

2021 RPE Application Scoring Rubric

For each criterion, please use column E to rate the application on a scale of 0-3:

- 0: Red flag(s) present or insufficient evidence to assess criterion
- 1: Needs improvement
- 2: Adequate
- 3: Exemplary

Scores will be weighted, i.e. multiplied by the number in the "weight" column, and then added to give total scores. Criteria with higher numbers in the "weight" column will have more impact on the overall score.

Question(s) to consider:	Criterion:	Points possible	Description of Exemplary Response	Score (0-3)	Weight	Comments/notes (optional)	Points awarded	Section Subtotal
Section I								
#1-3	Uses data in the form of the best available research, assessment and evaluation findings, and contextual and experiential evidence to inform program decision making.	4	Data presented is relevant to sexual violence prevention and specific to the community. The response demonstrates clear evidence of deep engagement with and knowledge of the community as a whole, including key community strengths and how they will help mitigate challenges and reduce risk factors. Selection of priority population(s) is appropriate given overall community demographics or characteristics and will support successful prevention programming.		1.333333		0	
#1-3	With respect to the community the applicant serves, the selection of priority population(s) supports health equity and strengths-based approaches to violence prevention.	4	Types and detail level of data presented demonstrate deep engagement specifically with priority population(s), which include significant or primary focus on underserved communities and/or historically marginalized populations. Discussion of community strengths indicates strong understanding of how strengths-based approach will support program success and health equity. If underserved communities and/or historically marginalized population(s) are represented among community, the prioritized population(s) do not exclude or ignore these populations. There is not excessive focus on community deficits without meaningful recognition of community strengths.		1.333333		0	
Section II								
#4-7	Capacity to plan and implement efforts that are culturally responsive, community-driven, and that promote health equity.	6	Agency's leadership includes significant representation from prioritized population(s), particularly prioritized historically marginalized populations. Agency has engaged in various projects that are led by and responsive to the communities they benefit and are specifically focused on health equity and serving historically marginalized populations. Partnerships, such as task force or multi-organizational collaborative, include key community stakeholders and leaders from prioritized populations. Collaborative partners are representative of and trusted in the community. Descriptions of health equity efforts are not contradictory to definition of health equity listed in RFA. For instance, they do not promote serving all survivors or community members in the same ways regardless of culture, marginalization, etc.		2		0	
#4-7	Capacity to achieve community-level change, and not merely community-wide individual-level change, in support of primary prevention of violence.	6	Examples of ongoing or completed community-level change activities that have demonstrated successes in changing physical environments, policies, institutionalized practices, service systems, or other aspects of community environments. Examples go beyond outreach and/or awareness messaging activities. Social norms change, if cited as an ongoing or completed example, clearly demonstrates change in beliefs and practices among key decision makers, leaders, entire communities, etc. and not merely exposure to social norms messaging among community members. Clear history of working together with key community changemakers, including both traditional and non-traditional partners, to achieve community or societal change.		2		0	
#4-7	Capacity to successfully manage proposed project.	5	Clear examples of successful completion of projects of similar scale to proposed project, with specific description of program management frameworks and practices. Clear plan for staffing or contractors with appropriate experience and sufficient time to manage fiscal compliance. Key agency staffing (the Executive Director or equivalent, Finance Director or equivalent, and program management) is stable and experienced. Exemplary: Staff in all three of these roles have been in their role at the agency for at least one year, and/or have significant relevant previous experience. Adequate: One of these three roles is vacant or staffed by someone who has been at the agency less than one year and does not have significant relevant previous experience. Needs improvement: At least two of these three roles are vacant or staffed by someone who has been at the agency less than one year and does not have significant relevant previous experience. For applicants who are lead agencies of multi-organization collaboratives (see question #4a), there is a clear plan for how decisions will be made, resources will be shared, work will be achieved, and fiscal monitoring will be consistently strong.		1.666667		0	
#7 only	Participation in a sexual violence primary prevention task force, advisory council, or community coalition that consists of stakeholders engaged in work that is related to the proposed project.	5	For existing task force: demonstrates ongoing history of participation in task force with concrete successes in community mobilization and community-level change that are relevant to primary prevention of sexual violence and the proposed project. For new task force: Strong buy-in from planned task force members who have demonstrated success in community mobilization and community-level change in their own fields of expertise. Planned members' expertise is relevant to primary prevention of sexual violence and the proposed project. For all applicants: Clear plans and decision-making structures for how the task force will guide, participate in, and/or support the proposed project. Task force members are largely representative of and/or trusted by the prioritized population(s) and community, both organizationally and as individuals.		1.666667		0	

