# African American Family Leadership and Engagement Grant

Request for proposal materials

Proposal Deadline: February 15, 2022, at 4:30pm Central Time

African American Family Leadership and Engagement Grant Request for Proposal Materials

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Upon request, this material will be made available in an alternative format such as large print, Braille, or audio recording. Printed on recycled paper.

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## Part 1: Overview

### 1.1 General Information

* **Announcement Title:** African American Family Leadership and Engagement Grant
* **Grant Website:** <https://www.health.state.mn.us/people/childrenyouth/earlychild/afamfamleg.html>
* **Project Period:** April 1, 2022 – July 31, 2026
* **Funds Available:** $263,000 over project period ($46,500 available for April 1, 2022 – July 31, 2022, $54,200 available per year for August 1, 2022 – July 31, 2026)
* **Application Deadline:** February 15, 2022, 12:00pm Central

### 1.2 Introduction

This Request for Proposal (RFP) document provides the instructions, forms and information needed to complete the African American Family Leadership and Engagement grant application. It is suggested that these instructions and a copy of the *Criteria for Scoring the Family Leadership and Engagement Grant (Appendix A),* be examined *prior* to writing the application.

MDH staff will be available to answer questions during the application process. For assistance, please contact Sarah Dunne at health.cyshn@state.mn.us. In addition, MDH will maintain a list of Questions and Answers on our [RFP webpage (https://www.health.state.mn.us/people/childrenyouth/earlychild/afamfamleg.html),](file:///C%3A%5CUsers%5Cmannis1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CV0CM1UWD%5CRFP%20webpage%20%28https%3A%5Cwww.health.state.mn.us%5Cpeople%5Cchildrenyouth%5Cearlychild%5Cafamfamleg.html%29%2C) which will be updated regularly. Please note that MDH staff will *not* be able to help with writing the application.

### 1.3 Program Description

The Minnesota Department of Health’s (MDH) Child and Family Health Division is expanding its efforts to authentically engage with families in our Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI). MDH is seeking proposals from qualified organizations to develop and implement an ***African American Family Leadership and Engagement Program*** aimed at elevating authentic family and parent leadership within the MN-ICECI and across the early childhood system in the state. The program will focus on:

* Facilitating leadership development opportunities for African American families.
* Developing and implementing approaches for incorporating family voice into the MN-ICECI and other early childhood initiatives in the state.

### 1.4 Funding Information

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

A total of $263,000 in Federal funds is available to fund one awarded application for the grant period of April 1, 2022, through July 31, 2026. The grant funding will be prorated based on the following schedule:

* April 1, 2022 – July 31, 2022: $46,200
* August 1, 2022 – July 31, 2023: $54,200
* August 1, 2023 – July 31, 2024: $54,200
* August 1, 2024 – July 31, 2025: $54,200
* August 1, 2025 – July 31, 2026: $54,200

There will be no carryover allowed between budget periods, unless approved by MDH.

Funding for this grant is made possible through a Cooperative Agreement between the Minnesota Department of Health and the United States Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau related to the *Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program* (Catalog of Federal Domestic Assistance [CFDA] number 93.110).

#### Match Requirement

There is no match requirement for these grant funds.

### 1.5 Eligible Applicants

Community-based not-for-profit or for-profit organizations who serve African American families. Preference is given to organizations who are owned or led by African American persons.

#### Collaboration

Multi-organization collaboration is welcomed to create more sustainable projects, but it is not required for this grant. If there are multiple organizations collaborating for the grant, they must designate one organization to serve as the fiscal host and primary contact. The fiscal host will be the organization entering into the grant agreement with MDH and register as a vendor in the state of Minnesota’s accounting system.

### 1.6 Questions and Answers

Questions related to this RFP must be submitted by email to Sarah Dunne at health.cyshn@state.mn.us. All answers will be posted on the [RFP webpage (https://www.health.state.mn.us/people/childrenyouth/earlychild/afamfamleg.html).](https://www.health.state.mn.us/people/childrenyouth/earlychild/afamfamleg.html)

In general, questions and answers will be posted to the website on Thursdays. Questions submitted by close of business on Tuesdays will be posted on Thursday. The final deadline for submitting questions is Tuesday, February 8, 2022, and the final listing of questions and answers will be posted on Thursday, February 10, 2022. To ensure all applicants have access to the same information, questions received after this date will note be answered or posted to the website.

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.**

## Part 2: Program Details and Components

### 2.1 Background Information

The Minnesota Department of Health’s (MDH) Child and Family Health Division is expanding its efforts to authentically engage with families in our Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI).

Every family should have an equal opportunity to interact with a high-quality early childhood system that promotes the development and well-being of their children. While Minnesota has prioritized young children and families in systems work, troubling disparities still exist based on the race/ethnicity of the family. Furthermore, Minnesota faces significant challenges in implementing a coordinated early childhood system -- the array of programs is complex and fragmented because of variations in eligibility and funding. The combined impact of these challenges points toward a great need for coordinated efforts around screening, referral, and follow-up within populations who have experienced the greatest barriers to accessing the state’s early childhood system -- namely the African American community.

The MN-ICECI is aimed at building the infrastructure for an equitable, family-centered, integrated model for conducting early childhood screening, referral, and follow-up within health settings for African American families who are pregnant or parenting young children (ages 0 – 3 years old).

