



Alzheimer's Awareness Grants

REQUEST FOR PROPOSALS (RFP)

Important Dates:

- Jan. 6, 2025: Request for Proposals Released
- Jan. 13, 2025: Informational Webinar Session
- Jan. 15, 2025: Last day to submit RFP Questions
- Feb. 5, 2025: Proposals due
- Feb. 10, 2025: Award applicants
- March 3, 2025: Estimated grant start date
- June 30, 2025: Grant ends

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12/20/2024

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Table of Contents

Alzheimer’s Awareness Grants	1
RFP Part 1: Overview	3
1.1 General Information	3
1.2 Program Description	3
1.3 Funding and Project Dates	3
1.4 Eligible Applicants	4
1.5 Questions and Answers	5
RFP Part 2: Program Details and Requirements	6
2.1 Background Information	6
2.2 Eligible Projects and Goals	8
2.3 Eligible and Ineligible Expenses	9
2.4 Mandatory Project Requirements	9
2.5 Application Review and Selection Process	11
RFP Part 3: Application and Submission Instructions	12
3.1 Application Deadline	12
3.2 Application Submission Instructions	13
3.3 Application Instructions	13
RFP Part 4: Grant Responsibilities and Provisions	14
4.1 Grant Management Responsibilities	14
4.2 Grant Provisions	15
RFP Part 5: Attachments	17
Attachment A: Alzheimer’s Awareness Grant Application	18
Attachment B: Grant Application Scoring Criteria	18
Attachment C: Budget template	18
Attachment D: Due Diligence Form	18
Attachment E: Applicant Conflict of Interest Disclosure Form	18
Attachment F: Frequently Asked Questions	19
Work Samples: Submitted by Applicant	19

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Alzheimer’s Awareness Grants
- **Minnesota Department of Health (MDH) Program Website:** [Alzheimer’s Disease and Related Dementias \(https://www.health.state.mn.us/diseases/alzheimers/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/index.html)
- **Application Deadline:** Monday, Feb. 5, 2025, at 11:59 p.m. Central Time (CT)
- **Funding period:** March 3 - June 30, 2025

1.2 Program Description

The Minnesota Department of Health (MDH) Aging and Healthy Communities Unit is requesting proposals to partner with MDH to implement a public information campaign to provide awareness of Alzheimer’s Disease and Related Dementias (ADRD). We are seeking organizational partners with experience in ADRD who can reach communities disproportionately impacted by underdiagnosis and misdiagnosis. These communities include Black, Indigenous, People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), American Indian, people living with disabilities, and communities in Greater Minnesota.

Project proposals will demonstrate how organizations can use implementation-ready strategies to disseminate messages that increase awareness of ADRD. This grant RFP is supported through a budgetary allocation to [Minn. Law 2023 c 70 art 4 s 101, 2023 c 70 art 20 s 3](#). The purpose of this funding is to design and make publicly available materials (see section on Eligible Projects, pg. 8) for a statewide public information program that (1) promotes the benefits of early detection and the importance of discussing cognition with a health care provider; (2) outlines the benefits of cognitive testing, the early warning signs of cognitive impairment, and the difference between normal cognitive aging and dementia; and (3) provides awareness of ADRD. **The grant end date is June 30, 2025.**

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. Once the grant agreement is signed by the awarded applicant and MDH, and the grant starts, awarded applicants can begin spending money on eligible expenses.

All applications are scored based on criteria defined in the **Attachment B: Application Score Sheet**. Only the applications that best meet the criteria will be considered for funding.

Award Details	Estimate
Minimum Award Amount	\$20,000
Estimated Number of Awards	1-4
Maximum Award Amount	\$80,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is **March 3, 2025**, and the end date is **June 30, 2025**. The current grant period will be **3 months**. MDH will award one to four grantees, with an estimated \$20,000 per grantee. The maximum award is \$80,000 over the course of three months. There may be a chance to amend the agreement for an extended amount of time after the grant end date of **June 30, 2025**.

