Minnesota Department of Health logo

**Attachment A: Application Narrative (75 points)**  
SUPER Focus – substance use prevention, education, and recovery grants 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.super.mdh@state.mn.us](mailto:health.super.mdh@state.mn.us).

The application narrative can be up to 14 pages, using 12-point Calibri font, one-inch margins, single spaced, with page numbers.

Please submit your complete application via email to [health.super.mdh@state.mn.us](mailto:health.super.mdh@state.mn.us) with the subject line **“SUPER RFP Application – 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

**Focus Community election** - Identify the focus communities and geographic location your organization plans to prioritize. Applicants may select up to three focus communities in one application. \* The list below describes some focus communities that may be considered.

* Urban American Indian or Alaskan Natives\*\*
* Black/African Americans\*\*
* Individuals Impacted by the Justice System\*\*
* American Indian or Alaskan Natives
* Asian Americans
* Individuals with a Disability
* Individuals with a Mental Health Condition\*\*\*
* Native Hawaiian or Pacific Islanders
* Hispanic or Latino/a
* LGBTQ+ Community
* Geographic Area
* Other Community

*\*If an applicant selects more than one focus community, they must identify the overlap or intersection of the communities identified in the project narrative.*

*\*\*Considered a priority focus community, and applicants selecting these populations will receive bonus points during the review process.*

*\*\*\*Considered a required community for the short-term enhancement opportunity*

Please list the focus communities and their location for this application below:

Is your organization applying for funds with a proposal that includes a youth (under 25) focus?

\_\_\_\_YES \_\_\_\_NO

Is your organization applying for the short-term enhancement opportunity?

\_\_\_\_YES, only the enhancement opportunity \_\_\_ YES, both the enhancement and focus areas   
\_\_\_\_NO, only the focus areas

Is your organization applying for **only** the primary focus or the primary **AND** secondary focus?

\_\_\_Primary (Prevention Only) \_\_\_Primary AND Secondary (Prevention AND Treatment)

If your organization selected both focuses, is your organization certified and/or licensed to provide treatment to individuals?

\_\_\_\_YES \_\_\_\_NO

If your organization is not certified and/or licensed, have you identified an organization to collaborate with?

\_\_\_\_YES, Name:

\_\_\_\_NO

## 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:

## 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 impact of the proposal, and the focus communities served.

Organizational Capacity (15 points)

* 1. Provide a brief overview of the lead organization, including:
     1. History
     2. Geographical reach
     3. Demographics of communities and/or populations served
     4. Overview of key staff/staff roles
  2. Describe the services and/or programming your organization provides. Describe your organizations experience providing services and/or programming to the identified focus communities.
  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.
  4. **If the organization is applying collaboration with another**, provide the historical relationship between the organizations.

## Project design, implementation, and performance measurement (25 points)

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

1. Describe the necessary activities and partnerships (if applicable) of the proposal. Please indicate if proposal is within an existing system of prevention and/or the work fits into an existing collaborative effort to prevent substance use, encourage treatment, and support recovery. **If application is collaborative,** describe the level of collaboration between organizations.
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 communities 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 communities you intend to serve.
2. **If the applicant has selected more than one community in project category**, provide an explanation of how the communities intersect and if the proposal’s funding request is increased because of the number of communities they intend to serve.
3. Describe how your organization is well positioned to provide culturally responsive services and programming. For example, briefly describe current or past projects that are culturally responsive.
4. 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 focus community.
5. Describe how your organization partners (or will partner) with the community to design, implement and evaluate goals, objectives, strategies, and activities to ensure that the proposal is culturally and linguistically appropriate.
6. Describe your organization’s ability to provide services or programs in languages other than English. How do these languages correlate with your focus communities?
7. 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   
PO Box 64975 St. Paul, MN 55164*[*www.health.state.mn.us*](http://www.health.state.mn.us/)

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