

2023 Community Solutions for Healthy Child Development Grant

REQUEST FOR PROPOSALS (RFP)

IMPORTANT DATES

January 3, 2024 Request for proposals (RFP) released

February 5, 2024 Last day to submit RFP questions (until 4:30 p.m. CT)

February 14, 2024 Proposals due (accepted until 11:59 p.m. CT)

May 1, 2024* Grant begins (*or when grant agreement is fully executed, whichever is later)

June 30, 2027 Grant ends

For more information and application documents, visit the following webpage: <u>2023 Community Solutions</u> RFP (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html)

Minnesota Department of Health
Center for Health Equity
PO Box 64975
St. Paul, MN 55164-0975
651-201-5813
Health.Solutions.for.Child.Development@state.mn.us
www.health.state.mn.us

01/03/2024

To obtain this information in a different format, call 651-201-5813.

Table of Contents

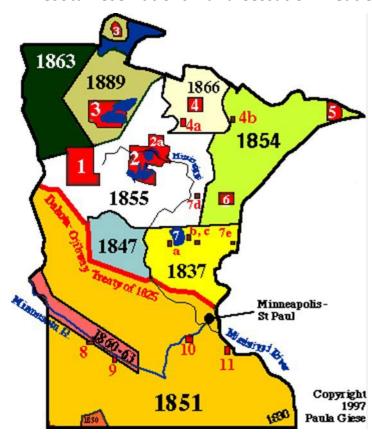
Γr	ibal-Stat	te Relations Statement	3
	RFP Par	t 1: Overview	4
	1.1	General Information	4
	1.2	Program Description	4
	1.3	Funding and Project Dates	5
	1.4	Eligible Applicants	6
	1.5	Questions and Answers	8
	RFP Par	t 2: Program Details and Requirements	10
	2.1	Priorities	10
	2.2	Background Information	10
	2.3	Eligible Projects	13
	2.4	Project Requirements	18
	2.5	Grant Expectations and Deliverables	19
	2.6	Grant Management Responsibilities	20
	2.7	Grant Provisions	22
	2.8	Review and Selection Process	25
	RFP Par	t 3: Application and Submission Instructions	28
	3.1	Application Deadline	28
	3.2	Application Submission Instructions	28
	3.3	Application Instructions	29
	RFP Par	t 4: Attachments	35
	Attac	chment A: Application Scoring Criteria	36
	Attac	chment B: Application Checklist	40
	Attac	hment C: Grant Agreement Samples	41

Tribal-State Relations Statement

The State of Minnesota is home to eleven (11) federally recognized Indian tribes with elected tribal government officials. The State of Minnesota acknowledges and supports the unique status of the Minnesota tribal nations and their absolute right to existence, self-governance, and self-determination. The United States and the state of Minnesota have a unique relationship with federally recognized Indian tribes, formed by the Constitution of the United States, treaties, statutes, case law, and agreements. The state of Minnesota and the Minnesota tribal governments significantly benefit from working together, learning from one another, and partnering where possible.

This partnership, through a government-to-government relationship, with the eleven tribal nations of Minnesota has the potential to effectively address inequities and build trust that will lead to better outcomes for all of Minnesota.

Minnesota Reservations: Land Cessation Treaties



^{*} This is the acknowledgment given in the USDAC Honor Native Land Guide, edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council.

RFP Part 1: Overview

1.1 General Information

- Announcement Title: 2023 Community Solutions for Healthy Child Development grants
- Minnesota Department of Health (MDH) Program Website:
 2023 Community Solutions RFP
 (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html)
- Application Deadline: Wednesday, February 14, 2024 (11:59 p.m. CT)

1.2 Program Description

The Minnesota Legislature directed the Minnesota Department of Health (MDH) to establish the Community Solutions for Healthy Child Development grant program in 2019. The purposes of the grant program are to:

- Improve child development outcomes as related to the well-being of children of color and American Indian children from prenatal to grade three (usually ages 8 or 9) and their families, including but not limited to the goals outlined by the Department of Human Services' <u>Early Childhood Systems Reform (https://mn.gov/mmb-stat/2-gen/early-childhood-systems-reform-one-pager.pdf)</u> effort for:
 - early learning,
 - health and wellbeing,
 - economic security, and
 - safe, stable, nurturing relationships and environments;
- Reduce racial disparities in children's health and development, from prenatal to grade three (usually ages 8 and 9); and
- Promote racial and geographic equity.

The grant program will advance these purposes by funding community-based solutions for challenges that are identified by affected communities.

The Community Solutions Advisory Council

(https://www.health.state.mn.us/communities/equity/projects/communitysolutions/advisory.html) is comprised of 13 members representing diverse Minnesota communities, areas of expertise and geographic locations, and advises the Minnesota Department of Health (MDH) on the Community Solutions for Healthy Child Development grant program. The Council informed the development of this request for proposals (RFP), will serve as grant application reviewers, and will advise MDH on ongoing oversight of the grant program.

This request for proposals (RFP) provides the information, forms and instructions needed to apply for a Community Solutions for Healthy Child Development grant. Please read this material before writing your application. Pay special attention to the Application Scoring Criteria (Attachment A).

1.3 Funding and Project Dates

Funding

The Minnesota State Legislature has appropriated funding for the Community Solutions for Healthy Child Development grant program. Approximately \$10.29 million in state general funds is available for grants during the period of May 1, 2024 - June 30, 2027. Please note that MDH may utilize a portion of these funds allocated by the Legislature to "contract with an independent third-party entity to evaluate the success of the grant program and to build the evidence base for effective community solutions in reducing health disparities of children of color and American Indian children from prenatal to grade three [usually ages 8 and 9]," as noted in statute.

Funding will be allocated through a competitive process and is contingent upon availability. If selected, grantees may only incur eligible expenditures once a grant agreement is fully executed, and the grant has reached its effective date.

Applicants are encouraged to request an annual funding amount between \$60,000 - \$150,000 per year. The budget template that must be submitted as part of the application asks applicants to estimate their expenses for the first two fiscal years of the grant (approximately May 1, 2024 through June 30, 2025). For example, if an applicant requests \$100,000 annually, the budget submitted as part of the application should add up to \$200,000. Over the course of the four-year grant period, this applicant would be requesting a total of \$400,000.

