

Groundwater Protection Initiative Accelerated Implementation Grant Application

Organization's Legal Name: _____

Contact Name and Title: _____

Phone No.: _____

E-mail address: _____

Mailing Address: _____

Federal Tax ID #: _____

Person Authorized to Sign Grant Agreement on Behalf of the Organization:

Name: _____ Title: _____

The project narrative and work plan describe your organization and details of what you intend to accomplish through the grant program. Successful grant applications will be **no more than four pages long (excluding timeline and budget) and will include the following information.**

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by the RFP.

Organizational Capacity

(Use separate sheet)

Who will work on this project and what is their training and expertise?

What entities will collaborate on this project?

What is your organization's experience and capacity to work with other entities to achieve the goals of this project?

Work Plan

(Use separate sheet)

Describe your proposed capacity building project and the groundwater and/or drinking water concerns to be addressed.

What outcomes will be achieved as a result of the proposed actions?

How will you ensure the proposed actions result in future implementation activities and/or sustained groundwater protection?

GROUNDWATER PROTECTION INITIATIVE ACCELERATED IMPLEMENTATION
GRANT APPLICATION

List the state approved plan(s) and cite the measures and/or actions that identify the need for groundwater protection and restoration.

Submit a timeline showing the major tasks, deliverables, and deadlines for the project.
(Use separate sheet)

Tasks	Deliverables	Deadline

Budget and Budget Justification

(Use separate sheet)

Your budget must include the following:

- Itemized projection of costs for each task and deliverable.
- Description of any other funding (including in-kind) that is directed toward accomplishing the same or similar goals as the goals of this grant program.
- Clear identification of the total amount of grant funding requested.

Certification: I certify that the information herein is true and accurate to the best of my knowledge, and I submit this application on behalf of the applicant organization.

Signature: _____ Title: _____ Date: _____

NOTE: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Applications are to be submitted to: health.drinkingwater@state.mn.us.

Carrie Raber
Planning Director
Source Water Protection Unit, Environmental Health Division
Minnesota Department of Health
carrie.raber@state.mn.us

Minnesota Department of Health | Drinking Water Protection Section | 625 Robert Street North | PO Box 64975
St. Paul, MN 55164-0975 | 651-201-4700 | www.health.state.mn.us

February 2025

To obtain this information in a different format, call: 651-201-4700.

Applicant/Recipient Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants and recipients a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minnesota Statutes, section 16B.98, subdivision 2-3](#); Minnesota Office of Grants Management (OGM) [Grants Management Policies, Statutes, and Forms](#); and [Code of Federal Regulations, title 2, section 200.112, Conflict of Interest](#). It is helpful if the applicant/recipient explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant/recipient.

Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you as the Applicant/Recipient as it relates to this funding, obtain Applicant/Recipient signature (Applicant/Recipient to determine appropriate signer).

Notice of Confidentiality

This form is required from every applicant/recipient and is considered public data under [Minnesota Statutes, section 13.599](#).

MDH staff and external partners are required to comply with [Minnesota Statutes, section 13.599](#), which states that all information, and details, relating to an RFP (if applicable) and applications (if applicable) are non-public until grant agreements are fully executed.

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public ([Minnesota Statutes, section 43A.38, subd. 5](#)). A potential conflict of interest may exist if an applicant/recipient has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicant/recipients must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicant/recipients based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be

mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

Organizational Conflict of Interest

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide an entity a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing entity who is not given similar access to the relevant information.

Individual Conflict of Interest

An **individual conflict** of interest occurs when any of the following conditions is present:

- An applicant/recipient, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant/recipient, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant/recipient with respect to the specific project covered by this funding.
- An applicant/recipient, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant/recipient organization.
- An applicant/recipient, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant/recipient has previously worked with MDH to create the "ground rules" for a solicitation by performing work such as, but not limited to: writing the RFP, preparing evaluation criteria, or evaluation guides for the RFP.
- An employee or volunteer of the applicant/recipient is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant/recipient worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([Code of Federal Regulations, Title 29, section 553.101\(a\)](#)).

Certification and signature required on next page.

Certification

Applicant/Recipient Name: _____

RFP Title (if applicable): _____

MDH Grant Program Name: _____

(Example: Women, Infants, and Children (WIC) Grant)

Select ONE of the following responses below:

- To the best of Applicant/Recipient's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
- Applicant/Recipient, or employees of Applicant/Recipient, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of Applicant/Recipient knowledge, write the names of entities/individuals with which the Applicant/Recipient have an actual, potential, or perceived conflict:

Name of entity/individual: _____

Relationship (e.g., volunteer, employee, contractor, family relation): _____

Description of conflict (optional): _____

**Add additional names on separate sheet as necessary.*

By signing in the space provided below, Applicant/Recipient certifies the following:

- If a conflict of interest is discovered at any time after submission of this form, Applicant/Recipient will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- Applicant/Recipient will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant/Recipient's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

MDH Program Use Only

This section to be completed by appropriate Grant Program staff.