Building off other early childhood initiatives in the state, such as the [Preschool Development Grant,](https://education.mn.gov/MDE/dse/early/preschgr/) the MN-ICECI intends to be a community-led, collective effort to improve access to and early identification of developmental concerns or needs in young African American children (ages 0 – 3 years old) so that they can be linked with needed supports and resources to ensure better childhood and lifelong outcomes. The initiative will be centered around a Community Advisory Council, which will advise and provide guidance on five main goals, described below and in Figure 1.

1. **Community-Driven Leadership:** Cultivate and support a community-driven leadership structure where problems and solutions are defined by, and decision-making power is shared with the community.
2. **Shared Understanding and Vision:** Build a shared understanding and vision of gaps, assets, and opportunities in achieving an equitable early childhood system that is inclusive of the health system.
3. **Health System Capacity:** Increase health system capacity to serve young African American children and their families.
4. **Financial and Policy Strategies:** Identify and carry out innovative financial and policy strategies to support implementation and sustainability of efforts.
5. **Advance Equity:** Increase Minnesota’s capacity to advance equitable access to services and supports for young African American children and their families.

Figure 1: MN-ICECI Goals



The Community Advisory Council will be crucial in the development of our integrated model for care. The Advisory Council is projected to meet on a quarterly basis (four times per year), with additional subgroup meetings occurring between the quarterly meetings. More information on the MN-ICECI can be found on the [MN-ICECI Initiative’s webpage (https://www.health.state.mn.us/people/childrenyouth/earlychild/mniceci.html).](https://www.health.state.mn.us/people/childrenyouth/earlychild/mniceci.html)

Authentic and meaningful partnerships and involvement of family leaders is vital to the success of any initiative aimed at improving systems.

“When parents are supported in becoming leaders and agents of change, the benefits are clear: Families are stronger. Children, families, and programs have better outcomes. Systems are more effective because parents help share decisions that are equitable, culturally-competent, and customer-centric.” [[1]](#footnote-2)

Therefore, MDH is seeking proposals from qualified organizations to develop and implement an African American Family Leadership and Engagement program as a part of the broader MN-ICECI. The grantee will develop and implement a plan for elevating authentic family and parent leadership within the MN-ICECI and across the early childhood system in the state.

#### Family Leadership and Engagement Framework

The MN-ICECI plans to adopt the framework outlined in the [Parent Engagement and Leadership Assessment Guide and Toolkit (https://cssp.org/resource/parent-engagement-and-leadership-assessment-guide-and-toolkit/)](https://cssp.org/resource/parent-engagement-and-leadership-assessment-guide-and-toolkit/), developed by the Center for the Study of Social Policy and the EC-LINC Outcomes and Metrics Initiative, to meaningfully partner with families.

*The MN-ICECI will be family-led, equity-driven, collaborative, and transparent.*

* **Family-led:** We will “champion engaging parents as partners and leaders as a central strategy to achieving equitable outcomes” within the African American prenatal-to-three population.
* **Equity-driven:** We will “make it a priority to understand families’ experiences and break down barriers created by systemic, institutional, and individual racism.”
* **Collaborative:** We will “develop strong partnerships with parents and parent organizations.”
* **Transparent:** We will “ensure parents have access to information that allows them to fully participate and influence agency and system-level change processes.”[[2]](#footnote-3)

In developing their plan for family and parent leadership, applicants should plan to discuss how they will adopt, implement, and evaluate their work using the above pillars. This may include utilizing the assessment tools provided in the *Parent Engagement and Leadership Assessment Guide and Toolkit* to conduct annual assessments to measure how well families and the community are engaged in their work.

### 2.2 Program Goal and Components

Minnesota’s early childhood system is fragmented and overly complex to navigate – especially for populations that have been marginalized, such as the African American community. The aim of the MN-ICECI is to ensure earlier identification of social, emotional, and developmental needs in young African American children so they can ultimately be linked with needed resources and supports as early as possible. To impact early identification and connection to services, the early childhood system needs to change – families should be at the center of these changes. They should be identifying where the gaps are and what actions need to be taken to eliminate them. To do this, families need the power to sit at the decision-making table. Therefore, the overall goal of this grant is to build the power of African American families who are pregnant or parenting young children so they can serve as equal partners in advocating for their children and the community. The grant will concentrate on building power through two primary focuses:

* Facilitating leadership development opportunities for African American families.
* Developing and implementing approaches for incorporating family voice into the MN-ICECI and other early childhood initiatives in the state.

### 2.3 Grantee Requirements

The applicant awarded the African American Family Leadership and Engagement grant must adhere to the following program requirements and components:

* Be a community-based non-profit or for-profit organization that serves African American families.
* Build and sustain relationships with African American families/caregivers of young children, key organizations working with the African American community, and MN-ICECI partners.
* Develop and implement approaches for incorporating family voice into the MN-ICECI and other early childhood initiatives in the state.
	+ Designate and provide funding for a parent/family leader[[3]](#footnote-4) from the African American community to serve as a 0.25 FTE (approximately 10 hours per week) Lead Family Consultant to the MN-ICECI. The Lead Family Consultant will:
		- Participate in MN-ICECI leadership team and Advisory Council meetings.[[4]](#footnote-5)
		- Contribute to report preparation, planning, outreach, and relationship-building activities.
		- Serve as Minnesota’s Early Childhood Comprehensive Systems (ECCS) Family Lead in relevant national ECCS calls and meetings.
		- Budget should include funds for the Lead Family Consultant to travel to and attend the national Early Childhood Comprehensive Systems annual meeting during Years 2-5 of the project.
	+ Recruit and provide funding for at least four (4) African American parent/family leaders (in addition to Lead Family Consultant) to provide consultation to MN-ICECI. This includes:
		- Grantee should allocate funding for parent/family leaders to provide consultation approximately 8-10 hours per month.
			* Consultation includes (but is not limited to) actively participating in MN-ICECI Advisory Council and Subgroup meetings.
		- Provide orientation, mentoring, and support to parent/family members.
	+ Participate in high level planning for MN-ICECI Community Advisory Council to ensure clear expectations and role clarity for parent/family leaders on the initiative.
		- Identify and troubleshoot around supports parent/family members need to participate as equal partners in the MN-ICECI.
		- As needed, provide feedback to MN-ICECI Leadership Team on supports needed by families.
	+ Assess strengths, weaknesses, gaps, challenges, and needs related to the experience of African American families in navigating through the early childhood system (including identification/screening, diagnosis, referral, and connection to needed services and support). This includes:
		- Developing and implementing strategic methods through which to gather insight and feedback from families (i.e., focus groups, interviews, community participatory efforts, etc.)
		- Communicating and reporting the needs identified by families to the MN-ICECI Leadership Team and Advisory Council.
* Facilitate leadership development opportunities for African American families.
	+ Conduct trainings on topics relevant to leadership and the early childhood system (e.g., communication, advocacy, diversity, civic knowledge, child development, community engagement).
		- Trainings should benefit both African American families in the public and those who have been recruited to serve on the MN-ICECI Advisory Council.
	+ Work with other organizations providing family leadership trainings/institutes to help link more African American families to existing efforts.
* Develop and complete an evaluation of grant activities, which includes:
	+ Developing an evaluation plan that details measures, data collection methods, and timeframes.
	+ Compiling and reporting on evaluation measures to ensure program effectiveness. Evaluation measures may include, but are not limited to:
		- Number of family leaders engaged in MN-ICECI project.
		- Satisfaction of family leaders engaged in MN-ICECI project.
		- Extent to which family leaders engaged in MN-ICECI project feel the project is family-led, equity-driven, collaborative, and transparent.
		- Number of attendees/participants in leadership development activities.
		- Satisfaction of participants in leadership development activities.
		- Increased confidence of parents/family members after completing leadership development activities.
		- Increased knowledge of the early childhood system after completing leadership development activities.
* Ensure any materials developed or shared as part of the grant are fully accessible in accordance with applicable law. For more information, please see the [State of Minnesota's Office of Accessibility's website (https://mn.gov/mnit/about-mnit/accessibility/)](https://mn.gov/mnit/about-mnit/accessibility/).
* Submit quarterly invoices for reimbursement of expenses, maintaining documentation that supports all costs submitted on invoice.

## Part 3: Application Process

### 3.1 Application Deadline

*All applications must be received by MDH no later than 12:00pm CST on February 15, 2022.*

**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.

Applications must be submitted via email to:

Sarah Dunne

MN-ICECI Project Director

Minnesota Department of Health

health.cyshn@state.mn.us

### 3.3 Application Instructions

Requirements for the application include:

* Narrative portions of the application should be written single-spaced with one-inch margins, 12-point font or larger.
* All pages should be numbered consecutively.
* The project narrative is limited to ten pages, excluding the work plan and forms.
* The application must be submitted in PDF format.
* The entire application must be submitted by email to health.cyshn@state.mn.us.
* If applicant is using a fiscal agent, it must be stated on the Face Sheet. *A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds, who has authority to sign the grant agreement. A fiscal agency is a different organization than the operating organization (which performs the work).*

The following items must be submitted in the order listed for the application to be considered complete:

1. Grant Applicant Face Sheet (Form A)
2. Project Narrative
3. Work Plan
4. Budget Justification (Form C) *(submit one for each of the time periods listed on pages 16-17)*
5. Budget Summary (Form D) *(submit one for each of the time periods listed on pages 16-17)*
6. MDH Due Diligence (Form E) *(for non-profit applicants only)*
7. MDH Indirect Cost Questionnaire (Form F)
8. Copy of letter granting 501c3 status *(for non-profit applicants only)*
	* If applicant has tax exempt status from the Minnesota Department of Revenue, include a copy of exemption letter

Incomplete applications will be rejected and not evaluated. Please 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 applying, 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.

### 3.4 Application Review and Award Process

This is a competitive grant application. Only complete and eligible applications will be reviewed and scored according to the *Criteria for Scoring the Family Leadership and Engagement Grant (Appendix A).*

Reviewers may include MDH staff, staff from state agencies with experience related to family engagement and partnerships, or individuals who are familiar with or who have provided services to African American families with young children. Reviewers will be required to identify any conflicts of interest and will not review an application if a conflict is identified.

Final funding recommendations will be based on the scores and comments from reviewers. Consideration will be given to distributing funding throughout the state and/or regions and meeting the funding priorities identified in Title V, § 501(a)(3) of the Social Security Act. It is anticipated that grant award decisions will be made in February 2022. Applicants will be notified whether or not their grant application is selected for funding.

Awarded applicants that are not current vendors in the State’s SWIFT system will need to get set up as vendors before a grant agreement can be created. Instructions on how to do that will be sent out to awarded applicants after the awards are announced.

