

community likely to be engaged/impacted by the intervention), the extent to which interventions build on and complement, but do not duplicate, existing programs, and the potential synergy created through multiple interventions.

d. The degree to which the proposed plan addresses nutrition, physical activity, tobacco, and intervention strategies/activities to address the chronic diseases/conditions covered by STEPS (asthma, diabetes, and obesity).

e. The degree to which the plan reflects and builds on a substantiated and comprehensive understanding of the assets, attributes, and deficiencies of the communities including non-STEPS-related activities completed or on-going in these communities.

f. The extent to which the applicant includes a plan to sustain the project long term.

ii. School Interventions (10 of 40 points). a. The extent to which the applicant describes plans to implement school-based interventions that promote healthy lifestyles among students and their families, and address the prevention and control of chronic diseases within the same intervention area as the community interventions.

b. The clarity and feasibility of a plan to establish a full-time school health program coordinator and a school health council that will direct school-based activities and assist in their implementation.

c. The degree to which the science-base for effective school-based interventions is being used to create the community action plan and its evaluation.

d. The extent to which the proposed objectives and activities are specific, time-phased, measurable, realistic, feasible, and related to identified needs and gaps in existing programs, program requirements, and purposes and goals of this cooperative agreement program.

(b) Project Leadership and Management (20 Points)

i. The identification of a lead/fiduciary agency that will ensure accountability for expenditures in relationship to performance of all key partners.

ii. The extent to which the applicant describes the proposed structure of the project including decision-making processes.

iii. The extent to which the applicant provides letters of support and Memoranda of Understanding (as appropriate) with partner agencies and organizations, and the extent to which these documents describe specific collaborative actions to be undertaken and the role of the partners.

iv. The extent to which the applicant and its key partner organizations provide financial or in-kind contributions toward the success of the STEPS initiative.

v. The extent to which the applicant describes realistic plans to coordinate proposed activities with state- and community-level programs to prevent and control chronic disease.

vi. The degree to which proposed staff have the relevant background, expertise, qualifications, and experience.

vii. The degree to which the proposed staffing plan appears appropriate to the level of work proposed and demonstrates the intent to minimize staff levels in order to maximize funding for interventions.

viii. The extent to which the applicant describes clearly defined roles of project staff and an appropriate percent of time each is committing to STEPS.

(c) Plan for Project Monitoring and Evaluation (15 Points)

i. The extent to which the applicant describes plans to collaborate with other STEPS recipients in developing and implementing a set of common performance measures to monitor the success of funded projects.

ii. The extent to which appropriate data sources are currently available or will be made available, and are used to monitor and track changes in community capacity; the extent to which interventions reach populations at high risk; changes in risk factors, chronic disease burden, and disparities; the relationship between interventions and outcomes; and changes in program efficiency.

iii. The extent to which the applicant describes plans to collaborate fully in external, independently coordinated evaluation activities to evaluate the overall impact of STEPS.

iv. The extent to which evidence is provided to demonstrate the applicant's capability to conduct surveillance and program evaluation, access and analyze official data sources, and use evaluation to strengthen the program.

v. The extent to which the applicant describes how the project is anticipated to improve specific performance measures and outcomes compared to baseline performance.

(d) Background and Need (10 Points)

i. The extent to which the proposed intervention area is described, including the populations to be served.

ii. The extent to which data are provided substantiating existing burden and/or disparities of chronic diseases and conditions, specifically diabetes, asthma, and obesity in the proposed intervention area and populations to be served.

iii. The extent to which data are provided substantiating existing health risk behaviors and risk factors related to chronic diseases in the proposed intervention area and populations to be served.

iv. The extent to which assets and barriers to successful program implementation are identified.

v. The extent to which existing resources will be utilized to complement or contribute to the effort planned in the proposal.

(e) Community Consortium (10 Points)

i. The extent to which the applicant demonstrates the ability to establish a consortium that is inclusive of key partners, and related coalitions.

ii. The extent to which the applicant describes the capacity of the proposed consortium in terms of leadership, expertise, community representation, collaborative experience/abilities, and agency representation.

iii. The extent to which key partners demonstrate a high-level commitment to planning, implementing, and evaluating the proposed project, including a commitment of staff and other resources.

iv. The extent to which members of the proposed consortia have successfully worked together or with others in the past to achieve improved health outcomes.

(f) Communication and Information Sharing (5 Points)

i. The extent to which the applicant describes plans to share experiences, strategies, and results with other interested states, communities, and partners.

ii. The extent to which the applicant describes plans to ensure effective and timely communication and exchange of information, experiences and results through mechanisms such as the internet, management information systems, other electronic formats, workshops, publications, and other innovations.

(g) Budget (not scored)

The extent to which the budget appears reasonable and consistent with the proposed activities and intent of the program.

## 2. Tribal Applicants

Will be evaluated according to the Large City and Urban Community evaluation criteria listed under H.1. (a) through (g) above.