Funding	Estimate
Estimated amount to grant	$$2,415,000 ext{ per year (average)}^1$
Estimated number of awards	20-25 ² total for the entire grant cycle
Estimated award maximum	\$150,000 per year
Estimated award minimum	\$60,000 per year

Match Requirement

There is no match requirement for this grant program.

Project Dates

The anticipated grant **start date** is **May 1, 2024**, or when the agreement is fully executed by all parties, whichever is later. The projected **end date** is **June 30, 2027**. The grant period will be contingent on satisfactory grantee performance and funding availability.

¹ MDH reserves the right adjust the floor and ceiling funding amounts depending on the funding request and project types.

² MDH reserves the right to award the grant to more than 25 applicants if it deems those applicants are strongest in certain qualifications or have proposed a strong approach related to a specific deliverable.

1.4 Eligible Applicants

Eligible applicants include:

- Community-based organizations (CBOs) or entities that work with communities of color and/or American Indian communities; and
- Tribal nations and tribal organizations as defined in section 658P of the <u>Child Care and Development Block Grant Act of 1990</u> (https://crsreports.congress.gov/product/pdf/R/R47312); and
- Community-based organizations or entities focused on supporting healthy child development.

For the purposes of this RFP, a CBO is defined as an organization that is committed to being community-driven, with the community influencing all aspects of its existence. Examples of this may include:

- The majority of the governing body and staff consists of individuals bound by location, experience or culture.
- The main operating offices are in the communities they intend to serve.
- Priority issue areas are identified and defined by members of the community.
- Solutions to address priority issues are developed with the community.
- Program design, implementation, and evaluation components have the community intimately involved, in leadership positions.

The following entities may be eligible to apply if they fit the definitions and eligibility as described above:

- Local Public Health (LPH) agencies
- Child care centers
- Community Health Boards (CHB)
- Faith-based organizations
- For-profit organizations
- Nonprofit organizations
- Preschools

Schools and school districts

- School-based health centers
- Social service organizations

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN) or 501c3 status. Organizations or entities that do not have state or federal recognition may apply with a fiscal agent.³ Applicants must be located in, and conduct grant activities in, the state of Minnesota, but fiscal agents may be located outside of

³ A **fiscal agent** is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different entity from the operating organization (which performs the work). In a multi-organization collaboration, however, one entity must be designated as the fiscal agent.

Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization as a fiscal agent.

Organizations may apply on their own or as part of a multi-organization collaboration with one organization identified as the lead.

Priority will be given to applications from:

- organizations or entities serving communities of color;
- organizations or entities serving American Indians, including tribal nations and tribal organizations;
- organizations or entities with proposals focused on healthy development from prenatal to grade three (usually ages 8 and 9);
- organizations or entities with proposals focusing on multigenerational solutions;
- organizations or entities proposing to serve communities in a county or counties identified as
 "moderate to high risk" or "high risk" to the healthy development of young children in the
 maps in the appendix of Wilder Foundation's Minnesota Early Childhood Risk, Reach, and
 Resilience (https://www.wilder.org/sites/default/files/imports/MNEarly
 ChildhoodRiskReachResilience 9-18.pdf) report;
- community-based organizations that have historically served communities of color and American Indians and have not traditionally had access to state grant funding; and
- organizations that propose to focus primarily on the population of prenatal to age 3⁴ (though projects focusing on prenatal through grade 3 usually ages 8 to 9 are eligible).

Geographic distribution of grants

The commissioner and the Advisory Council shall ensure that grant money is prioritized and awarded to organizations and entities that are located in that have a higher proportion of people of color and American Indians than the state average, to the extent possible. Applicants will be asked to identify whether the lead organization is located in one or more of these counties in their application. Applicants should use the maps and tables in the appendix of Wilder Foundation's Minnesota Early Childhood Risk, Reach, and Resilience

(https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience 9-18.pdf) report when answering these questions in the application form.

Collaboration

Collaborations between organizations or entities are welcome, but not required. If collaborating, a single application should be submitted on behalf of all partners in the collaboration with one organization designated as the lead organization.

MDH recognizes that achieving health equity will happen only as we work together. Organizations

⁴ This is a strategic priority identified by the Community Solutions Advisory Council.

that collaborate on proposals are encouraged to compensate partners appropriately for their contributions, and to consider equity in deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the table above on page 5) than single-organization applicants.

MDH recognizes the sovereignty of tribal nations. We will only fund non-tribal-led projects in tribal communities if the applicant has full support of the tribal government. If a non-tribal applicant proposes to work with a tribal government or tribal community, the applicant must be prepared to provide written verification that the tribal government approves of the project before a grant award is offered.

Multiple Applications

An applicant may submit more than one application.

1.5 Questions and Answers

Please submit all questions regarding this RFP via email to Health.Solutions.for.Child.Development@state.mn.us. If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

MDH staff will post all questions and answers on the <u>Community Solutions RFP Questions and Answers (https://www.health.state.mn.us/communities/equity/funding/csf2023/faq.html)</u> webpage.

Please submit questions no later than Monday, February 5, 2024 (until 4:30 p.m. CT). To ensure all applicants have access to the same information, questions submitted after this date will not be answered nor posted to the website. The final questions and answers will be posted to the website by Monday, February 12, 2024.

Estimated dates for posting questions and answers on the RFP website are:

- Wednesday, January 10, 2024
- Wednesday, January 17, 2024
- Wednesday, January 24, 2024
- Wednesday, January 31, 2024
- Monday, February 12, 2024

To ensure the proper and fair evaluation of all applications, communications regarding this RFP, including verbal, telephone, written or internet, initiated by or on behalf of any applicant to any employee of MDH or Community Solutions Advisory Council member, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

Please note that because Community Solutions Advisory Council members will serve as grant application reviewers, they will not be able to provide feedback on draft applications or answer questions about applications.

RFP Information Session

MDH will provide RFP information and guidance through a recorded RFP Information Session.

Though not required, prospective applicants are encouraged to view the RFP Information Session recording. Look for the recording to be posted on 2023 Community Solutions RFP (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html) webpage in mid-January 2024.

