

**Ohio Children's Trust Fund  
Service Provider Application for Williams County  
SFY 2009 SCORING TOOL**

<b>REQUIRED FOR CONSIDERATION</b>	<b>APPLICATION</b>	<b>COMMENTS</b>
	<ul style="list-style-type: none"> <li>• All parts of application are completed.</li> <li>• Face Sheet is signed by an authorized official.</li> <li>• Proposed services clearly meet the criteria for primary or secondary prevention as defined in the Request for Proposals.</li> <li>• Proposed strategy aligns with the stated county priority and identified indicators are measured.</li> </ul>	
<b>SCORE/POINTS</b>		
<b>Yes=5</b>	Proposed strategy is evidenced based or a promising practice program.	
<b>Yes=8 No=0</b>	Services are provided in a natural environment	
<b>Max = 10</b>	Past performance in providing services in Williams County	
<b>Max = 5</b>	A profile of the target population is provided.	
<b>Max = 10</b>	Program description thoroughly addresses HOW, WHEN & WHERE services will be provided	
<b>Max = 12</b> _____	The submitting agency has a clear and feasible plan to impact the target population and is coordinating services with existing county programming for target population	
<b>Max = 12</b> _____	Method to evaluate short term indicators is clear and feasible.	
<b>Max = 10</b> _____	Services are realistic & clearly specified	
<b>Max = 10</b> _____	Budget: Summary & individual cost sections completed & accurate.	
<b>Max = 12</b> _____	Costs are deemed appropriate and reasonable for numbers to be served.	
<b>Max = 6</b> _____	Budget justifications are explained with sound rationales.	

**TOTAL POINTS (Maximum = 100)**