- Informational RFP Webinar Session: Jan. 13, 2025
- Last day to submit RFP questions: Jan. 15, 2025
- Applications due: Feb. 5, 2025
- Estimated date applicants to receive award and denial notice: Feb. 10, 2025
- Grant Start Date: March 3, 2025
- Grantee workplan implemented by: June 30, 2025

1.4 Eligible Applicants

Applicants who have received the Healthy Brain Community Grants in the past 2 years are not eligible to apply.

Applicants must have prior experience promoting Alzheimer's awareness.

Eligible applicants may include, but are not limited to:

- Community-based organizations
- Tribal governments
- Nonprofit organizations
- Faith-based organizations
- Social service organizations
- Clinics or healthcare organizations
- Community Health Boards/Local Public Health
- Local government
- Community Coalitions
- Media and Marketing Companies

All **awarded** applicants must provide a [SWIFT \(mn.gov/mmb/accounting/swift/\)](https://mn.gov/mmb/accounting/swift/) vendor ID number. Any entity that is new to doing business with the state will not have a SWIFT vendor ID yet.

Organizations or entities that do not have state recognition can still apply by working with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Applicants are encouraged to work with community partners. Applicants should describe how they will work together and why it will make the project better.

A single application should be submitted on behalf of all partners in the collaboration, with one organization identified as the lead. That organization will be the fiscal agent to receive and manage the grant funds.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.healthybrain@state.mn.us.

All answers will be posted within **seven business days** at the [Alzheimer's Awareness Grant Funding page \(https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html) webpage.

Please submit questions no later than 4:30 p.m. CT on **Jan. 15, 2025**.

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

RFP Information Meeting

MDH will provide an **informational webinar on Monday, Jan. 13, 2025**, at 10 a.m. CT. Attendance is optional.

Visit the [Alzheimer's Awareness Grant Funding page \(https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html) webpage for a link to join the meeting. Materials from the meeting, including the recording, questions and answers, will be posted at the same link by 4:30 p.m. CT on Jan. 15, 2025.

RFP Part 2: Program Details and Requirements

2.1 Background Information

The Challenge of Alzheimer's Disease and Related Dementias (ADRD) and Public Health Opportunities

Alzheimer's disease is the most common form of dementia and the 5th leading cause of death for older adults in the U.S. [1]. By 2060, approximately 14 million Americans are expected to have Alzheimer's disease, a nearly three-fold increase, with minority populations being affected the most [1]. Cases among Hispanic, African American, and American Indian and Alaska Native elders will be two and four times higher by 2060 [2,3].

In Minnesota, dementias including Alzheimer's disease are a significant and growing challenge, with the estimated number of Minnesotans living with Alzheimer's increasing 21% from 99,000 to 120,000 between 2020 and 2025 alone [1]. Dementia affects people of every racial and ethnic group in Minnesota. In 2018, 11.4% of both Non-Hispanic White and Non-Hispanic Black and 12.4% of American Indian elders with Original Medicare had ADRD [4]. Underdiagnosis of ADRD is common, especially among People of Color [1].

In 2020, more than 11 million family members and friends in the US provided 15.3 billion hours of unpaid care to people with dementia, at an economic value of more than \$257 billion [1]. About three in 10 dementia caregivers nationwide delayed or did not do things to maintain their own health, and dementia caregivers are also more likely to report poorer health than other caregivers [1]. In 2021, 105,000 Minnesotans reported caring for people with dementia, and still more family and friends provide care to loved ones but do not see themselves as caregivers or prefer not to use the term. Minnesotans who self-identify as caregivers for people with dementia were more likely to report a history of depression and having a chronic condition compared to non-caregivers or caregivers of adults with other conditions. Three of every 10 caregivers caring for an adult with dementia reported needing additional support [5].

