

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
Family Support Programs Application Review Tool

Applicant Agency:	
Program Model Name:	
County(ies) & DSS Region to be Served:	
Reviewer's Name:	
Scoring Summary	
Letter of Intent (Yes = 0, No = -2)	
Cover Letter/Proposal Summary	
Organizational Background and Capacity	0
Needs Assessment (Problem Statement)	0
Project Design	0
Sustainability Plan	0
Financial Assistance Contract Package A (Budget)	0
Required Grantee Documents/Attachments	0
Application Organization	0
Total Score	0

Instructions

This review tool lists the questions as they are written on the application. Please score the applicant's responses for **both completeness and quality**. This form is designed to be completed electronically. Both the scoring subtotals in each section and the scoring summary table above will calculate automatically based on the scores you enter for each application question. **Note there are three worksheets in this document, one for each application.** If you do not wish to complete the form electronically, then you may print it out and write in your comments and scores.

Please do not discuss the contents of this application with anyone prior to the scheduled review meeting. If you have questions or comments about the application prior to the meeting, please contact a Community Prevention Program staff member. If you realize an actual or potential conflict of interest at any point during the review of this application, please contact a Community Prevention staff member. Thank you very much for your assistance with this review process.

Cover Letter (One Page Limit)		Value	Score
	The cover letter must include: • Funding amount requested • Community being served, including Social Service Region and county(ies) • Name and brief description of program model(s), including format (in-person, virtual, or hybrid) • Number of annual participants who will complete the program, divided into parents/caregivers, children, and families • The number of groups, sessions, home visits, or trainings proposed (frequency, intensity, and duration) for each program model. • Program completion requirement <i>Completion requirement for Circle of Parents is attending 5 or more meetings annually.</i> • Target population or General population • Physical location(s) where the participants will be served • Incentives and activities to encourage recruitment and retention. • If requesting Concrete Support funding (amount & numbers to served, divided into caregivers, children and families)	5	
Organizational Background and Capacity (Two Page Limit)		Value	Score
2.a	• State the mission and goals of your agency and how it relates to proposed programming.	4	
2.b	• Describe the history of your agency providing family support services within the community and provide evidence that it has the capacity to serve the target population.	4	
2.c	• Describe agency's experience providing the proposed program model(s). Include the organization's past achievements and accomplishments and evidence of its impact.	1	
2.d	• Describe your agency's experience of working with DHHS or other funding agencies including: Length, services provided with successes and challenges.	1	
2.e	• Describe how your agency manages finances, develops budgets, submits invoices & contract amendments, and monitors agency and grant spending?	3	
2.f	• How will your agency administer and supervise the proposed services?	2	
2.g	• If using a subcontractor, describe how your agency will monitor their grant compliance and evaluate their program performance.	Y/N	
Subtotal		15	0