RFP Part 2: Program Details and Requirements

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity on the Center for Health Equity website (https://www.health.state.mn.us/communities/equity/about/index.html).

This grant will serve children of color and American Indian children from prenatal to grade 3 (usually ages 8 and 9) and their families. Aims of this funding include promoting racial and geographic equity and reducing racial disparities in children's health and development from prenatal to grade three (usually ages 8 and 9).

2.2 Background Information

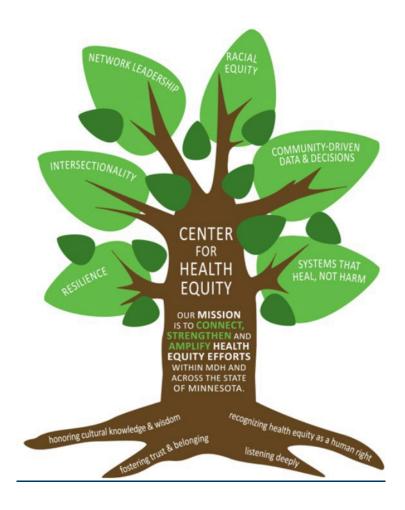
Since 2001, the Center for Health Equity's (CHE) approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. By investing in community-based organizations and Tribes to develop health improvement strategies built on cultural knowledge and wisdom and community strengths, community members are more likely to be reached, engaged and impacted.

In December 2013, the Commissioner of Health established the MDH Center for Health Equity (CHE) with the intent of bringing an overt and explicit focus to the efforts of MDH to advance health equity in Minnesota. The mission of CHE is to connect, strengthen and amplify health equity efforts within MDH and across the state of Minnesota.



CHE is grounded in a set of core values and approaches that shape our work, including the work of the Community Solutions grant program. Our **values** include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Through Community Solutions grants, we seek to support and amplify indigenous and cultural ways of healing, and we strive to build a community of grantees that recognizes and honors everyone's story, fosters trust between government and community, and allows grantees to define what health looks like for their communities.

Our work is guided by a set of **approaches**, including: racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm. To learn more, refer to the <u>Center for Health Equity handout</u> (https://www.health.state.mn.us/communities/equity/about/handout.pdf).



The development of the Community Solutions program was guided by these values and approaches, by written feedback and recommendations from members of the Community Solutions Advisory Council

(https://www.health.state.mn.us/communities/equity/projects/communitysolutions/advisory.html) and by community and stakeholder input collected by Minnesota Council of Nonprofits, Minnesota Management and Budget (MMB), Minnesota Department of Health (MDH) and the Center for Health Equity (CHE) in recent years.

Programming at CHE is grounded in several *principles*, including:

- Community issues require community solutions.
- Effective initiatives are co-created with and supported by the community served.
- Effective strategies are grounded in cultural knowledge and wisdom.
- Sustainable projects complement related community services and activities.
- Organizations that reflect the populations served are more likely to understand community experiences, connect with community and effectively support community solutions.

2.3 Eligible Projects

Proposals must focus on promoting racial and geographic equity in healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade three (usually ages 8 and 9) and their families.

Please spend time reviewing **Attachment A: Application Scoring Criteria**, as there are many scoring considerations and priority areas.

Considerations for Developing a Proposal

Conditions that Affect Health and Child Development

Proposals should address the social, economic, and environmental conditions that affect the health of children and families. (These conditions are sometimes called "social determinants of health.") Some examples of conditions that influence health and child development include, but are not limited to, housing, income, transportation, racism and discrimination, education, neighborhood conditions, employment and social connectedness.

We invite you to think broadly about the conditions that affect the well-being of children and families, perpetuate racial and health inequities, and impact children's health and development.

Co-creation with Communities

Proposals should demonstrate understanding of community strengths and assets and should build on communities' capacity to promote child and family well-being. Projects should be co-created with the communities served or impacted. Applicants are encouraged to propose multigenerational approaches.

MDH seeks projects that have the potential for far-reaching impact within communities. This could include engaging many community members and working to change policies or conditions that affect a whole community. Smaller-scale projects that have the potential for future expansion or that can inform future work (by the applicant or others) on issues affecting the broader community will also be considered.

Building on Current Work and Capacity

Applicants are encouraged to propose activities that complement or build on their existing work. Applicants may receive funding to continue their existing work. Applicants may also dedicate a portion of their budget to strengthening their organization's capacity to promote racial and geographic equity in healthy child development, including professional development.

Planning

Proposals may include a planning phase leading into, and informing, the implementation of activities. The planning period should be no longer than one year of the total grant period. Applicants should propose specific planning steps that will better position them to implement

their activities. Engaging relevant communities is typically an integral part of the planning process. Applicants are encouraged to create adaptable work plans and be open to revising the implementation phase based on learning and community engagement during the planning period.

Support and Rationale for Activities/Strategies

Applicants should provide reasons and support for their proposed approaches. This may include data on the effectiveness of these methods (gathered by the applicant or from other sources). Data can include lived experiences, scholarly research, outcomes from past projects, and other sources. Applicants should address cultural considerations in explaining why they expect the project to be successful with the communities engaged and served.

Eligible Populations

Proposals must address the needs of children of color⁵ and American Indian children from prenatal to grade three (usually ages 8 and 9) and their families. Applicants should define the community or communities within this population that they propose to engage and serve.

Priority will be given to proposals focused on healthy development from prenatal to age 3 (although the eligible population is prenatal through grade three - usually ages 8 and 9). Refer to **Attachment A: Application Scoring Criteria** for more information on how this will be scored.

Eligible Activities

To have a meaningful impact in promoting racial and geographic equity in healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade three (usually ages 8 and 9) and their families, activities should address the conditions that affect health and well-being.

Activities and strategies may relate to, but are not limited to, the goals outlined by the Department of Human Services' <u>Early Childhood Systems Reform (https://mn.gov/mmb-stat/2-gen/early-childhood-systems-reform-one-pager.pdf)</u>. These include early learning, health and wellbeing, economic security, and safe, stable, nurturing relationships and environments.

Applicants are encouraged, but not required, to consider activities and strategies that seek to change policies, systems, environments, and institutions.

