

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.

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

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

<b>5. Meaningful Engagement</b>			
Strengths:			
Reasons for deducting points			
Maximum Points	10	Points Awarded	
<b>6. BUDGET</b>			
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of the Proposed Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collaboration and Referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality Management and Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consumer Involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Are required Budget Forms (D- Series) Included? Complete?

Current HIV/AIDS Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensure, Permits, & Certs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Line Item & Budget Justification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposed Subcontracting	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Are all CATEGORICAL budget items allowable?

Personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fringe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?)
<b>A-1 Application of Financial Assistance</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>A-2 Application Checklist</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>A-3 Agency Contact List</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>1. DESCRIPTION OF THE ORGANIZATION</b>				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
History/Mission of Agency	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Service Provision Experience	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Agency Structure	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Organizational Chart (appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Job Descriptions and Resumes (appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Current Programs and Activities	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Software Technology	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Eligibility and Service Delivery	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Security of Client-level Information	<input type="checkbox"/> Y <input type="checkbox"/> N	# or <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	
List strategies from National HIV/AIDS Strategy/ Continuum of Care	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Activities to accomplish strategies	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>2. DESCRIPTION OF THE PROPOSED PROJECT</b>				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
How Does Service fit into Overall Mission & Goals	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Form B-1: Work Plan for service delivery</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> 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	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Form B-2: Clients to be Served Chart</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Is form complete with correct data?
Method of Informing Priority Populations	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Activities to ensure Priority Populations are served.	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
System to Identify Barriers	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Are Barriers to Access Identified	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Barriers to Access Addressed/Eliminated	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
3. COLLABORATION AND REFERRAL				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
<b>Form B-3: Collaborative Agreements</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Is the form complete and include date requested
Procedure to Identify Newly-Diagnosed or Out of Care	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Linkage to Care Model	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Referral Procedure (Step by Step)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Follow-Up Procedure	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
4. QUALITY MANAGEMENT AND EVALUATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Description of CQI Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Copy of QM Plan (copy in appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Was the plan included and did the Plan detail the process?
Grievance Process and Designated Staff	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Resolutions Incorporated into CQI Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Copy of Client Grievance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Client Satisfaction Survey Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	



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

2. Board Meetings, When and Where?	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Board Reports and Statements	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Process/Procedures				
Approve/Amend Budgets	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Address Variances	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Determining ED Salary Level and Increases	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Agency Fundraising	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Form D-4: Proposed Subcontracting of Services Form	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> 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 then 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.

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*Reviewer Signature*