- Applicant/Recipient has no conflict(s) of interest.
- Applicant/Recipient has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [Grants Conflict of Interest Standard](#). MDH Program has determined the conflict(s) can be mitigated as described below:

Mitigation Plan: _____

Example: Applicant's application will not be reviewed by External Partners with which they have a conflict.

- Applicant/Recipient has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant/Recipient will not move forward. MDH Program will communicate back to the Applicant/Recipient and keep documentation of such communication.

I certify that the conflict(s) has/have been discussed with this applicant/recipient and the actions above have been taken.

MDH Program's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Resources

- [Minnesota Statutes, section 16B.98, subd 2-3](#)
(<https://www.revisor.mn.gov/statutes/cite/16B.98#stat.16B.98.2>)
- [Grants Management Policies, Statutes and Forms](#) (<https://mn.gov/admin/government/grants/policies-statutes-forms/>)
- [Code of Federal Regulations, title 2, section 200.112, Conflict of Interest](#)
(<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.112>)
- [Minnesota Statutes, section 13.599](#) (<https://www.revisor.mn.gov/statutes/cite/13.599>)
- [Minnesota Statutes, section 43A.38, subdivision 5](#) (<https://www.revisor.mn.gov/statutes/cite/43A.38>)
- [Code of Federal Regulations, title 29, section 553.101\(a\)](#) (<https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101>)

For questions about this form:
Minnesota Department of Health
Grants Program
health.grantsoffice@state.mn.us
www.health.state.mn.us

1/17/23

To obtain this information in a different format, contact: health.grantsoffice@state.mn.us.

Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organizational information

Organization	Information
Organization name:	
Organization address:	
Enter employer identification number (EIN). If no EIN, leave blank.	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: Organization structure

1. How many years has your organization been in existence?

Less than 5 years (5 points)

5 or more years (0 points)

Points _____

2. How many paid employees does your organization have (part-time and full-time)?

1 (5 points)

2-4 (2 points)

5 or more (0 points)

Points _____

MDH DUE DILIGENCE REVIEW FORM

3. Does your organization have a paid bookkeeper?

No (3 points)

Yes, an internal staff member (0 points)

Yes, a contracted third party (0 points)

Points_____

SECTION 1 POINT TOTAL_____

Section 2: Systems and oversight

4. Does your organization have internal controls in place that require approval before funds can be expended?

No (6 points)

Yes (0 points)

Points_____

5. Does your organization have written policies and procedures for the following processes?

- Accounting

- Purchasing

- Payroll

No (3 points)

Yes, for one or two of the processes listed, but not all (2 points)

Yes, for all of the processes listed (0 points)

Points_____

6. Is your organization's accounting system new within the past twelve months?

No (0 points)

Yes (1 point)

Points_____

7. Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense?

No (3 points)

Yes (0 points)

Points_____

8. Does your organization track the time of employees who receive funding from multiple sources?

No (1 point)

Yes (0 points)

Points_____

SECTION 2 POINT TOTAL_____

Section 3: Financial health

9. If required, has your organization had an audit conducted by an independent certified public accountant (CPA) within the past twelve months?

Not Applicable (N/A) (0 points) – if N/A, skip to question 10

No (5 points) – if no, skip to question 10

Yes (0 points) – if yes, answer question 9A

Points _____

9A. Are there any unresolved findings or exceptions?

No (0 points)

Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.

Points _____

10. Have there been any instances of misuse or fraud in the past three years?

No (0 points)

Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.

Points _____

11. Are there any current or pending lawsuits against the organization?

No (0 points) – If no, skip to question 12

Yes (3 points) – If yes, answer question 11A

Points _____

11A. Could there be an impact on the organization’s financial status or stability?

No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability.

Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.

Points _____

12. From how many different funding sources does total revenue come from?

1-2 (4 points)

3-5 (2 points)

6+ (0 points)

Points _____

SECTION 3 POINT TOTAL _____

Section 4: Financial review

Community Health Boards (CHBs), political subdivisions, including municipalities (county, town, city, school districts), are exempt from this section and should proceed to Section 6. All other entities must complete one of the following subsections as applicable. This section is unscored.

Section 4A: For non-profit organizations only

13. Does your organization have tax-exempt status from the IRS?

No – If no, go to question 14.

Yes – If yes, answer question 13A.

- 13A. What is your nonprofit's IRS designation?

