



### How to use this rubric:

United Way of Olmsted County takes a holistic approach to reviewing grant applications. This means reviewers consider how the overall application meets the criteria of eligibility, equity, impact, and budget as described below. We understand that these criteria are related; for example, an equitable program will make a bigger impact. We also know that a response to a single application question or a discussion at a program meeting can provide reviewers with information about multiple rubric elements. For this reason, you will notice that there is not a single application question for each element on the rubric below.

In the lefthand column of the rubric, you will see 9 specific rubric elements. Reviewers will rate applications on each of those elements. In the righthand column, you will see a list of *examples* that describe what a strong application *may* look like. We provide these examples to help you better understand what we are looking for when reviewing applications. **This is not a list of requirements!** A highly aligned, equitable, impactful, and fiscally sound program will do some of these things, but no program will do all these things. We also know that we haven't thought of everything—there are many ways to demonstrate success in these areas.

So, how should you use this rubric? Use the rubric to help you understand what we hope to learn about your program. You probably won't be able to address each element at each stage of the application process, but successful applicants will demonstrate strengths in most rubric elements by the end of the process (including the initial proposal, full proposal, and program meeting).

RUBRIC ELEMENT	MAY LOOK LIKE
1. Eligibility:	<b>Examples of exceptional alignment may look like:</b> <p>-Serves primarily low-income residents of Olmsted County (generally those living at or below 185% of federal poverty level, which is also the calculation used for free/reduced priced lunch)</p> <p>-Program is operated by an eligible nonprofit agency:</p> <ul style="list-style-type: none"> <li>• 501c3</li> <li>• Government agency/unit</li> <li>• Faith based organization demonstrating that there is no explicitly faith-related content included in the programming and no discriminatory restrictions on service recipients</li> <li>• Community organizations without 501c3 status that can document a relationship with a proper fiscal sponsor</li> </ul>
1a. Proposal meets minimum eligibility criteria	<p>-<b>Direct care:</b> Program provides free or low-cost physical, mental, dental, and/or behavioral healthcare for uninsured or underinsured residents</p> <p>-<b>Peer support:</b> Program offers supportive mental health and/or addiction recovery services provided by a trained peer support specialist</p> <p>-<b>Direct support services:</b> Program provides direct health care or personal care supports to assist individuals with physical, developmental, or intellectual disabilities to live safe and healthy lives</p> <p><i>Priority will be given to proposals from programs that offer one of the above interventions. The following proposals will also be considered:</i></p> <p>-<b>Auxiliary services:</b> Program helps people access healthcare through navigation, education, transportation, or other supports</p>
1b. Program effectively uses one of the following interventions to improve access to health:	<ul style="list-style-type: none"> <li>• Direct care</li> <li>• Peer support</li> <li>• Direct support services</li> <li>• Auxiliary services</li> </ul>

2. Equity:	Examples of exceptional equity may look like:
2a. Program effectively serves primarily low-income individuals and/or families (those with an income at or below 185% federal poverty level).	<ul style="list-style-type: none"> <li>-Collects participant income data</li> <li>-Disaggregates program outcome data by income level and demonstrates positive outcomes for individuals across income levels</li> <li>-Intentionally removes income-based barriers for participants to access service</li> <li>-Program is offered on a no-cost, low-cost, or sliding fee scale basis</li> <li>-Understands how factors like race, disability, and language shape access to income and wealth</li> <li>-Ensures programming is accessible to those most likely to live at less than 185% of federal poverty level</li> </ul>
2b. Program actively and intentionally works to tailor programming to target populations served.	<ul style="list-style-type: none"> <li>-Program design is responsive to the demographics of program participants</li> <li>-Describes participant demographics</li> <li>-Describes how participants' identities and cultures may impact accessibility and appropriateness of services provided</li> <li>-Offers translated program information and/or interpretation services in the home language of participants</li> <li>-Staff/volunteers reflect participant demographics</li> <li>-Disaggregates program outcomes data by relevant demographics; demonstrates positive outcomes for all demographic segments</li> <li>-Participants are involved in program design and continuous improvement</li> <li>-Provides appropriate training and support for staff and volunteers to understand racial, ethnic, and socioeconomic discrimination and disparities; participants' cultural values and contexts; and how to minimize barriers to accessing appropriate care</li> </ul>
2c. Program design and implementation is informed by thinking about racial, disability, and socioeconomic justice (equity lens)	<ul style="list-style-type: none"> <li>-Staff takes responsibility for creating a culture where people of different identities and experiences belong</li> <li>-Organization prioritizes equity training for staff/volunteers</li> <li>-Addresses patterns of systemic bias and inequitable outcomes</li> <li>-Organization understands that equity is an ongoing journey, and equity is part of continuous improvement plans</li> <li>-Collaborates with Olmsted County residents and partners to co-create solutions that ensure everyone has the resources, support, and opportunities they need to thrive</li> <li>-Program design is responsive to the demographics of program participants, centering those who experience the greatest barriers to optimal health</li> </ul>

