does the form address the following:			**Areas on Form**	
Other Methods to get Consumer Feedback	☐ Y ☐ N		☐ Y ☐ N	
Recruitment and Retention Consumer Feedback	☐ Y ☐ N		☐ Y ☐ N	
Topic of Trainings and Consumer Activities	☐ Y ☐ N		☐ Y ☐ N	
Coordinator/Educators (who)	☐ Y ☐ N		☐ Y ☐ N	
Frequency (when)	☐ Y ☐ N		☐ Y ☐ N	
6. BUDGET INFORMATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Experience in Grants/ Contract Management	☐ Y ☐ N		☐ Y ☐ N	
D1 – HIV/AIDS Contracts/Grants Form	☐ Y ☐ N		☐ Y ☐ N	
Screening process for third party payers (i. e. Medicaid, Medicare, insurance)	☐ Y ☐ N ☐ n/a		☐ Y ☐ N	n/a only if service is not eligible
Form D-2 – Licensure, Permits & Certifications Form	☐ Y ☐ N ☐ n/a		☐ Y ☐ N	n/a only if service is not eligible
Software/3rd Party service for verifications	☐ Y ☐ N ☐ n/a		☐ Y ☐ N	n/a only if service is not eligible
Copies of Medicaid/ Medicare certification notifications	☐ Y ☐ N ☐ n/a		☐ Y ☐ N	n/a only if service is not eligible
Capacity for third party billing	☐ Y ☐ N		☐ Y ☐ N	
Form D-3: Line Item and Categorical Budget	☐ Y ☐ N		☐ Y ☐ N	
Description of Financial Management Staff	☐ Y ☐ N		☐ Y ☐ N	
Role of Board of Directors				
1. Board Trainings	☐ Y ☐ N		☐ Y ☐ N	

2. Board Meetings, When and Where?	☐ Y ☐ N		☐ Y ☐ N	
3. Board Reports and Statements	☐ Y ☐ N		☐ Y ☐ N	
4. Process/Procedures				
Approve/Amend Budgets	☐ Y ☐ N		☐ Y ☐ N	
Address Variances	☐ Y ☐ N		☐ Y ☐ N	
Determining ED Salary Level and Increases	☐ Y ☐ N		☐ Y ☐ N	
5. Agency Fundraising	☐ Y ☐ N		☐ Y ☐ N	
Form D-4: Proposed Subcontracting of Services Form	☐ Y ☐ N ☐ n/a		☐ Y ☐ N	n/a only if service is not eligible

This form is for use by each reviewer before the panel meeting. The purpose is to assist the reviewer in remembering their questions, comments, and points of clarification for each application when they attend the panel meeting. Comments on this form may or may not be used in the final summary comments and scoring and therefore are not grounds for grievance. Agencies should use the summary score sheet which reflects the deliberations and discussions of all the reviewers them preparing a grievance. The comments on this form should give agencies an indication of what questions a reviewer has about their agency and statements or sections that may not be as clear as the agency intended. Agencies should use the comments on this form to strengthen their next proposal.

_____

Reviewer Signature