Culturally responsive strategies to raise awareness of ADRD are essential to move to a more holistic approach that emphasizes prevention and early detection. The [Minnesota Dementia Strategic Plan \(https://www.health.state.mn.us/diseases/alzheimers/docs/dementioplan.pdf\)](https://www.health.state.mn.us/diseases/alzheimers/docs/dementioplan.pdf) identifies five broad strategies to educate and activate people in Minnesota:

- **Raise Awareness:** Teach people about dementia, including what causes it, how early detection and diagnosis can help, and the importance of caregiver health and well-being.
- **Educate Providers:** Inform health care and social service providers about local, culturally responsive resources for dementia.
- **Support People with Dementia:** Help people living with dementia and their care partners understand the disease, plan for future changes, and find services that can help.
- **Reduce Stigma:** Work with communities to create messages that address misinformation and provide an accurate understanding about dementia.

- **Eliminate Discrimination:** Work with communities to address discrimination and build welcoming spaces, programs, and care for people living with dementia and their care partners.

Please note: For this application, the term community is inclusive and may be used for a geographic, cultural, racial or ethnic community or group.

Health Equity Priorities

- The vision of MDH 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 here: [Health Equity \(www.health.state.mn.us/divs/che/index.html\)](http://www.health.state.mn.us/divs/che/index.html).

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 considerations in grant-making. [The Policy on Rating Criteria for Competitive Grant Review \(mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](http://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.

Focus Populations

This grant aims to reach people in Minnesota with culturally responsive and linguistically appropriate messages to improve awareness and understanding of ADRD. This grant is focused on supporting populations affected by health inequities related to dementia, including BIPOC, LGBTQ+, American Indian, people living with disabilities, and communities in Greater Minnesota.

Health inequities result because of poor access to resources that support health and wellbeing, what is often called the social determinants of health (SDOH). These resources include: access to quality education, sufficient and stable income, safe and stable housing and built environments, and social and community connection. One determinant that contributes to health inequities is structural racism, which refers to racism built into systems and policies, rather than individual prejudice.

A growing body of work points to inequities related to the prevalence of dementia risk factors, ability to receive a timely dementia diagnosis, and support for caregivers. Selected examples include:

- Older non-Hispanic Black adults and Hispanic adults are more likely to have Alzheimer’s disease and less likely to receive a formal diagnosis compared with older White adults [1].
- Data describing disease rates for American Indian and Asian communities are limited, reflecting historic patterns of underinvestment in research. The limited data describing the experience of American Indians suggests that issues including underdiagnosis and misdiagnosis of disease may complicate understanding [1,3].
- BIPOC adults in Minnesota who are caregivers are twice as likely to report having inadequate social and emotional support compared with non-Hispanic white Caregivers [6].

- LGBT older adults tend to experience higher levels of social isolation, stigmatization, and discrimination, which contribute to dementia risk, lead to delays in detection, and make it much harder for people living with dementia and their caregivers to find needed support [7,8].
- Minnesota adults with disabilities have higher rates of diabetes, high blood pressure, and high cholesterol [9], established dementia risk factors [10].
- In Minnesota, small town/rural communities have the highest Alzheimer’s disease mortality rate at 50.1 per 100,000 compared with 33.2 and 49.4 (44.8-54.1) per 100,000 for large and small to medium metro areas, respectively [11].

With this funding opportunity, we aim to move forward together knowing that educating and activating people across all Minnesota communities, in ways that honor their assets and strengths, will shape the collective future with good health for all that we desire.

Applicants will be required to share how the proposed awareness activities will reach and engage the specific populations served.

While these funds are focused on health disparities related to brain health, MDH recognizes the ways in which unjust systems (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism) intersect to create interconnected layers of disadvantage and inequity. Because these systems are overlapping and interdependent, they will not be unraveled in isolation. Rather, the approaches to equity should be both intersectional and multipronged. This concept of **intersectionality** is one of MDH’s core values. Therefore, applications focused on the intersections of race/ethnicity and other identities/communities experiencing inequities are welcome (e.g., projects may focus on serving African American persons who identify as LGBTQ, American Indians with disabilities, etc.).

Resources on intersectionality: [MDH’s DEAI Resource on Intersectionality \(mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf\)](https://mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf).