#8 only	A clear ability to respond to sexual violence disclosures or requests for help that might be made by participants during prevention activities.	3	Demonstrated process for responding to sexual violence disclosures by either in-house staff with non-RPE funding, or through a relationship with the local rape crisis center in applicant's community (demonstrated via a memorandum of understanding with the rape crisis center).		1		0	
Section III								
#9-10	Program design, implementation, and evaluation efforts are community-driven and promoting health equity through sharing power with prioritized population community members.	8	<p>Clear examples of how the applicant has and will continue to work with members and leaders of the prioritized population(s), particularly historically marginalized populations, in the following ways:</p> <ul style="list-style-type: none"> •Involve: work directly with community members throughout program planning/decision making processes to ensure community concerns and aspirations are consistently understood and considered; •Collaborate: partner with community members in each aspect of program planning and decision making including the development of alternatives and the identification of the preferred solution; and/or •Decision-making: Placing final decision making in the hands of community members. The proposed project is a clear outgrowth of community involvement, collaboration, and/or decision making. <p>There are clear, feasible, ongoing plans to continue to involve, collaborate with, and/or place decision-making power in the hands of members of the prioritized population(s) to shape the proposed project.</p>		2.666667		0	
Section IV								
#12-17	Demonstrate a clear theory of change that demonstrates understanding of sexual violence and its causes and sexual violence primary prevention.	5	<ul style="list-style-type: none"> -The proposed strategy(ies) and activities make sense and are logical choices given the rationale and evidence described in question 16, including the community needs and strengths. -The proposed activities are feasible given the reasonable inputs and resources needed as described in question 17. -The proposed activities, if implemented successfully, could reasonably lead to the goals and indicators of success described in question 15b. -The goals and indicators of success described in 15b are relevant to the program strategies, to changing risk and protective factors, and to primary prevention of sexual violence. -There are no activities or goals proposed that are irrelevant, unfeasible, or unlikely to lead to changes in risk and protective factors for sexual violence, and ultimately primary prevention of sexual violence. 		1.666667		0	
#12-15	Proposed activities are either selected from Table 1 or meet the criteria listed in the RFA.	5	<p>-All proposed activities are listed in Table 1; and/or</p> <p>If a home-grown curriculum is proposed, it meets the following criteria:</p> <ul style="list-style-type: none"> ---Focuses on content supporting social-emotional learning; healthy, safe dating and intimate relationship skills; promoting healthy sexuality; and/or empowerment-based training; ---Is consistent with the Principles of Effective Prevention (https://wiki.preventconnect.org/nine-principles-of-effective-prevention-programs/) ---Aims to change risk and/or protective factors for sexual violence among participants and is likely to achieve those changes; Is responsive and relevant to participants' culture and context; and ---Strengths based: does not victim blame, shame, or reinforce risk factors or health inequity; and/or <p>If an activity other than those listed in Table 1 is proposed, the activity could reasonably be expected to lead to changes in the risk and protective factors for sexual violence as identified in question 14a. The applicant detailed convincing evidence for the effectiveness of the proposed activity. The proposed activity clearly aligns with and supports the strategy identified in question 14c.</p>		1.666667		0	
#12-15	Proposed activities are planned in sufficient detail to be successful.	5	For all proposed activities , sufficient detail is given in questions 15a and 15b to make a convincing case that the proposed activities are feasible and relevant to the proposed strategies and to sexual violence primary prevention.		1.666667		0	
#12-20	Proposed activities are likely to create community/societal level change.	5	<p>The proposed activities could reasonably be expected to influence the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur. The applicant makes a convincing case that the proposed activities will make changes that will lead to improved community-level risk and/or protective factors as defined by CDC.</p> <p>The applicant has demonstrated appropriate partnerships necessary to create community or societal level change, including relationships with and buy-in from key stakeholders and decision makers. The proposed activities and their goals could realistically be achieved given the applicant's capacity and the partners involved.</p> <p>The proposed project goes beyond reaching most or all individuals in a community with strategies for changing individual or relationship level risk and/or protective factors, which is not enough on its own to constitute community level change.</p> <p>If "mobilizing community to support protective social norms" is selected as a strategy, the proposed activities would clearly lead to change in beliefs and practices among key decision makers, leaders, entire communities, etc. and not merely exposure to social norms messaging among community members.</p>		1.666667		0	