501(c)3

Other, please list:

14. What was your organization's total revenue (income, including grant funds) in the most recent twelve-month accounting period?

Enter total revenue here: _____

15. What financial documentation will you be attaching to this form?

If your answer to question 14 is less than \$50,000, then attach your most recent financial statements.

If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS Form 990 or 990 EZ.

If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit.

16. If your organization is exempt from filing, or your organization has been in business for less than one year, applicant must:

- Demonstrate exemption by providing a copy of the IRS determination letter indicating exemption, OR submit the most recent set of board reviewed financial statements; AND
- Describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded.

My organization is exempt and I have attached the requested information.

Section 4B: For-profit organizations only

17. What was your organization's total revenue (income, including grant funds) in the most recent twelve-month accounting period?

Enter total revenue here: _____

MDH DUE DILIGENCE REVIEW FORM

18. Has your organization filed its most recent state and federal tax returns?

No

Yes – attach a copy of your most recent state and federal tax returns, AND most recent financial statements.

19. Do you have any liens on assets?

No

Yes – attach a description of the assets and associated liens.

20. Is your business currently under bankruptcy proceedings?

No

Yes – attach a description of the current status of the proceedings.

21. If your organization has been in business for less than one year, applicant must:

a) Submit the most recent set of financial statements; AND

b) Describe the internal controls you have over business expenditures and outcomes of the grant funds.

Is the proposed budget included with this application **less than** \$50,000?

YES – skip Sections 5-7, proceed to Signature Section.

NO – complete all remaining sections.

Section 5: Evidence of good standing

Community Health Boards (CHBs), Tribal Nations, political subdivisions, including municipalities (county, town, city, school districts), are exempt from this section and should proceed to Section 6.

Organizations must certify their organization has a status of “In Good Standing” with the Minnesota Secretary of State as required by Minnesota Statutes, section 16B.981, subdivision 2 (4). Search for your business name on the Minnesota Secretary of State’s website at [Search Business Filings \(https://mbisportal.sos.state.mn.us/Business/Search\)](https://mbisportal.sos.state.mn.us/Business/Search). This section is unscored.

Attach a copy of the most recent registration or renewal confirmation.

Documentation is attached.

Section 6: Performance capacity

All state agencies are required by Minnesota Statutes, section 16B.981, subdivision 2, to review an applicant's history of performing similar activities, financial documents, and other related documents. This section is unscored.

1. Describe your organization's history of performing similar activities to those being proposed.
Response:

2. Describe your organization's current staffing and budget.
Response:

Section 7: Financial crimes certification

Minnesota Statutes, section 16B.981, subdivision 2 (6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used. This section is unscored.

No current principal(s), as defined above, have been convicted of a felony financial crime within the last 10 years.

Yes, our organization has current principal(s), as defined above, that have been convicted of a felony financial crime within the last 10 years.

Applicant signature

I certify that the information provided is true, complete, and current to the best of my knowledge. The submission of inaccurate or misleading information may be grounds for disqualification from the grant agreement award and may subject me/this organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

SIGNATURE: _____

NAME AND TITLE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

For questions, or to obtain this document in a different format: Send an email to health.GrantsOffice@state.mn.us.

MDH staff use only

Program information

MDH Grant Program	Information
Organization's project name	
MDH grant program name	
Division/Section	
Date review completed	
Review conducted by	

Review and award decision

Review the financial documents submitted in response to Section 4.

1. Were there significant operating and/or unrestricted net asset deficits?
 Yes – proceed to question 2.
 No – proceed to question 5.
2. Were there any other concerns about the organization's financial stability?
 Yes – proceed to question 3.
 No – proceed to question 5.
3. Describe the deficit(s) and/or other concerns about the organization's financial stability:

4. Describe how the applicant organization addressed deficit(s) and/or other concerns about their financial stability:

5. Granting decision:

6. Rationale for grant decision:

Total points from scored sections

Section 1	+	Section 2	+	Section 3	=	Total Points
	+		+		=	

Groundwater Protection Initiative – Accelerated Implementation Grant Invoice

Grantee Information

Organization name _____

Address _____

Contact person _____

Phone number _____ Email _____

Reimbursement Description: “Activities for Quarter __, 20XX”

Expenditure Description

Use an additional page if necessary

Activity Description	Personnel	Hours	Rate	Cost
Invoice total				

Disclaimer and signature: I declare that no part of this claim has been previously billed to MDH, and that the Total Expenditures reflect only charges related to the source water protection project. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.

Authorized grantee signature _____ Date _____

For Minnesota Department of Health Use Only

Grantee manager signature _____ Date _____

PO _____ Approved by _____

Period of service _____ Date sent to F.M. _____