2.2 Eligible Projects and Goals

Proposals must be implementation ready to meet the grant deadline of **June 30, 2025**. The primary purpose of this request is to receive proposals from organizations that can promote ADRD materials to a statewide Minnesota audience and the organization’s own relevant communities. Materials and promotion tactics should reflect the community need for the applicant’s focus population(s). Applicants must use diverse channels to educate their community on the topic areas below. Diverse channels are including but not limited to:

- Community events or one-day workshops
- Social media advertising
- Digital media advertising
- Print flyers and infographics
- Videos
- Television and radio
- And other relevant promotional channels

Materials that are or can be adapted with a cultural lens are encouraged.

There are different ways of understanding a public health issue, each community is unique, and strategies that work in one community may not work in another. Approaches that lead with lived experience, creativity, and novelty are prioritized. Funding is meant to be flexible and responsive to community needs. Depending on the need of the focus population, applicants may choose to work within one or more of the following categories.

Projects should align with the Minnesota Dementia Strategic Plan and must address the following:

- Awareness of ADRD, including what causes it.
- Benefits of early detection and cognitive testing, including the importance of discussing memory and other cognition concerns with a health care provider.
- The early warning signs of cognitive impairment.
- The difference between normal aging and symptoms of ADRD.

2.3 Eligible and Ineligible Expenses

Expenses should be aligned with project goals and activities (subject to final approval from MDH and CDC).

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Direct patient care
- Medical equipment
- Construction
- Non-grant-related costs or expenses not contributing to project activities/deliverables.
- Cash assistance for personal/family needs paid directly to individuals.
- Costs incurred outside grant award period.
- Staff gifts/bonuses, personal use goods/services, or meals (except during approved travel)
- Grant writing or research
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds.

If you are unsure if an expense is eligible or ineligible, please send your question to MDH by the Q&A deadline as outlined on [Alzheimer's Awareness Grant Funding page](https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html) (<https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html>).

2.4 Mandatory Project Requirements

All projects must include the following components:

- Promotional tactics and/or awareness events **must be executed before June 30, 2025**.
- Printing materials, buying advertising space, and other related costs are allowable grant funds and must be explicitly included in approved budget of awarded funds.

- Develop, implement, produce, and deliver creative assets.
 - All creative assets should include ability to host on MDH website. Ex: Fliers uploaded to web, Radio ads available to web, social media ads on MDH social media channels.
 - Ensure all promotion and dissemination materials are reviewed by MDH in a timely manner so **they may be promoted by our end date, June 30, 2025.**

Accessibility

- Adhere to the [State of Minnesota's accessibility requirements \(https://www.health.state.mn.us/about/tools/accessibility.html\)](https://www.health.state.mn.us/about/tools/accessibility.html). State law requires state agencies, including their contractors, to adhere to federal standards for accessible documents and websites.
- Ensure all content and materials created meets accessibility requirements and are checked for accessibility in a timely manner ahead of promotion.

Community Engagement

Community engagement is highly encouraged. Think about how community members and leaders were consulted in the creation and development process of materials and plans, and how they will be included in the dissemination process. Applicants will be required to go into detail in their application.

Minnesota Dementia Strategic Plan (MDSP)

Applicants should review the Minnesota Dementia Strategic Plan and demonstrate how their project aligns with at least one or more of the strategies in the area of Educate and Activate. Clearly identify which strategy your project is implementing. View the MDSP here:

<https://www.health.state.mn.us/diseases/alzheimers/docs/dementiaplan.pdf>

Grantee Outcome Expectations & Goals

Grantee programs should contribute to at least one of the following outcomes. The relationship between proposed activities and outcomes will be stated in the workplan of funded projects. All work under this grant should include promotion of culturally responsive content and materials that address:

- Benefits of early detection and cognitive testing, including the importance of discussing memory and other cognition concerns with a health care provider.
- The early warning signs of cognitive impairment.
- The difference between normal aging and symptoms of ADRD.
- Awareness of ADRD and what causes it.

Grantee's Activities

With support and technical assistance from MDH, **all awarded grantees** will be required to:

Before the grant agreement is executed:

- Work with MDH to revise and finalize a project workplan and budget. The work plan will include timelines for:

- Necessary reviews
- Printing
- Advertising spend deadlines
- Adaptions to materials for cultural or linguistic relevance (if applicable)
- Addition of materials to MDH website
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.

