

# Attachment A: Alzheimer’s Awareness Grants Application

## Instructions

Review the Alzheimer’s Awareness Grants Request for Proposals (RFP) before completing the application to ensure that the application meets all terms and conditions.

**Please complete all fields in this application (scored and unscored).**

Please submit your complete application by **Wednesday, Feb. 5 2025, at 11:59 p.m**. Central Time via email to health.healthybrain@state.mn.us with the subject line: *Alzheimer’s Awareness Grant Application – [insert applicant organization name].* Refer to the RFP for additional instructions on how to submit via email.

If you experience problems with the application or need the application in a different format, call 651-201-5400 and leave a message for the "Aging and Healthy Communities Unit".

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

1. Application Form *(this form)*
2. Budget (Excel template) (scored)
3. Due Diligence Review Form (unscored)
4. Applicant Conflict of Interest Disclosure Form (unscored)
5. Work Samples (Include file of work samples with application documents) (scored)

## Section A: General Information (Unscored)

### Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN):

Minnesota Tax ID:

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

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN):

Minnesota Tax ID:

### Project Contact(s)

### Contact #1 (may be the same as person listed above)

Name:

Title:

Phone:

Email:

### Contact #2 (optional)

Name:

Title:

Phone:

Email:

**Project Information**

**Community(s) served (check all that apply):**

* Black or African American communities
* American Indian or Alaska Native communities
* Asian/Pacific Islander/Hmong communities
* Hispanic or Latin communities
* LGBTQIA+
* People with disabilities
* Additional communities not listed, please describe below.

Please describe:

**The proposed project would include:**

* Community Event or Workshop
* Social Media Advertising
* Digital Media Advertising
* Print flyers and infographics
* Videos
* Television and radio
* Other dissemination tactic(s) not listed, please describe below.

Please describe:

**Do you have materials available or plans in process to be promoted before June 30, 2025:**

* No
* Yes

**Geographic area(s) served or impacted by the proposed project (check all that apply):**

* Central Minnesota
* Northeast Minnesota
* Northwest Minnesota
* Southeast Minnesota
* Southwest Minnesota
* Twin Cities metropolitan area

**The proposed project addresses the following areas related to dementia (check all that apply):**

* Promotes the benefits of early detection
* Outlines the benefits of cognitive testing
* Promotes the early warning signs of cognitive impairment
* Promotes the differences between normal aging and dementia
* Provides awareness of Alzheimer’s Disease and Related Dementia’s (ADRD)

**Funding Request**

|  |  |
| --- | --- |
| **Funding Type**  |  **Funding Request** |
| Fiscal spend from beginning of grant March 3, 2025, to end of grant duration June 30, 2025 (should match your total budget in budget spreadsheet) | $enter amount here |

### Signature Instructions

You must download this form to complete the electronic signature field. You may sign using an Adobe Digital Signature or Adobe Fill and Sign.

## Certification

*I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the lead organization.*

Name:

Signature:

Title:

Date:

## Section B: Application (60 points)

**Section B is scored and required. Please answer all the questions below. Word limits are in place to give you an estimate of how much content to include for our reviewers.**

### Applicant Profile (5 points)

1. Provide a brief overview of the lead organization, including history, mission, services, and major programming. (Up to 5 points) (200 word max)

###  Strategy Proposal (20 points)

1. How will you increase Alzheimer’s Awareness in your community? Include 2 to 4 goals, the key dissemination or promotional activities, and the communities you plan to reach. (Up to 10 points) (500 word max)
2. Who will do the work (staff, contractors, partners)? What experience do they have that will help make this project successful? (Up to 5 points.) (200 word max)
3. How did community inform the dissemination tactics (promotional materials, events)? How will community stay involved to make sure your project is meaningful and inclusive? (Up to 5 points) (200 word max)

### Project Alignment (10 points)

1. Describe how your proposed strategy will do one or more of the following: 1) promote the benefits of early detection and the importance of discussing cognition with a health care provider; 2) outline the benefits of cognitive testing, the early warning signs of cognitive impairment, and the difference between normal cognitive aging and dementia; and/or (3) provide awareness of Alzheimer's disease and other dementias. (Up to 5 points) (300 word max)
2. How will your project connect to at least one of the strategies in the Educate and Activate area of the Minnesota Dementia Strategic Plan (MDSP)? (Up to 5 points) (300 word max)

### Expected Results and Measuring Success (10 points)

1. What outcomes do you hope to achieve? (up to 5 points) (200 word max)
2. How will you know that your project was successful? (Up to 5 points) (200 word max)

## Scoring criteria related to additional attachments:

### Attachment C: Budget (Scored) (5 points)

Please complete the budget template provided. Scoring will be determined by allocation, alignment, and appropriateness.

### Attachment B: Alzheimer’s Awareness Examples (Scored) (10 points)

Examples: Social media posts, flyers, radio ads, infographics, event plans & flyers

**Please include culturally focused materials if applicable. This is not a template. Submit a file of work samples with application documents.**

Healthy Brain Initiative
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0975

www.health.state.mn.us

10/10/2024

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