3. Impact:	Examples of exceptional impact may look like:
3a. If an existing program, demonstrates improved outcomes; if a new program, demonstrates strong potential for impact.	<ul style="list-style-type: none"> <li>-Staff understand and can explain program's relevance to the communities they serve</li> <li>-Programs serving relatively few participants provide high quality services that result in longer-term positive outcomes</li> <li>-Program has a sound theory of change, logic model and/or evaluation plan</li> <li>-If proposing a new program, the organization has demonstrated success in other programs</li> <li>-Defines what program success looks like and uses qualitative and quantitative data to demonstrate program success</li> <li>-Benchmarks performance against external organizations with similar missions and populations served</li> <li>-Disaggregates outcomes data by race and income; demonstrates positive outcomes for participants across racial and socioeconomic segments</li> </ul>
3b. Program demonstrates learning mindsets, including a commitment to continuous improvement.	<ul style="list-style-type: none"> <li>-Integrates participant feedback into continuous improvement practices</li> <li>-Regularly evaluates progress toward goals, identifies areas of growth, and modifies program implementation</li> <li>-Seeks out new learnings and encourages employees/volunteers to constantly evolve their skills</li> <li>-Seeks new practices and creative solutions to achieve program goals</li> <li>-Anticipates new community needs and adjusts programming response accordingly</li> <li>-Uses local-level data to inform program</li> <li>-Equity is included in continuous improvement plans</li> </ul>
3c. Program effectively collaborates with participants, partners, and/or other stakeholders to meet shared goals for the community	<ul style="list-style-type: none"> <li>-Focuses on what is best for our community versus what is best for their organization</li> <li>-Demonstrated history of positive collaboration</li> <li>-Demonstrates ability to discuss past mistakes and learnings, as well as current challenges</li> <li>-Knowledgeable about other community resources that impact health outcomes for participants</li> <li>-Builds mutually beneficial partnerships with other agencies to meet the needs of program participants, rather than duplicating services</li> <li>-Aware of cultural, resource, and power dynamics between agencies; budgets to pay less-resourced agency partners for services</li> <li>-Meaningfully engages participants in decisions that impact how services are provided</li> </ul>

4. Budget:	Examples of exceptional budget may look like:
4a. Request amount is appropriate to program size, program plans, and available resources.	<ul style="list-style-type: none"> <li>-Program has demonstrated financial sustainability or new program includes longevity plans</li> <li>-Clearly presents full program budget with anticipated operating costs</li> <li>-Reflects upon previous operating costs (if available)</li> <li>-Costs may be higher for initial investment in a new program</li> <li>-Program plans and goals can reasonably be achieved with available resources</li> <li>-Cost per participant is reasonable, given program design and projected outcomes</li> <li>-High cost per participant associated with high-frequency participant contact and long-term outcomes</li> <li>-Low cost per participant with many people served</li> </ul>