A grant agreement will then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be April 1, 2022, or the date upon which all signatures to the agreement are obtained, whichever is later. The grant agreement will be in effect until July 31, 2026. There may be negotiations to finalize the work plan, grantee’s duties, and/or budgets before a grant agreement can be fully executed. If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

The grantee will be legally responsible for assuring the implementation of the work plan, compliance with all state and federal requirements, including worker’s compensation, nondiscrimination, data privacy, budget compliance, and reporting requirements.

#### Data Privacy of Applications

In accordance with Minnesota Statute §13.599 Applications are nonpublic until opened. Once opened, the name of the applicant, the address of the applicant, and the amount the applicant requested is public. All other data in an application is nonpublic data until completion of the evaluation process. After the evaluation process has been completed, all data submitted by the applicant is public.

If the applicant submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statute §13.37, the applicant must:

* Clearly mark all trade secret materials in its response at the time the response is submitted.
* Include a statement with its response 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 the State, its agents and employees, from any judgements or damages awarded against the State in favor of the party requesting the materials, and all costs connected with that defense. This indemnification survives the State’s award of a grant contract. In submitting a response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

## Part 4: Project Narrative, Work Plan, and Budget

### 4.1 Project Narrative

The project narrative and work plan describe the applicant’s organization and what is intended to be accomplished. To assist applicants, MDH has provided detailed instructions on what information should be included and what grant reviewers will be reviewing in each application.

The Project Narrative is divided into distinct sections and should be submitted in the sequence below in 10 pages or less:

#### A. Organizational Background Information:

Please provide the following background information to help reviewers become more knowledgeable about your organization. Please describe:

1. Your organization’s history, mission, and goals and how they contribute to your ability to meet program requirements.
2. The programs and services currently offered by your organization.
3. Why your organization is interested in the African American Family Leadership and Engagement program.

#### B. Organizational Skills and Knowledge

To help reviewers determine your organization’s capacity and expertise to accomplish the activities and goals outlined in this RFP, please describe:

1. The expertise and experience of the key staff who will be working on this program, including the Lead Family Consultant. If the Lead Family Consultant has not yet been hired (contracted with), please describe the set of skills, experience, and expertise you will be looking for in a qualified candidate and the timeframe for having someone in place to fill the role. This includes:
	1. Experience (professional or personal) serving on parent advocacy organizations, community-led coalitions, etc.
	2. Experience (professional or personal) with Minnesota’s early childhood system (this could include programs like child care/Parent Aware, Head Start or Early Head Start, Part C, home visiting, WIC, and others).
2. Your organization’s experience working with families (specifically African American families with young children), including:
	1. Conducting outreach and/or engagement activities with families.
3. Your organization’s experience and expertise related to grant management, project management, facilitation skills, and other helpful skills for managing this project and accomplishing activities in a timely manner.
4. Your organization’s expertise and experience in facilitating leadership development opportunities for families.
5. How your organization is currently funded and information about the financial and organizational infrastructure in place to manage funds, including contracts/agreement with parent/family leaders serving on the MN-ICECI Advisory Council.

#### C. Program Administration

In this section, please describe how you intend to meet the African American Family Leadership and Engagement [Grant Requirements](#_2.3_Grantee_Requirements). Please describe:

1. How your organization will build and sustain relationships with African American families/caregivers of young children, key organizations working with the African American community, and MN-ICECI partners.
2. How your organization will go about designating a parent leader from the African American community to serve as a Lead Family Consultant to the MN-ICECI, and how that individual will contribute to the leadership of the program.
3. How your organization will go about recruiting and providing funding for at least four (4) African American parent/family leaders to actively participate on MN-ICECI Advisory Council (in addition to Lead Family Consultant), including how you will provide orientation, mentoring, and support to parent/family members.
4. How your organization will facilitate leadership development activities and/or trainings for parents/family members of young children.
5. Your organization’s methodology for assessing the strengths, weaknesses, gaps, challenges, and needs related to the experience of African American families in navigating through the early childhood system, including how you will communicate out the needs to the Leadership Team and Advisory Council.
6. How your organization plans to evaluate the African American Family Leadership and Engagement Program, including initial plans for gathering data and proposed measures. This description should demonstrate that your organization has the knowledge, planning skills, and capacity to conduct an evaluation.

Note: The awarded applicant will be required to submit an Evaluation Plan by May 20, 2022.

1. How your organization will ensure all materials developed or shared as part of the grant are fully accessible in accordance with applicable law.
2. Anticipated barriers or challenges your organization may face in implementing this work, and a description of how you will work through or solve these challenges.

### 4.1 Work Plan

All applicants must submit a **high-level work plan** with their application. The work plan must capture key activities required by this RFP, as well as any other relevant activities that your organization proposes to use the grant funds to accomplish during the grant cycle. The work plan should align with the components outlined in the Program Administration section of the Project Narrative.

A work plan is a tool used by organizations to outline goals, objectives, and activities of a specific project and timelines for completing those activities. Applicants should use their own work plan template, which must include the following components:

* **Primary Goals for the Project:** Each goal should be written in a clear fashion and stated in one sentence.
* **Objectives:** Objectives are created to measure progress towards achieving established goals. Objectives can be written in the “SMART” format, which means they are specific, measurable, achievable, realistic, and time bound.
* **Activities:** Specific types of activities or interventions that will be implemented to achieve the specified outcomes.
* **Timelines:** Period the activities will start and end.
* **Staff Responsible:** The organization identifies and assigns a person to lead each activity to ensure that they are completed.
* **Resources Needed:** Resources needed to accomplish the activity such as printed materials (e.g., brochures, flyers, and pamphlets).