Policies

Applicants may, for example, work to implement or change local, regional, tribal or state policies related to child development and health and racial equity for children of color and American Indian children. These could be policies related to early learning or other programs and services for young children. Or they could be other policies that affect the health, development, and well-being of children of color and American Indian children and their families, such as policies related

⁵ Communities of color include, but are not limited to, Africans, African Americans, Hispanics/Latinos, Asian Americans and Pacific Islanders.

to economic security, housing, family living situations, neighborhood environments, or other areas of life.

Systems

Applicants may seek to change systems that influence health, development, and racial equity for children of color and American Indian children from prenatal to grade 3 (usually ages 8 and 9) and their families. For example, applicants could address the systems through which families access housing, transportation, education, and other services to make these systems more equitable and better suited to promoting healthy child development and family well-being.

Environments

Another area in which applicants may work is changing social and physical/built environments to better support healthy child development and racial equity for children of color and American Indian children. Activities could promote social environments that are conducive to racial equity, connectedness, and stable, nurturing relationships, for example. Physical environments can also be modified to support racial equity, connectedness, health, and safety.

Institutions

Applicants may work to change institutions to advance racial equity and healthy child development. Applicants could focus, for example, on institutions that provide education or services to children of color and American Indian children from prenatal to grade 3 (usually ages 8 and 9) and their families.

Communities and Families

Applicants are welcome to propose other types of activities and strategies as long as they contribute to improving child development outcomes and reducing health and racial disparities related to the well-being of children of color and American Indian children from prenatal to grade 3 (usually ages 8 and 9) and their families. For example, applicants may propose work that focuses more directly on families. Work with communities often relates to policies, systems, environments and/or institutions, but applicants may choose to approach their community work in a different way.

Eligible Activities/Strategies



Illustration of different areas applicants may choose to work in to change the conditions that affect health and development.

Examples of Eligible Activities

- Engaging community members in creating and advocating for a state-level policy agenda that promotes healthy child development and racial equity for children of color and American Indian children from prenatal to age 3.
 (Note to applicants: Applications that focus on the population of prenatal to age 3 have been identified as a priority by the Advisory Council, though projects focusing on prenatal through grade 3 are eligible.)
- Hosting a community gathering that builds cultural and social connectedness across generations.
- Launching and facilitating a community advisory board to make recommendations for change in a local government office that coordinates services to families with young children, such as nutrition support.
- Forming a new partnership between a childcare program and a day center for elders in a community of color.
- Providing a space for gathering and social support and connecting people to resources in a community-owned business.
- Mobilizing residents to create and participate in a lead education program for renters in a region or city where young children of color and American Indian children are at high risk of elevated lead levels.

Lobbying vs. Advocacy

Grantees may lead or participate in advocacy work but may not engage in activities that are considered "lobbying."

Projects may involve advocating for change in local, regional, tribal or state policy. Because grantees will be receiving state funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to support them in navigating the line between advocacy and lobbying.

Grant funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders, and the general community. Lobbying restrictions do not apply to informal or private policies.⁶

Grantees may make educational materials available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies, and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or tribal government, in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbying, lobbyists, and political contributions (refer to "Lobbying vs. Advocacy" section above)

⁶ Informal or private policies, sometimes called "voluntary" policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies.

- Bad debts, late payment fees, finance charges, or contingency funds
- Ongoing medical care or treatment of disease(s) or disability
- Capital improvements or alterations
- · Cash assistance paid directly to individuals to meet their personal or family need
- Any individual piece of equipment that costs more than \$5,000
- Any cost not directly related to the grant
- Purchase of vehicle(s) for program use
- Cash payments to participants (incentives must be non-cash)

2.4 Project Requirements

Community Engagement and Collaboration

Community engagement is a process through which community members are involved in issue identification, problem-solving, and decision-making. Grant projects must be rooted in and driven by the community served. One of our guiding approaches at the MDH Center for Health Equity is network leadership; we believe that leadership comes from within and across communities and that we are stronger when we bridge differences and unite around commonalities. We believe that effective leadership is adaptive, collaborative, and inclusive.

Grantees should authentically engage and work in partnership with community members experiencing inequities to ensure activities and strategies are co-created, appropriate, and welcomed by the community.

Projects should also be designed to complement and build on other related activities or initiatives in the community. To pursue their project goals, grantees should work together in partnership with relevant stakeholders, which may include other community organizations, local public health, businesses, other government agencies or health systems. Grantees are also encouraged to form and/or strengthen cross-sector partnerships as appropriate. Community engagement and partnership-building should be ongoing throughout the grant period.

Evaluation

MDH will provide evaluation technical assistance and support for grantees as needed to help grantees succeed in meeting grant requirements and strengthen grantees' evaluation capacity. Refer to the Technical Assistance section below for more information.

Evaluation is a required component for several reasons:

- It helps grantees know if they are making progress toward their goals and helps them report back to community partners and stakeholders (answering the questions, "who is better off, and how will we know?").
- It helps grantees know how they can improve their project.
- It helps MDH report to the state legislature, both to justify the use of public funds and to show the difference the funds make in the community.
- It helps document and spread the innovative projects and strategies grantees develop to

- address issues in their community based on cultural knowledge and wisdom.
- When grantees evaluate their own programs, with MDH assistance, they strengthen their own evaluation capacity for future projects and initiatives.

Grantees may use funds for staff to work on evaluation or may subcontract with external evaluation partners. Evaluation may include, but is not limited to, developing an evaluation plan, developing data collection tools, collecting and analyzing evaluation data, and attending in-state evaluation training and technical assistance events. Grantees are encouraged to consider opportunities for co-creating evaluation approaches with communities. Grantees will share evaluation results with MDH and identify and pursue the best way to share with community partners and project stakeholders.

2.5 Grant Expectations and Deliverables

Grant Outcome Expectations

Community issues require community solutions, and grant projects will be culturally specific and unique to each community served. Therefore, **each funded grantee will specify its own outcomes**. Outcomes should advance the Community Solutions program goals of increasing racial and geographic equity in healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade three and their families. In addition, the Center for Health Equity (CHE) will work with grantees and the Community Solutions Advisory Council to explore and identify how shared measurements (such as within similar areas of project focus or program execution) can complement grantee-specific measures in reporting. Selected measures will be incorporated into grantee evaluation plans and supported through technical assistance.