Needs Assessment (Two Page Limit)		Value	Score
3.a	<p>Applicants must use data and citations to support need statements, including the NC County Child Victimization SFY 2024 Data</p> <ul style="list-style-type: none"> What are your community's strengths, resources, gaps, and needs related to supporting families and preventing child maltreatment? 	5	
3.b	<ul style="list-style-type: none"> What are the factors contributing to the child victimization rate in the county(ies) to be served? 	2.5	
3.c	<ul style="list-style-type: none"> How has your agency assessed the current community strengths, resources, gaps, and needs? 	2.5	
3.d	<ul style="list-style-type: none"> How will the proposed service(s) meet community needs and fill gaps in the existing continuum of services to prevent child abuse and neglect? 	5	
3.e	<ul style="list-style-type: none"> Proposed program models should not duplicate existing programs in the county(ies). If similar services already exist, why is the proposed service needed? 	Y/N	
Subtotal		15	0
Project Design (Seven Page Limit)		Value	Score
4	<p>1. North Carolina Division of Social Services Prevention Framework</p> <ul style="list-style-type: none"> How will your agency model all six Principles, Goals and Strategies within the Prevention Framework? Provide specific examples. How will your agency promote the use of this framework within your community? 	5	
	<p>2. Family Engagement and Leadership</p> <ul style="list-style-type: none"> How will your agency conduct community outreach to recruit family and caregiver engagement in programs? How will staff work proactively with families who are isolated, drawing them into social networks and activities? How will your agency promote and sustain meaningful family engagement and leadership? Provide specific examples. 	5	
	<p>3. Levels of Prevention and Target Population</p> <ul style="list-style-type: none"> Who is the target population of the proposed services? How were they identified? How will your agency ensure that other underserved/marginalized populations, including tribal populations and/or families experiencing homelessness will know about your programs and services? Are the proposed services primary or secondary prevention? <ul style="list-style-type: none"> If primary prevention, speak to your universal focus. If secondary, speak to your targeted population and the identified risk factors and/or lack of protective factors. How will your agency ensure that participant referrals are only accepted with a Primary or Secondary focus? 	5	
	<p>4. Promoting Protective Factors</p> <ul style="list-style-type: none"> How will your proposed model promote the five protective factors? (Give specific examples.) If your agency selected to provide Concrete Supports with this funding, how will your agency manage this process? 	5	
	<p>5. Model Fidelity and Implementation Support</p> <ul style="list-style-type: none"> Why did your agency select the proposed program model(s)? How will your agency plan for program delivery? What is your program's implementation timeline? How will your agency engage in implementation support for the proposed program model(s)? Please include: <ul style="list-style-type: none"> The name of the organization that will provide the support The type of activities that will be provided The staff positions that will participate in implementation support and how leadership will be involved. The supervision that will be provided to ensure that staff are engaging in regular implementation support. 	5	
	<p>6. Evaluation</p> <ul style="list-style-type: none"> How will your agency ensure that Quarterly Reports and evaluation data are submitted timely and accurately? How will your agency measure outputs, outcomes, and participant satisfaction? What type of follow-up will your agency provide to participants? 	5	
	<p>7. Collaboration with Community Agencies and Family Resource Centers</p> <ul style="list-style-type: none"> How does your agency collaborate with local organizations, coalitions, Family Resource Centers, and parent partners (including your County Department of Social Services) that focus on child, family and community well-being? Provide detailed examples of significant, relevant collaborative efforts. How does your agency contribute to community efforts to prevent child abuse and neglect? How does your agency assess family members' needs and make referrals to programs within your agency and other community organizations? Does your agency belong to the NC Family Resource Center (FRC) Network? If so, how has your agency benefited from this network? If not, would your agency consider joining this free network? What benefits do you think your agency would gain from joining the FRC Network? 	5	
Subtotal		35	0
Sustainability Plan (One Page Limit)		Value	Score
5.a	<p>Applicants must answer the following questions:</p> <ul style="list-style-type: none"> What types of financial support, organizational capacity, and in-kind resources from both your agency and community partners will contribute to sustainability? 	3	
5.b	<ul style="list-style-type: none"> How will your agency diversify funding? 	2	
5.c	<ul style="list-style-type: none"> What specific sources of local, state, federal, foundation, and corporate funding will your agency actively cultivate to continue this program? 	2	
5.d	<ul style="list-style-type: none"> How does your agency prepare for leadership succession and transitions? 	2	

5.e	• Does your agency have a written plan or policy for leadership succession?	Y/N	
5.f	• How will your agency market the NC Children's Trust Fund, including the Kids First License Plates?	1	
Subtotal		10	0
Financial Assistance Contract Package A (No Page Limit)		Value	Score
6.a	• Are costs in the budget appropriate and reasonable?	5	
6.b	• Are clear cost calculations or equations provided in the budget?	5	
6.c	• Are all services mentioned in the project design reflected in the budget?	5	
Subtotal		15	0
Attachments / Supporting Documents (No Page Limit)		Value	Score
Did Applicant submit and follow instructions for Attachments?			
7.a	Application Checklist / APPENDIX A	1	
7.b	Board Member Profile	1	
7.c	Organizational Chart	1	
7.d	Job Descriptions	1	
7.e	3 Letters of Support (Including one from a parent/caregiver or consumer)	1	
Subtotal		5	0
Application Organization		Y/N	Score (use minus sign)
8	Did application stay within page limits? If no, deduct 1 point for each section that exceeded page limit.		
	Does application sections correspond to the order listed in RFA and scoring sheet? If no, deduct 2 points.		
	Is the application mostly free of typographical or grammatic errors? If no, deduct 2 points.		
Subtotal			0

Reviewer Narrative - Please write comments that highlight the strengths and concerns of this application.

Areas of Strength

Areas of Concern or Questions Needing Clarification

Other Comments