*NOTE: 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. Any updates to the work plan must be discussed with the MDH staff managing the grant.*

### 4.3 Budget Section

#### Introduction

Before writing the budget, consider the specific activities planned and the resources (staffing, supplies, equipment, etc.) needed to conduct those activities. Are there resources already available? Are there resources that need to be purchased? Which items will need to be replaced during the grant period? Consider the skills needed to carry out the grant activity and comply with any requirements, particularly the financial aspect of the grant. Budgeting for a financial staff person is allowable. Remember to include any training that will be needed for paid staff or volunteers.

Costs of entertainment, including amusement, diversion, and social activities where no grant program information is disseminated, and any costs directly associated with such costs (tickets to shows/movies/sporting events, meals, lodging, rentals, transportation, and gratuities) are **unallowable.** For other unallowable costs see Appendix C.

#### Food and Beverage Costs

Generally, the cost of food is not an allowable item. However, if there will be group meetings or grant activities where there is justification for a grantee to provide food, please include those food costs in the “Other” line of the budget and follow the guidelines below.

* Food can only be provided if the majority of the attendees are non-grantee staff.
* Grant funds may not be used to provide food for award dinners, grant project celebrations or parties, etc.
* Grant funds may be used to provide food for grant activities listed in the budget justification and is approved in grant agreement under “Other”.
* If meals are provided, the following limits as stated in the [Commissioner’s Plan (https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)), apply:
	+ Lunch – MDH will reimburse for actual costs up to $11.00/person, whichever is lower. This $11.00 includes beverages.
	+ Dinner – MDH will reimburse for actual costs up to $16.00/person, whichever is lower. This $16.00 includes beverages. Dinner can only be provided if event is after 6:00 p.m.
	+ Snacks – MDH will reimburse for actual costs up to $4.00/person, whichever is lower. MDH encourages the purchase of healthy snacks.
	+ Alcoholic beverages are never allowed.

#### Incentives

Applicants proposing activities that involve the distribution use of incentives for program participation must include the costs for purchasing incentives in the “Other” line of the budget and follow the guidelines stated below.

Incentives may include gift cards or specific items. They may only be given to eligible participants who:

* Are a parent/family member who is participating in a focus group, interview, or other assessment effort.

Applicants must adhere to the following rules regarding incentives:

* The maximum value of an incentive instrument is limited to $50.00 with one instrument disbursed per individual per occurrence.
* Incentives must be always kept in a secure locked location (ex: locked drawer, locked cabinet).
* The applicant/grantee must track which client/participant received the incentive and the dollar value of that incentive. Applicants/grantees must ensure data privacy when tracking the distribution of incentives.
* Incentives must be distributed in the funding year in which they are purchased.
* For the expense of incentives to be reimbursable, the applicant must:
	+ Address the use of incentives in the text of the RFP application.
	+ Account for the incentives in the “Other” line of the budget justification.
	+ Obtain MDH’s approval of the budget justification that includes the incentives.
	+ Have documentation available upon request that explains internal controls and reconciliation of gift cards.

#### Required Budget Forms

The applicant will need to complete and submit the following budget forms. Detailed instructions for each form are on the form. These forms are in addition to the programmatic forms required in this RFP listed on page 10.

* Budget Justification Instructions and Form (Form C). One form must be completed for each of the budget periods listed below:
	+ April 1, 2022 – July 31, 2022: $46,200
	+ August 1, 2022 – July 31, 2023: $54,200
	+ August 1, 2023 – July 31, 2024: $54,200
	+ August 1, 2024 – July 31, 2025: $54,200
	+ August 1, 2025 – July 31, 2026: $54,200
* Budget Summary Instructions and Form (Form D). One form must be completed for each of the budget periods listed below:
	+ April 1, 2022 – July 31, 2022: $46,200
	+ August 1, 2022 – July 31, 2023: $54,200
	+ August 1, 2023 – July 31, 2024: $54,200
	+ August 1, 2024 – July 31, 2025: $54,200
	+ August 1, 2025 – July 31, 2026: $54,200
* Due Diligence Form (Form E)
* Indirect Cost Questionnaire (Form F)

#### Budget Scoring

The Budget Justification Form and the Budget Summary Form will be used for scoring the budget portion of the application. If supplementary information is included, it will not be taken into consideration for scoring purposes. Be sure to double check the calculations and use whole dollar amounts, no decimals.

## Part 5: Forms

Application Face Sheet (Form A)

Grant Application Checklist (Form B)

Budget Justification (Form C)

Budget Summary (Form D)

Indirect Rate Questionnaire (Form E)

Due Diligence (Form F)

### Form A: Application Face Sheet

***General Applicant Information***

Applicant Legal Name (do not use a “doing business as” name, must match what is in SWIFT if a current vendor):

Business Address (street, city, state, zip):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

**Director of Applicant Agency Information**

Name:

Business Address (street, city, state, zip):

Phone Numbers:

Email:

***Financial Contact for this Application***

Name:

Phone Numbers:

Email:

***Contact Person for this Application***

Name:

Business Address (street, city, state, zip):

Email:

***Requested Funding***

Total Amount Requested $

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency’s governing board of the agency’s intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant:

Date of Signature:

### Form B: Grant Application Checklist

The following checklist can be used to ensure all components of the application are submitted:

[ ]  Grant Applicant Face Sheet (Form A)

[ ]  Project Narrative

 [ ]  10 pages or less

 [ ]  Single-spaced, one-inch margins, 12-point font or larger.

