Minnesota Department of Health

**Attachment A: Application Narrative (75 points)**  
Minnesota Drug Overdose Prevention Grant Program

## Instructions

Please complete all fields in this application. If you experience problems with the application or need the application in a different format, please email [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us).

The application narrative can be up to 12 pages, using 12-point Calibri font, one-inch margins, single spaced, with page numbers.

Please submit your complete application via email to[health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) with the subject line“**Opioid Grant Program Letter of Intent “insert category” “insert organization name**”. Applications may ***not***be mailed or hand-delivered to MDH.

**Remember, you must submit the following for the application to be considered complete:**

1. Application Narrative (***Attachment A*** -- this form)
2. Work Plan (***Attachment B***)
3. Budget (***Attachment C)***)
4. Due Diligence Review Form (***Attachment D***)
5. Applicant Conflict of Interest Disclosure Form (***Attachment E)***
6. Nonprofit Financial Documentation per Due Diligence Form, if applicable
7. MOUs of Letters of Support for Collaborative Applications, if applicable

## Project Category

Is your organization applying in Category 1, 2, 3 or 4:

If Category 1, what community is your initiative intentionally designed to serve?

If Category 2, what geographical region in MN (according to the map on page 10 of the RFP) will your project take place in?

## Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Web Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

UEI Number\*:  
*\*It is not required that an applicant have a UEI number to apply for this grant. If awarded, the applicant will need to acquire a UEI number prior to executing a grant agreement.*

## Fiscal Agent (if different from lead organization; leave blank if no fiscal agent)

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

UEI Number\*:  
*\*It is not required that an applicant have a UEI number to apply for this grant. If awarded, the applicant will need to acquire a UEI number prior to executing a grant agreement.*

## Project Contact

Name:

Title:

Phone:

Email:

## Total Funding Request

| Total Funding Request | $ |
| --- | --- |

**Application Narrative Questions**

**Executive Summary (5 points)**

1. Please provide a high-level overview of the proposal, overall goal(s), the anticipated number of individuals to be served through this project, and the focus population and geographical area to be served.

**Organizational Capacity (15 points)**

1. Provide a brief overview of the lead organization, including history, geographical reach, the number and demographics of unduplicated clients served in 2023 (if applicable), and an overview of key staff/staff roles.
2. Describe the services your organization provides. Describe your organizations experience providing services to your focus population.
3. Provide a summary of agency experiences and achievements that support successful outcomes of this proposal, as noted in your work plan. Describe how this proposal fits within your organization’s current programming.

## Project Design, Implementation, and Performance Measurement (25 points)

*Responses in this section should align with and expand upon your work plan.*

1. Describe the primary activities and necessary partnerships (if applicable) of the proposal.
2. Describe the identified problem this proposal is meant to address.
3. Describe the outcomes you will work to achieve by the end of the grant period (i.e., what changes among the focus population(s) do you hope to achieve).
4. Describe the quantitative and qualitative data you will track to measure progress towards goals, objectives, and/or activities. What tools/resources will be used to collect and measure the data?
5. Describe how the project will use the collected data to inform and adapt the proposed work.

## Equity, Focus Population, and Cultural Competence (30 points)

1. Describe the focus population and the geographical area you intend to serve.
2. Describe how your organization is well positioned to provided culturally responsive services. For example, briefly describe current or past projects that are culturally responsive.
3. Describe how your proposal is/will be designed and implemented in a way that is aligned with the cultural practices and values of the intended service population.
4. Describe how your organization partners (or will partner) with the community to design, implement and evaluate policies, practices, and services to ensure that the services provided are culturally and linguistically appropriate.
5. Describe your organization’s ability to provide services in languages other than English. How do these languages correlate with your focus population?
6. Describe how your organization has worked to identify and improve health disparities in your community. Describe how health equity fits into your organization’s mission, vision, or activities.

Minnesota Department of Health  
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[www.health.state.mn.us](http://www.health.state.mn.us/)

To obtain this information in a different format, email: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)