#11, #15	<p>Category A applicants planned activities that would align with/support no more than 65% of staff time on individual/relationship level strategies and at least 35% of staff time on community and/or community/societal strategies.</p> <p>-or-</p> <p>Category B applicants planned activities that would align with/support no more than 25% of staff time on individual/relationship level strategies and at least 75% of staff time on community and/or community/societal strategies.</p>	5	<p>For Category A applicants, the proposed community and/or societal strategy(ies) are feasible and substantial enough to reasonably require at least 35% of the proposed staff time. The scale of the individual/relationship strategy(ies), as described in question 15, is not so large that it would require more than 65% of the proposed staff time.</p> <p>For Category B applicants, community and/or societal strategy(ies) are clearly the primary focus of the proposed project. If an individual/relationship level strategy is proposed, it is clearly supportive of or secondary to the community and/or societal strategy(ies), and the applicant has made a clear and convincing case that the individual/relationship level strategy will not require more than 25% of staff time in the response to question 15.</p>		1.666667		0	
#11-20, with particular focus on #18	Program design and implementation are culturally responsive for the prioritized population(s) and promote community engagement and health equity.	5	<p>The applicant has clearly described how community engagement processes and health equity considerations informed the selection and design of proposed strategy(ies) and activities. The proposed project works with the community to leverage their strengths. Community members, particularly in historically marginalized populations, are involved, collaborate, and/or make decisions about the project to ensure that it is culturally responsive.</p> <p>The applicant has demonstrated buy-in from community leaders that suggests members of the prioritized population, particularly historically marginalized populations, trust the applicant organization and are invested in the success of the project.</p> <p>The proposed strategy(ies) and activities treat everyone justly according to their circumstances, rather than treating everyone equally. The proposed project explicitly aims to reduce health disparities by addressing their root causes.</p>		1.666667		0	
#19	Develops the sustainability of the partnerships and relationships that support their violence prevention programming. Should RPE funding cease to exist, programs applying for RPE funding should detail their ability and potential efforts to sustain their commitments to partners and communities.	2	Plans for sustainability demonstrate a willingness to prioritize maintaining positive relationships with partners and community should RPE funding end. While sustainability plans do not need to demonstrate that the exact proposed strategies and activities would continue without RPE funding, the applicant has considered and detailed ways the proposed project could continue to have impact after the funding period.		0.666667		0	
#20	Prioritizes shared risk and protective factors for multiple forms of violence, particularly community and societal level factors.	5 (bonus)	<p>This question is optional and counts only for bonus points. Up to 5 bonus points can be awarded for an exemplary response (still using the 0-3 scale). If the applicant wrote "not applicable," please score a 0 for this criterion.</p> <p>The applicant has existing relationships with stakeholders working to prevent forms of violence other than sexual violence. The proposed project would begin or expand concrete strategies toward shifting shared risk and protective factors that have been planned and will be implemented in collaboration with stakeholders working toward preventing forms of violence other than sexual violence. The proposed project will complement and/or expand partner organizations' existing work toward preventing violence through shared risk and protection.</p> <p>Shared risk and protective factors are not merely included in the proposed project in a cursory or superficial way; instead, the proposed project has been planned specifically to address shared risk and protective factors in coordination with relevant partners and stakeholders.</p>		1.666667		0	
Section V								0
#21	Uses evaluation findings and contextual and experiential evidence to inform program decision making and demonstrate project success.	4	The applicant's response to question 21 describes clear and feasible plans to regularly consider data from monitoring and evaluation, including contextual and experiential data, to continuously improve program quality. The response describes clear and feasible plans to involve community members in using data for collaborative decision-making.		1.333333		0	
#22	Evaluation efforts promote community engagement and health equity.	4	The applicant's response to question 22 describes clear and feasible plans to include community members in identifying data priorities and to share data back with members of the prioritized population(s) in ways that are meaningful and accessible. Evaluation is not a one-way extraction of information from community, but rather informs ongoing community involvement, collaboration, and decision-making.		1.333333		0	
Project Budget & Narrative Justification								0
Project Budget & Narrative Justification		6	Requested budget amounts, particularly staffing, subcontracts, and materials, are realistic and appropriate for the proposed project.		2		0	
Project Budget & Narrative Justification		4	Salaries for the RPE Prevention Coordinator, and the additional staff member working on RPE program implementation if proposed, are commensurate to the required competencies and job duties of the position. Salaries should support, rather than undermine, staff retention in the position(s).		1.333333		0	
Letters of Support and Letters of Commitment								0
Letters of Support and Letters of Commitment		4	Letters of Support and Letters of Commitment are individualized and show community trust in the applicant organization, strong support for the proposed project, and/or verification of the applicant's capacity for sexual violence primary prevention. Letters should also demonstrate ongoing support of and involvement with the		1.333333		0	
Letters of Support and Letters of Commitment		5	Letter(s) of Commitment outline how the key project partner plans to support the RPE project, should funding be awarded. These plans align with the applicant's description of the key project partner's involvement in the Applicant's Response section.		1.666667		0	
				Is abstract MISSING?			0	