[ ]  Work Plan

[ ]  Budget Justification (Form C) *(submit one for each of the time periods listed on pages 16-17)*

[ ]  Budget Summary (Form D) *(submit one for each of the time periods listed on pages 16-17)*

[ ]  MDH Due Diligence (Form E) *(for non-profit applicants only)*

[ ]  MDH Indirect Cost Questionnaire (Form F)

[ ]  Copy of letter granting 501c3 status *(for non-profit applicants only)*

### Form C: Budget Justification - Instructions

#### Introduction

You will need to account for all your grant program costs under six different line items. The following paragraphs provide detailed information on what costs can go into those six lines. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in a delayed grant agreement if your application is selected for funding.

All costs under this grant must be prorated to reflect fair share of the expense to this program. For example, if a computer is purchased for one staff person who works .5 FTE on this grant and .5 FTE on another program, the cost for that computer should be split 50 – 50 by this grant and the other program.

If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

It is strongly suggested that applicants incorporate into their budgets the costs of appropriate financial staff to provide financial oversight to the grant. This could be through contracting with an individual or organization or a direct hire.

You are required to complete a Budget Justification form for each time period listed below:

* April 1, 2022 – July 31, 2022: $46,200
* August 1, 2022 – July 31, 2023: $54,200
* August 1, 2023 – July 31, 2024: $54,200
* August 1, 2024 – July 31, 2025: $54,200
* August 1, 2025 – July 31, 2026: $54,200

#### Salary and Fringe:

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant (see example below), the expected rate of pay, and the total amount applicant expects to pay the position for the year. Grant funds can be used for salary and fringe benefits for staff members *directly* involved in applicant’s proposed activities.

Any salaries from the administrative support, accounting, human resources, or IT support, **MUST** be supported by some type of time tracking to be included in the Salary and Fringe line. Salary and fringe expenses not supported by time reporting documentation may be included in the indirect line if these unsupported salaries and fringe were included on the Indirect Cost Questionnaire form and approved by MDH. Any salary and fringe expenses not supported, not included on the Indirect Cost Questionnaire, and not approved by MDH are unallowable and may not be charged to this grant.

**Full time equivalent (FTE):** The percentage of time a person will work on this grant project. Each position that will work on this grant should show the following information:

**EXAMPLE:**

Public Health Nurse: $30.40/hourly rate

x2,080/annual hours (or whatever your agency annual standard is)

$63,232 annual salary

Multiply annual salary by your agency’s fringe rate:

$63,232 annual salary

x 23% fringe rate (use your agency fringe rate, 23% is just an example)

$14,543 fringe amount

Provide the breakdown of what your fringe rate includes:

 6.20% FICA

 1.45% Medicare

 3.00% Retirement

 12.35% Insurance

 23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

$63,232 annual salary

 +$14,543 fringe

$77,775/annual salary and fringe total

Multiply the annual salary and fringe total by the FTE being charged to this grant:

$77,775 annual salary and fringe total

X .50 FTE assigned to grant

$38,888 total to be charged to grant for this position

#### Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. Applicants will be responsible for monitoring any subcontractors to ensure they are following all State, Federal, and programmatic regulations including proper accounting methods.

Applicant responses must include:

* Description of services to be contracted.
* Anticipated contractor/consultant’s name (if known) or selection process to be used.
* Length of time the services will be provided.
* Total amount to be paid to the contractor.

#### Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. *The grantee should plan for travel for Lead Family Consultant to attend an in-person national Early Childhood Comprehensive Systems Grant annual meeting on Years 2 – 5 of the project period. Travel will be out-of-state, likely to the Washington DC metropolitan area. Please plan for airfare, hotel, and food reimbursement for 3 days, 2 nights*.If project staff will travel during their jobs or for attendance at educational events, itemize the costs, frequency, and the nature of the travel. Grant funds cannot be used for out-of-state travel without prior written approval from MDH. Minnesota will be considered the home state for determining whether travel is out of state.

**Non-tribal applicants:**

* Budget for travel costs (mileage, lodging, and meals) using the rates listed in the [State of Minnesota’s Commissioner’s Plan (https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf).](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)
* Hotel and motel expenses should be reasonable and consistent with the facilities available. Grantees are expected to exercise good judgement when incurring lodging expenses.
* Mileage will be reimbursed at the current IRS rate at the time of travel.

#### Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment. Include the costs expected to be incurred to ensure that community representatives, partners, or clients who are included in the applicant’s process or program can participate fully. Examples of these costs are fees paid to translators or interpreters. Grant funds may not be used to purchase any individual piece of equipment that costs more than $5,000, or for major capital improvements to property.

#### Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to staff training and incentives. Grant funds cannot be used for capital purchases, permanent improvements; cash assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the “Other” line should represent the appropriate fair share to the grant.

#### Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. These costs are often allocated across an entire agency and may include administrative, executive and/or supervisory salaries and fringe, rent, facilities maintenance, insurance premiums, etc.

The following are examples that could be included in indirect costs:

* Your department pays a general percentage to the city/county attorney’s office or the sheriff’s department and these costs cannot be specifically attributed to an individual grant.
* Your CHB or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.
* The CHBs accounting system does not allow community health services (CHS) administrator’s time to be directly attributed to specific grant activities.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines of Salaries and Fringe, Supplies, Contractual Services, or Other. They **should not** be included in the Indirect line.