MDH will provide evaluation technical assistance and support for grantees as needed to help grantees succeed in meeting grant requirements and strengthen grantees' evaluation capacity.

Key Tasks and Deliverables

With support and technical assistance from MDH, grantees will:

- Work with MDH to revise the work plan and budget before the grant start date.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.
- Meet with MDH's evaluation technical assistance provider and/or MDH staff within the first six months of the grant to discuss evaluation goals and strategies.
- Develop and share an evaluation plan with MDH staff by the within the first year of funding that includes shared performance measure(s) (if identified by MDH), at least one grantee-specific evaluation question, and at least one grantee-specific outcome indicator.
- Report twice per year on successes, challenges, needs, and impact. Mid-year updates can take place by phone or in person; end-of-year reports will be written.

- Participate in grantee gatherings twice a year and other occasional grantee trainings and technical assistance activities.
- Participate in the grantee Community of Practice, which may take place at grantee gatherings, through additional in-person meetings, and/or through online networking and sharing. Grantees are strongly encouraged to share with and learn from other grantees; however, each grantee may choose the extent to which they participate.
- Develop a budget and work plan for fiscal years 3 and 4 (July 1, 2025 June 30, 2027) of the grant period and work with MDH to revise as needed.
- Provide updates and/or grant summary information upon request to be included in MDH reports.
- Share project progress and evaluation results with MDH and community stakeholders on a regular basis.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH will also provide grantees with access to data to assist in establishing and implementing effective community-led solutions.

Grantees are encouraged to seek support and learn from other grantees through the Community of Practice. MDH will also provide for a third-party evaluation capacity-building team to support grantees in identifying appropriate and feasible measures and outcomes for their projects and provide general evaluation technical assistance. The evaluation capacity-building team will have experience providing culturally relevant technical assistance. The team will help to evaluate the success of the grant program and build the evidence base for effective community solutions.

MDH and the evaluation capacity-building team will pay special attention to providing technical assistance and program development support for grantees working in Greater Minnesota (outside of the seven-county metro area) or areas where fewer services to reduce health inequities have been established.

2.6 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's authorized representative has notified the grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Refer to Attachment C of this RFP to view MDH grant agreement samples. This is sample language only. If awarded a grant, actual language may differ.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

Community Solutions grantees will provide mid-year updates by phone or in person. Annual (end-of-year) reports will be written. A final grant summary report in May 2027 will take the place of that year's annual report.

Grant Monitoring

Throughout the grant period, MDH will monitor the grantee's progress and performance. Visits may occur virtually or in-person. Minn. Stat. § 16B.97 (https://www.revisor.mn.gov/statutes/cite/16B.97) and Policy on Grant Monitoring (https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

The Community Solutions grant period will be approximately May 1, 2024 – June 30, 2027, contingent on satisfactory grantee performance and funding availability. According to state policy, the purpose of a **monitoring visit** (often called a *site visit*) is to review and ensure progress against the grant's goals, address any problems or issues before the end of the grant period and build rapport between MDH and the grantee. Monitoring visits are an opportunity for MDH to meet grantee staff, learn more about grantee successes and challenges and see grantee work in action.

Center for Health Equity staff also view these visits as an opportunity to connect grantees with available resources, to learn how MDH can better support the grantee and provide technical assistance, and to receive feedback from the grantee to help improve the grant program.

The purpose of the **financial reconciliation** is to ensure that grant projects are in compliance with all state and federal laws and that expenses are allowable, appropriate, reasonable for the grant program, and adequately verifiable by supporting documentation. The reconciliation involves a review of expenses included on a selected invoice and the relevant supporting documentation. Grantees will be notified at least 30 days prior to a financial reconciliation to allow sufficient time to gather and submit documentation. Please note that a financial reconciliation is *not* an audit.

Grant Payments

Per <u>State Policy on Grant Payments (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20 tcm36-438962.pdf)</u> reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the

grantee a written extension.

The invoicing and payment schedule will be: On a monthly basis. Invoices must be submitted in a timely fashion and are due by the last day of the following month when the expenditures are incurred. For example, if an expense is incurred in October 2024, an invoice must be submitted for this expense by November 30, 2024. If you would like to request an alternative payment schedule (e.g., bimonthly or quarterly) please send a written request to your grant manager.

The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

2.7 Grant Provisions

Contracting and Bidding Requirements

Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under Minn. Stat. § 471.345 (https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41 (https://www.revisor.mn.gov/statutes/cite/177.41), et. seq.

- (a) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:
 - Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
 - ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
 - iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
 - iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (<u>Equity in Procurement (TG/ED/VO) Directory / Minnesota Office of State Procurement (https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvodirectory/)</u>),
 - Metropolitan Council's Targeted Vendor list:
 Minnesota Unified Certification Program (https://mnucp.metc.state.mn.us/), or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul:
 Central Certification Program (https://www.stpaul.gov/departments/human-rights-
 - <u>Central Certification Program (https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program)</u>.
 - v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.

- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in Minnesota: The list of debarred vendors is available at: Suspended-Debarred Vendors / Minnesota Office of State Procurement (https://mn.gov/admin/osp/government/suspended-debarred/).

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 (https://www.revisor.mn.gov/statutes/cite/16B.98) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant- Making."

Applicants must complete the Applicant Conflict of Interest Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice;
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired; or
- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

- An applicant, 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, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project;
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization; or
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their

contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in

Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents.

(Minn. Stat. § 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item.
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an
 application in response to this RFP, the applicant agrees that this indemnification
 survives as long as the trade secret materials are in possession of MDH. The State will
 not consider the prices submitted by the responder to be proprietary or trade secret
 materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Ch. 13 Minnesota Statutes (https://www.revisor.mn.gov/statutes/cite/13/full)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per Minn. Stat. § 16B.98, subd. 8, (https://www.revisor.mn.gov/statutes/cite/16B.98) the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified (Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02)). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship (Minn. Rules, part 5000.3550 (https://www.revisor.mn.gov/rules/5000.3550/)).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights (https://mn.gov/mdhr/) issued pursuant to the Minnesota Human Rights Act.