After the grant agreement is fully executed:

- Submit an Activity Tracker and Final Report on grant activities. MDH staff will provide template for Activity Tracker and report. The report will include successes, reach, and challenges experienced.
- Participate in biweekly check-ins with assigned grant manager to cover topics such as: grant management support; invoicing, reporting, and timeliness of communications.
- Co-develop simple evaluation plan with MDH staff to identify activities and ways to measure their impact.

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 content expertise about ADRD, community engagement, budgeting, invoicing, data collection, evaluation, and other topics. MDH staff will connect grantees to local, state, and national resources. MDH will also support grantees in identifying simple and feasible evaluation and outcome measures for tracking the reach of promotional tactics and/or events.

2.5 Application Review and Selection Process

Review Process

Applications will be reviewed by a diverse committee that 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:

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 review and score each application on a 60-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria found in **Attachment B: Grant Application Scoring Criteria**. Applicants are encouraged to review this form to ensure applications address the items in the scoring criteria.

The review committee will then meet to discuss applications as a team. Reviewers will be able to modify their individual scores based on the discussion at the review meeting. The review committee will then submit final scores and make recommendations to MDH staff based on the criteria and discussion.

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 \$50,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations. \(mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.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 via email of funding decisions via email **by February 10, 2025**.

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 budget before a grant agreement can be made final. Once a work plan and budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement is estimated to be **March 3, 2025**, or the date on which all signatures for the agreement are obtained, whichever is later. **The grant agreement will be in effect until June 30, 2025**, contingent on funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than **11:59 p.m. CT, on Feb. 5, 2025**.

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 computer or technology problems.

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact health.healthybrain@state.mn.us after that time frame for further instructions.

3.2 Application Submission Instructions

Applications must be submitted to the following email: health.healthybrain@state.mn.us **no later than 11:59 p.m. CT, on Feb. 5, 2025.**

Applicants may *not* hand-deliver applications to MDH.

3.3 Application Instructions

REQUIRED: Applicants must submit **all five documents** for the application to be considered complete.

- Application Form (Attachment A)
- Budget (Excel template) (Attachment C)
- Due Diligence Review Form (unscored) (Attachment D)
- Applicant Conflict of Interest Disclosure Form (unscored) (Attachment E)
- Work samples - include materials or event plans you may use or adapt in this grant cycle (There is no template provided by MDH, must send a file of work samples with application documents)

All application materials and instructions are attached and can be found on the [Alzheimer's Awareness Grant Funding page](#)

(<https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html>) webpage.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor 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.

RFP Part 4: Grant Responsibilities and Provisions

4.1 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 MDH'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.

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.

The grantee will participate in bi-weekly meetings with MDH staff and must submit a final report due 30 days after the end of the grant cycle on June 30, 2025. MDH staff will provide a template for the final activity report.

Grant Monitoring

Minn. Stat. §16B.97 (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and [Grants Policy \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](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.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.
- The monitoring schedule will be set forth in the grant agreement.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. MDH staff will 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 will 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 monthly, with invoices due 30 days after the end of each month. MDH pays all approved invoices within 30 days of receipt.

4.2 Grant Provisions

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 \(www.revisor.mn.gov/statutes/cite/16B.98\)](http://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 Disclosure form (Attachment E) 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 grantees or applicant's objectivity in performing the grant work is or might be otherwise impaired.
- 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.
- 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.

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](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) (<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) (<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) (<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, and
- 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 MN Statutes\(www.revisor.mn.gov/statutes/cite/13/full\)](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](https://www.revisor.mn.gov/statutes/cite/16B.98) (www.revisor.mn.gov/statutes/cite/16B.98), subd. 8, 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 to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); See e.g. Minn. Stat. § 363A.02 (<https://www.revisor.mn.gov/statutes/cite/363A.02>)). The MHRA is enforced by the Minnesota Department of Human Rights (<https://mn.gov/mdhr/>). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

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.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

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](#).