The following are examples of administrative costs that should be included in direct lines of the budget and/or invoice:

* The CHS administrator’s time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
* A portion of secretarial/administrative support, accounting, human resources, or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
* Printing and supplies that your accounting system can track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%.

If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate.

Please go to the next page to start completing the Budget Justification Form.

#### Form C: Budget Justification

**Complete this form for each time period listed on pages 16-17.**

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period:       to

#### Salary and Fringe

For each proposed funded position, list the title, the full time equivalent based on 2,080 hour/year, the expected rate of pay, fringe rate (%), total annual salary and fringe, and the percent of each position being charged to the grant. Failure to provide the requested detail for each position may result in a delayed grant agreement. Please refer to pages 21 – 22 for an example of how to show the salary/fringe expenses. Be sure to include a breakdown of your fringe benefit costs in the specified area below.

*Justification:*

Fringe Benefits Breakdown:

**Total Salary and Fringe Requested $**

#### Travel

Explain the expected instate travel costs, including mileage, parking, lodging, and meals. If program staff will travel, itemize the costs, frequency, and nature of the travel. Be sure to use the current IRS mileage rate and the appropriate meal amounts referenced on pages 22 - 23.

*Justification:*

1. **Total Travel Requested $**

#### Supplies and Expenses

Explain the expected costs for items and services that will be purchased to run the grant program. Include telephone expenses that are part of this proposal; cell phones and new telephone equipment to be purchased, if applicable. Estimate postage if part of the project. List printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the project, equipment under $5,000 and items such as rent for program space, participant transportation, participant training and other direct costs as needed.

*Justification:*

**Total Supplies and Expenses Requested $**

#### Contractual

List the services that are expected to be contracted out, the contractor’s name, whether the contractor is a non-profit or for-profit entity, the length of time the services will be provided, and the total amount expected to be paid. Supplies and travel of the contractor should be included here, if applicable. Itemize equipment rented or leased for the project.

*Justification:*

1. **Total Contractual Requested $**

#### 5. Other

Briefly describe any expenses that do not fit in any other category. Examples include applicant staff training, incentives, gift cards, and emergency need cards.

*Justification:*

**Total Other Requested $**

#### Subtotal

Add up the totals for lines 1 through 5.

**Subtotal $**

#### Indirect

If applicable, enter the indirect cost rate being requested. The maximum that can be used is 10% unless using a federally approved indirect rate. **%**

Multiply the indirect percentage by the Subtotal and enter the dollar amount here. Be sure to use whole dollar amounts, no decimals. $

#### Total

This is the sum of line 6 (subtotal) and line 7 (indirect). Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

**Total $**

### Form D: Budget Summary

**Complete this form for each time period listed on pages 16-17.**

*Applicant information*

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period:       to

This form is used to capture the summarized information from the Budget Justification Form(s). Please enter zero (0) in the Total Proposed Amount column if no grant funds will be expended in a line item.

Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

**Line Item Amount**

1. Salary and Fringe $
2. Travel $
3. Supplies and Expenses $
4. Contractual $
5. Other $
6. Subtotal $
7. Indirect $
8. Total $

### Form E: Due Diligence Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

|  |  |
| --- | --- |
| Organization | Information |
| Name of MDH Grant Program applying for: |  |
| Organization Name: |  |
| Organization Address: |  |
| If the organization has an Employer Identification Number (EIN), please provide EIN here: |  |
| If the organization has done business under any other name(s) in the past five years, please list here: |  |
| If the organization has received grant(s) from MDH within the past five years, please list here: |  |

|  |  |
| --- | --- |
| Section 1: Organizational Structure | Points |
| 1. How many years has your organization been in existence?

[ ]  Less than 5 years (5 points) [ ]  5 or more years (0 points) |  |
| 1. How many paid employees does your organization have (part-time and full-time)?

[ ]  1 (5 points)[ ]  2-4 (2 points)[ ]  5 or more (0 points) |  |
| 1. Does your organization have a paid bookkeeper?

[ ]  No (3 points)[ ]  Yes, an internal staff member (0 points)[ ]  Yes, a contracted third party (0 points) |  |
| Section 1 Point Total |  |
| **Section 2: Systems and Oversight** | Points |
| 1. Does your organization have internal controls in place that require approval before funds can be expended?

[ ]  No (6 points)[ ]  Yes (0 points) |  |
| 1. Does your organization have written policies and procedures for the following processes?
* Accounting
* Purchasing
* Payroll

[ ]  No (3 points)[ ]  Yes, for one or two of the processes listed, but not all (2 points)[ ]  Yes, for all the processes listed (0 points) |  |
| 1. Is your organization’s accounting system new within the past twelve months?

[ ]  No (0 points)[ ]  Yes (1 point) |  |
| 1. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?

[ ]  No (3 points)[ ]  Yes (0 points) |  |
| 1. Does your organization track the time of employees who receive funding from multiple sources?

[ ]  No (1 point)[ ]  Yes (0 points) |  |
| Section 2 Point Total |  |

|  |  |
| --- | --- |
| Section 3: Financial Health | Points |
| 1. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?

[ ]  Not Applicable (N/A) (0 points) – if N/A, skip to question 10[ ]  No (5 points) – if no, skip to question 10[ ]  Yes (0 points) – if yes, answer question 9A |  |
| 9A. Are there any unresolved findings or exceptions? [ ]  No (0 points) [ ]  Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved. |  |
| 1. Have there been any instances of misuse or fraud in the past three years?

☐ No (0 points) ☐ Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.  |  |
| 1. Are there any current or pending lawsuits against the organization?