2.8 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee including members of the Community Solutions Advisory Council and MDH employees. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the

- project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional
 information to further clarify or validate information submitted in the application,
 provided the application, as submitted, substantially complies with the
 requirements of this RFP. There is, however, no guarantee MDH will look for
 information or clarification outside of the submitted written application.
 Therefore, it is important that all applicants ensure that all sections of their
 application are complete to avoid the possibility of failing an evaluation phase or
 having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will be reviewing each applicant on a 130-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

Please refer to **Attachment A: Application Scoring Criteria** that the review committee will use to score applications.

After scoring applications, reviewers will participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting, reviewers will make recommendations to MDH based on the scoring criteria and discussion.

MDH leadership will make final decisions on all applications and will balance the recommendations by the review team with other factors including, but not limited to:

- Review team scores.
- Populations served.
- Geographic distribution of services.
- Total funding available.
- Priority organizations, including those serving people of color and American Indians, as well
 as organizations that have not previously received state grant funding.

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them. State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations

(https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

Notification

MDH anticipates notifying all applicants of funding decisions via email in April 2024. All notices of award and non-award will be sent via email to the contact person listed on the application.

Awarded applicants who are not current vendors in the State's SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee's work plan and/or budget before a grant agreement can be made final ("executed"). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The anticipated effective date of the agreement will be May 1, 2024, or on the date on which all signatures for the agreement are obtained. The grant agreement will be in effect until June 30, 2027, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications submitted via email *must* be received by MDH no later than 11:59 p.m. Central Time on February 14, 2024.

An application sent by **postal mail** must be postmarked by or on February 14, 2024, and received by MDH no later than February 21, 2024.

Applications may not be hand-delivered to MDH.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

3.2 Application Submission Instructions

Applicants are **strongly encouraged** to submit all application materials via email to <u>Health.Solutions.for.Child.Development@state.mn.us</u> with the subject line: *Community Solutions RFP Application – [insert applicant organization name]*.

Applicants who are unable to submit via email may submit their application via postal mail. If submitting by postal mail, please submit a single printed copy bound with a paper clip (do not staple). An application sent by postal mail must be postmarked by or on February 14, 2024 and received by MDH no later than February 21, 2024.

Applications submitted by postal mail must be sent to:

Christy Nguyen, Office and Administrative Specialist Principal Center for Health Equity Minnesota Department of Health Orville L. Freeman Building PO Box 64975 St. Paul, MN 55164-0975

Applicants may not hand-deliver applications to MDH.

REQUIRED: Applicants must complete and submit the following **five** documents for their application to be considered complete:

- 1. Application Form
- 2. Applicant Conflict of Interest (COI) Disclosure Form
- 3. Due Diligence Review Form
- 4. Workplan (Word template)
- 5. Budget (Excel template)

It is the applicant's responsibility to allow sufficient time to address all potential delays. Sole responsibility rests with the applicant to ensure that their application is received on or before the submission deadline (via email). MDH will not be responsible for a proposal that is delayed or lost in

transit by the Postal Service or a private carrier. All submissions are final. Full and complete proposals not received by the deadline given above will NOT be considered.

When MDH receives your application, we will send an email within 48 hours to acknowledge the receipt of the application. The email will be sent to the person listed as the "Project Contact" on the first page of the application form. MDH will send the receipt of confirmation email from the following email address: Health.Solutions.for.Child.Development@state.mn.us.

3.3 Application Instructions

Late or incomplete applications will be rejected and not evaluated.

Applications must include all five required application materials listed above. Do not provide any materials that are not requested in this RFP (e.g., memorandums of understanding [MOUs] or letters of support), as such materials will not be considered or evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

REQUIRED APPLICATION DOCUMENT #1: Application Form

This form can be downloaded from <u>2023 Community Solutions RFP</u> (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html).

Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the <u>Adobe Acrobat (https://get.adobe.com/reader/)</u> website. Please complete all fields in the application. Character limits are enforced automatically and include spaces.

To bold, italicize or underline in the application form, the following keyboard shortcuts can be used:

Key Commands for Adobe Acrobat

Style	Keyboard Shortcut (Mac)	Keyboard Shortcut (PC)
Bold	Command + B	Ctrl + B
Italics	Command + I	Ctrl + I
Underline	Command + U	Ctrl + U

Applicants who are unable to use the PDF application form on the website may craft their application question responses in another written format that does not exceed the character limits.

REQUIRED APPLICATION DOCUMENT #2: Applicant Conflict of Interest (COI) Disclosure Form

This form can be found at <u>2023 Community Solutions RFP</u> (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html).

Applicants must complete the Applicant Conflict of Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

REQUIRED APPLICATION DOCUMENT #3: Due Diligence Review Form

The Due Diligence Review Form can be found at <u>2023 Community Solutions RFP</u> (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html).

Please note that the Due Diligence Review Form score is *not* part of the 130 total points used to select grantees, and it is for internal use only (not for use by the review committee). The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

REQUIRED APPLICATION DOCUMENT #4: Work Plan

Applicants must submit a work plan covering the first two *fiscal* years of the grant, during the period of approximately May 1, 2024 (or grant start date) through June 30, 2025. Funded grantees will develop a separate work plan for the last two fiscal years of the grant later in coordination with their MDH Grant Manager. A grantee's work plan may be revised during the grant period in consultation with MDH and the evaluation capacity-building team.

Applicants are *strongly encouraged* to use the Microsoft Word template provided on the RFP website: 2023 Community Solutions RFP

(https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html). Please include all of the information in this template, but you may choose to format your work plan differently. We recognize that a different work plan format may be more suitable for holistic, circular styles of learning and doing in American Indian communities, for example.

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Morehead and Owatonna – provide free access to Microsoft Word. Applicants who are unable to use the Microsoft Word template provided on the website may submit their work plan in another format that does not exceed the page limit below.

The work plan may not exceed 10 pages. To ensure that all applicants' work plans have a similar format and length for the review process, we request that applicants use 11-point Calibri font in the work plan tables.

Applicants may find it useful to identify their grant program goals and craft their objectives and activities in the work plan before completing the Project Narrative section of the application form.