RFP Part 5: Attachments

Required attachments for application submission:

- Attachment A: [Application form with detailed instructions \(Word\)](#)
- Attachment C: [Budget Template \(Excel\)](#)
- Attachment D: [Due Diligence Form \(www.health.state.mn.us/about/grants/resources.html\)](http://www.health.state.mn.us/about/grants/resources.html)
- Attachment E: [Applicant Conflict of Interest Disclosure Form \(www.health.state.mn.us/about/grants/resources.html\)](http://www.health.state.mn.us/about/grants/resources.html)
- Work Sample(s) submitted by Applicant. Must include folder of work samples submitted with application documents.

Additional information:

- Attachment B: [Grant Application Scoring Criteria \(PDF\)](#)
- Attachment F: Frequently Asked Questions (found on [Alzheimer's Awareness Grant Funding page \(https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html\)](#))

Attachment A: Alzheimer's Awareness Grant Application

Download and complete the Application Form (Microsoft Word document) provided at [Alzheimer's Awareness Grant Funding page \(https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html\)](#)

to ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 12-point Calibri font. Applicants do not need to include the prompts in their response if they indicate the section and question before their response (e.g., "C1").

Attachment B: Grant Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

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

Attachment C: Budget template

Applicants must submit a budget that details how funds will be used during the grant. A grantee's budget may be revised during the grant period in consultation with MDH.

Attachment D: Due Diligence Form

Applicants must complete the [Due Diligence Review Form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](#) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

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

Attachment E: Applicant Conflict of Interest Disclosure Form

Applicants must complete the [Applicant Conflict of Disclosure form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](#) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Attachment F: Frequently Asked Questions

[Alzheimer's Awareness Grant Funding page](https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html)

(<https://www.health.state.mn.us/diseases/alzheimers/funding/awareness/index.html>)

Work Samples: Submitted by Applicant

Applicant must submit a file of relevant work samples. This is for MDH get a feel for an applicant's promotion strategy. Work samples may include: social media posts, flyers, radio ads, infographics, event plans, etc. Samples should relate to Alzheimer's Disease and Related Dementia's and could be adapted for cultural or linguistic relevance. Failure to include file of work samples will result in a disqualification from the review process. Suggested 5 sample maximum.

References

- [1] Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. (www.alz.org/alzheimers-dementia/facts-figures)
- [2] Rajan KB et al. Population estimate of people with clinical Alzheimer's disease and mild cognitive impairment in the United States (2020-2060). *Alzheimer's and Dementia*. 2021: <https://pubmed.ncbi.nlm.nih.gov/34043283/>
- [3] DHHS Statement of Bruce Finke, M.D. Elder Health Consultant IHS to the United States Senate Aging Committee: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/testimony/13/113th-August-13-2014.pdf
- [4] Medicare Chronic Conditions Data 2018 (since retired).
- [5] MDH Healthy Aging and Communities Unit. Analyses of 2016 Behavioral Risk Factor Surveillance System Data including the Caregiver Module. December 2021.
- [6] MDH Center for Health Statistics Analyses. Minnesota Behavioral Risk Factor Surveillance System Data 2018.
- [7] Alzheimer's Association and SAGE Advocacy & Services for LGBT Elders. 2021. Issues Brief: LGBT and Dementia. <https://www.alz.org/media/Documents/2021-lgbtq-issues-brief.pdf>
- [8] Alzheimer's Association. LGBT Older Adults and Dementia Infographic. https://www.alz.org/media/Documents/lgbt_older_adults_dementia_infographic.pdf
- [9] MDH. Cardiovascular Health and Diabetes Prevalence in Minnesota Dashboard: Chronic Disease Prevalence Dashboard <https://www.health.state.mn.us/diseases/chronic/cdprevdata.html#Example2>
- [10] Livingston et al. 2024 Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet* 404:10452. <https://www.thelancet.com/commissions/dementia-prevention-intervention-care>
- [11] MDH Healthy Aging and Communities Unit. Analyses of CDC Wonder Mortality Data 2021. CDC WONDER.