

**Umatilla County Local Community Advisory Council  
2021-2022 CBIR Funding Application- Scoring Rubric**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_

<b>Pre-Screening Criteria</b>	<b>Please circle application statements that are true.</b>	
The funds will be used solely for Umatilla County.	<b>YES</b>	<b>NO</b>
Letter of support from organization as well as any collaborating agencies are attached.	<b>YES</b>	<b>NO</b>
Budget and Budget Narrative are completed.	<b>YES</b>	<b>NO</b>

**If all statements are true, proceed forward with application scoring as application qualifies.**

<b>Priorities</b>	<b>Circle Statement &amp; Score</b>	
Are Community Health Plan Priority areas and/or Social Determinants of Health addressed?	<b>YES ( 5 3 1 )</b>	<b>NO</b>
Does the project serve EOCCO members?	<b>YES ( 5 3 1 )</b>	<b>NO</b>
Does the organization have adequate staffing and resources to complete the project?	<b>YES ( 5 3 1 )</b>	<b>NO</b>
Will the project be sustained after this funding ends?	<b>YES ( 3 )</b>	<b>NO N/A</b>

<b>Health Disparities &amp; Diversity, Equity, &amp; Inclusion</b>	<b>Please circle application statements that are true.</b>	
Does the project focus on populations facing disparate health outcomes?	<b>YES ( 3 )</b>	<b>NO</b>
Does the project address Diversity, Equity, and Inclusion for EOCCO members or for the greater community?	<b>YES ( 3 )</b>	<b>NO</b>
<b>Total Points:</b>		