Project Activity Output

The following tips might be helpful as you craft your activity output:

- Think about activity output as major steps a program will take to attain its goal within the three key objectives.
- Make your activity output "SMART":
 - Specific: concrete and well-defined
 - o Measurable: can determine what changed and how much it changed
 - o **Achievable:** feasible to put into action

- o **Realistic:** considers constraints such as resources, personnel, cost and time frame
- Time-Bound: time frame for the objective; short-term to intermediate-term objectives must be achievable within the duration of the grant
- Make your activities begin with action verbs (e.g., Increase, Decrease, Develop, Create).
- Your activities are where programmatic and evaluation outcome will likely come from.

Project Activities

The work plan must include all planning and implementation activities you plan to undertake during the first two *fiscal* years of the grant, from approximately May 1, 2024 (or grant start date) through June 30, 2025 (approximately 13 or 14 months).

For each activity, indicate the lead person and any supporting staff from your organization; the external partners involved; the anticipated timeline (start and end dates); and the output from the activity. Note that your outputs should be specific, measurable, and realistic (e.g., one project coordinator hired). Applicants may add and/or delete headings, tables and rows as needed.

For application review and selection purposes, applicants do not need to list every activity in detail. If MDH requests additional information, applicants who are awarded a grant may be asked to provide additional details during negotiations before a grant agreement is signed.

REQUIRED APPLICATION DOCUMENT #5: Budget

Applicants must submit a budget narrative and budget summary that provides an overview of how funds will be used during the first two *fiscal* years of the grant, during the period of approximately May 1, 2024 (or grant start date) through June 30, 2025. Funded grantees will develop a separate budget for the last two fiscal years of the grant later in coordination with their MDH Grant Manager. A grantee's budget may be revised during the grant period in consultation with MDH.

Applicants are *strongly encouraged* to use the Microsoft Excel template provided at <u>2023 Community</u> Solutions RFP (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html).

As an example only:

Based on their planned activities, an applicant decides to apply for funding at \$75,000 per year. The funding amount must be the same for each fiscal year of the four-year grant:

Fiscal Year 1: \$75,000 (May 2024 – June 30, 2024) - Unspent funds can be carried forward to Year 2.

Fiscal Year 2: \$75,000 (July 1, 2024 – June 30, 2025)

In this example, the applicant would request \$150,000 in the Budget Template and provide an overview of how funds will be used during the first two fiscal years of the grant (approximately May 2024 – June 30, 2025).

Additionally, this applicant would enter the following information in their application form in the "Funding Request" section:

Funding Period	Funding Requested
First two fiscal years (this should match your budget through June 30, 2025)	\$150,000
Total funding over four-year grant period (budget amount listed above x 2)	\$300,000

Funded grantees will then develop a separate budget for the last two fiscal years of the grant at a later time, in coordination with their MDH grant manager. The funding amount must be the same for each fiscal year of the four-year grant:

Year 3: \$75,000 (July 1, 2025 – June 30, 2026)

Year 4: \$75,000 (July 1, 2026 – June 30, 2027)

Total funding requested for the life of the grant by this applicant: \$300,000 (\$75,000 per year x 4 years)

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Moorhead and Owatonna – provide free access to Microsoft Excel. Applicants who are unable to use the Microsoft Excel template provided on the website may submit their budget in another format that provides the same information below.

The four tabs (sheets) within the budget template (Excel format) include:

- **1.** Instructions Includes information about Indirect Costs and a sample budget.
- 2. Indirect Guidance

- **3.** Budget Applicants must complete this sheet.
- **4.** Summary Auto-fills once the "Budget" tab has been completed by the applicant.

Budget Narratives

The budget narratives (or explanations) within the budget document should provide a brief but sufficient explanation of how funds will be used. The budget must be consistent with the stated objectives, planned activities and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs and other similar numeric detail sufficient for the calculation to be duplicated.

Applicants should organize their expenditures into the following categories:

I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known.
- b. Salary charged to grant.
- c. Fringe benefit rate.

The staff included in this section of the budget narrative should be the same as the staff included in the application and work plan.

II. Contractual Services

For any proposed subcontractors, applicants must list the following:

- a. Name of contractor, if known, or selection process to be used.
- b. Scope of work the contractor will provide.
- c. Length of time the services will be provided.
- d. Total amount you expect to pay the contractor.

Grant funds may be used for small contracts – such as facilitators, speakers or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

III. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals (if applicable).

Below is an overview of the <u>Commissioner's Plan (https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)</u>, which outlines limits for allowable travel expenses. Use the following reimbursement rates to estimate travel expenses.

Tribal grantees will be reimbursed for meal expenses as outlined in their tribal policy and not to exceed the <u>Federal GSA Per Diem Rates</u> (https://www.gsa.gov/travel/plan-book/per-diem-rates). Rates vary by city and state.

Non-tribal grantees may be reimbursed for meals including tax and a reasonable gratuity according to the Commissioner's Plan (https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp), created by the Commissioner of Minnesota Management and Budget, or the actual expense, whichever is less. Alcohol purchases will not be reimbursed. Maximum reimbursement for meals including tax and gratuity is:

Travel Reimbursement Rate

Meal	Limit
Breakfast	\$10
Lunch	\$13
Dinner	\$19

IV. Supplies

These costs may include office supplies, postage or mailing, duplication or copies, phone service and equipment, and computer or internet expenses.

V. Other

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the work plan.

VI. Indirect Costs

MDH policy caps indirect costs at either a grantee's federally negotiated rate or at 10 percent (per Code of Federal Regulations Title 2 Part § 200.332 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332), as applied to a grant's total direct costs. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in your organization's indirect cost pool. For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to Tab 2 of the budget template.

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant. Grantees must maintain records that verify all grant expenses, including those categorized as indirect cost.

RFP Part 4: Attachments

• Attachment A: Application Scoring Criteria

• Attachment B: Application Checklist

• Attachment C: Grant Agreement Samples

Attachment A: Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. There are 130 total possible points.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applications address all of the criteria evaluators will use to score applications.

Rating Levels

Rating or Score	Description
Excellent (5)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good (4)	Substantial response: meets in all aspects, and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good (3)	Generally, meets minimum requirements, significant weaknesses, but correctable.
Marginal (2)	Lack of essential information; low probability for success; significant weaknesses.
Unsatisfactory (1)	Fails to meet minimum requirements; needs major revision to make it acceptable.
Not answered (0)	Did not answer the question or offered no response at all.

Scoring Sections

SECTION B: SUMMARY INFORMATION (NO POINTS/UNSCORED)

Information	Information provided?
 Applicant provided a brief overview of the lead organization. 	Yes or No
 Applicant provided a brief project summary. 	
(Yes or No - <i>Not scored</i>)	Yes or No

SECTION C: DEMOGRAPHICS (30 POINTS)

Criteria	Score (0-5)
 1a. In which county (or counties) is the lead organization located? - No points. 1b. Is the lead organization located in a county (or counties) with a higher proportion of American Indians and/or people of color than the state average, as defined in the tables showing racial composition of each county in the appendix of Wilder Foundation's Minnesota Early Childhood Risk, Reach, and Resilience (https://www.wilder.org/sites/default/files/imports /MNEarlyChildhoodRiskReachResilience 9-18.pdf) report? - Up to 10 points. □ Yes (5 points) □ No (0 points) □ Multiple counties that fall into both categories (Between 1-4 points) 	x 2 =
 2a. Please list the county/counties to be served or impacted by the proposed project. – No points. 2b. Is the lead organization proposing to serve/impact a county or counties identified as "Moderate to high risk" or "High risk" in the maps in the appendix of Wilder Foundation's Minnesota Early Childhood Risk, Reach, and Resilience (https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience 9-18.pdf) report? – Up to 10 points. "High risk" (5 points) "Moderate to high risk" (4 points) Multiple counties that fall into different categories. (Between 1-3 points) Neither of the above (0 points) 	x 2 =
3. Does this proposal primarily focus on healthy child development of prenatal to age 3? (Please note that projects focusing on prenatal through grade 3 are eligible.) - Up to 10 points. Yes (5 points) No (0 points)	x 2 =
Total score points for this section (out of 30):	

ORGANIZATIONAL HISTORY, VALUES AND CAPACITY (15 POINTS)

	Criteria	Score (0-5)
4.	The organization demonstrates a strong history of promoting healthy child development and/or family well-being for American Indian children and/or children of color. – <i>Up to 5 points</i> .	
5.	The organization demonstrates how they foster deep connections, trust, and shared leadership within the community it serves. – <i>Up to 5 points</i> .	
6.	The organization demonstrates a strong history of advancing racial equity for communities of color and/or American Indians. – <i>Up to 5 points</i> .	
	Total score points for this section (out of 15):	

PROJECT NARRATIVE (30 POINTS)

	Criteria	Score (0-5)
7.	The proposal has a strong focus on multigenerational solutions to improve child development outcomes and/or includes opportunities for sharing knowledge, skills, and wisdom across generations. – <i>Up to 10 points (0-5 points x 2)</i>	x 2 =
8.	The applicant demonstrates a clear connection between its proposed activities/strategies and the social, economic and/or environmental conditions affecting their community. Applicant shows an understanding of how those conditions influence children's health and development, family well-being, and/or racial and geographic equity. – <i>Up to 10 points (0-5 points x 2)</i>	x 2 =
9.		x 2 =
	Total score points for this section (out of 30):	

COMMUNITY ENGAGEMENT AND COLLABORATION (35 POINTS)

Criteria	Score (0-5)
10. The applicant's strategies and activities were co-created with the community and/or the applicant shows how the population served will be involved in the co-creation of project strategies and activities moving forward. Co-creation should involve listening deeply, sharing power and community-driven decision making. – <i>Up to 10 points (0-5 points x 2)</i>	e
11. The applicant demonstrates a commitment to valuing the many identities ar lived experiences of the population(s) served and cultivates a welcoming environment where people can bring their full selves. – <i>Up to 10 points (0-5 points x 2)</i>	x 2 =
12. The applicant shows an understanding of related activities, projects or services taking place in the population served and shows how their propose project fills an unmet need or gap in the community. – <i>Up to 10 points (0-5 points x 2)</i>	d
13. The applicant describes plans for strong and authentic partnerships with oth appropriate stakeholders working in this area, such as community organizations, businesses and government agencies. – <i>Up to 5 points</i> .	ner
Total score points for this section (out of 3.	5):

WORK PLAN (10 POINTS)

Criteria	Score (0-5)
14. The activities are clear and comprehensive and will achieve the identified	
objectives. Each activity includes the staff involved; external partners	
involved; expected timeline; outputs; and an estimate of the population	
served by the activity. – Up to 5 points.	
15. The work plan as a whole provides a clear picture of the scope and timeline of	
the proposed project. The objectives are feasible and appropriate for the	
defined communities. – Up to 5 points.	
Total score points for this section (out of 10):	

BUDGET (10 POINTS)

	Criteria	Score (0-5)
16.	The budget narrative includes a clear and reasonable description of how funds	
	will be used for the first two fiscal years of the grant. – Up to 5 points.	
17.	The requested level of funding is reasonable and justified for the proposed	
	scope of activities and depth of partnerships. – Up to 5 points.	
	Total score points for this section (out of 10):	

TOTAL OVERALL SCORE: ____ / 130

Attachment B: Application Checklist

Please find all of these required application materials at <u>2023 Community Solutions RFP (https://www.health.state.mn.us/communities/equity/funding/csf2023/index.html)</u>.

An application is considered complete only if all five of these documents have been submitted:
☐ Application Form (PDF)
☐ Applicant Conflict of Interest (COI) Disclosure Form
☐ Due Diligence Review Form
☐ Work Plan (Word template)
☐ Budget (Excel template)

Attachment C: Grant Agreement Samples

MDH Grant Agreement – sample

(https://www.health.state.mn.us/about/grants/grantagreement.pdf)

This is sample language only. If awarded a grant, actual language may vary.

MDH Tribal Governments Grant Agreement – sample

(https://www.health.state.mn.us/docs/about/org/cfh/expl-tribal.pdf)

This is sample language only. If awarded a grant, actual language may vary.