☐ No (0 points) – If no, skip to question 12 ☐ Yes (3 points) – If yes, answer question 11A  |  |
| 11A. Could there be an impact on the organization’s financial status or stability?☐ No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability. ☐ Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.  |  |
| 1. From how many different funding sources does total revenue come from?

☐ 1-2 (4 points) ☐ 3-5 (2 points) ☐ 6+ (0 points)  |  |
| Section 3 Point Total |  |

Minnesota Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over $25,000 (excluding formula grants).

|  |  |
| --- | --- |
| **Section 4: To be completed by nonprofit organizations with potential to receive award over $25,000 ONLY** (excluding formula grants) | Points |
| 1. Does your nonprofit have tax-exempt status from the IRS?

[ ]  No - If no, go to question 14[ ]  Yes – If yes, answer question 13A | Unscored |
| 13A. What is your nonprofit’s IRS designation? [ ] 501(c)3 [ ]  Other, please list:  | Unscored  |
| 1. What was your nonprofit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?

**Enter total revenue here**:  | Unscored |
| 1. What financial documentation will you be attaching to this form?

[ ]  If your answer to question 14 is less than $50,000, then attach your most recent Board-approved financial statement [ ]  If your answer to question 14 is $50,000 - $750,000, then attach your most recent IRS form 990[ ]  If your answer to question 14 is more than $750,000, then attach your most recent certified financial audit | Unscored |

#### Signature

I certify that the information provided is true, complete, and current to the best of my knowledge.

* Signature:
* Name & title:
* phone number:
* email address:

### Form F: Indirect Cost Questionnaire

#### Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs is a portion of any grant awarded, not in addition to the grant award. Please refer to pages 23 – 24 for more detailed information on indirect costs.

#### Instructions

Please complete the information below and return this form as part of the application.

1. Name of applicant agency:
2. **Are you requesting an indirect rate?**

[ ]  Yes [ ]  No

1. **Do you have an approved Indirect Cost Rate Agreement with a Federal agency?**

[ ]  Yes, and that is the rate being requested. Please submit a copy of your current rate with this completed form.

[ ]  Yes, but requesting a rate different from our Federally approved rate.

[ ]  No – Please continue completing the rest of this form.

1. **Non-federal indirect rate being requested**:

Up to 10% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.

1. **Please list the expenses included in your indirect cost pool below or attach a copy of your current indirect cost allocation plan to this form.**

## Part 6: Appendices

Appendix A Criteria for Scoring Applications

Appendix B Link to MDH Grant Agreement Sample

Appendix C Unallowable Uses of MDH Grant Funds

### Appendix A: Criteria for Scoring Applications

#### African American Family Leadership and Engagement Grant Reviewer Score Sheet

Overview

The following review score sheet is designed to assist you with scoring the applicant's proposal. Please use one of these forms for each grant you are scoring. Use the questions in each area as a guide for scoring. Please write comments in the space provided, it may help you remember key points when the proposals are being discussed at the review team meeting. Be sure to total the points in each section (in the spaces provided). Review Team sessions are conducted as public meetings. All written information from the review score sheets and discussions are public information. However, the reviewer’s name is not written on the score sheet, so the reviewer remains anonymous.

|  |  |
| --- | --- |
| **Reviewer Number:** |  |
| **Applicant Organization:** |  |
| **Key Points:** |  |
| **Strengths:** |  |
| **Weaknesses:** |  |

Total Scores

Enter in total points awarded for the narrative, work plan, and budget sections in the table below:

| **Total Possible Points** | **Section** | **Pointed Awarded** |
| --- | --- | --- |
| 6 | Organizational Overview and Capacity |  |
| 20 | Organizational Skills and Knowledge |  |
| 24 | Project Administration |  |
| 8 | Work Plan |  |
| 8 | Budget Summary and Justification |  |
| 72 | NARRATIVE AND BUDGET TOTAL |  |

Enter in points related to alignment and equity of the project in the table below:

| **Possible Points**  | **Overall Impression** | **Points Awarded** |
| --- | --- | --- |
| 20 | How well does this project align with intent of grant? |  |
| 20 | Is the organization led/owned by member of the African American community? (If yes, award all 20 points. If no, award 0 points).  |  |

Final Scores

| **Total Possible Points** | **Section** | **Pointed Awarded** |
| --- | --- | --- |
|  | Narrative and Budget Section |  |
| 20 | Alignment |  |
| 20 | Equity – African American community owned/led |  |
|  | **Total Points** |  |

Scoring Guidance

Responses are scored based on completeness and alignment with the purpose of the grant. The following rating scale is to be used in scoring.

| **Points** | **Description** |
| --- | --- |
| 2 | Adequate response – answers questions  |
| 1 | Inadequate response – missing key information  |
| 0 | Totally inadequate response/not addressed |

Organizational Overview and Capacity

| **Scored Question** | **Points Possible** | **Points Awarded** | **Comments** |
| --- | --- | --- | --- |
| Organization summarizes their history, mission, and goals. | 2 |  |  |
| Organization describes programs and services currently offered. | 2 |  |  |
| Organization adequately explains why they are interested in the African American Family Leadership and Engagement program. | 2 |  |  |
| **SUBTOTAL ORGANIZATIONAL OVERVIEW AND CAPACITY** | **6** |  |  |

Organizational Skills and Knowledge

| **Scored Question** | **Points Possible** | **Points Awarded** | **Comments** |
| --- | --- | --- | --- |
| Expertise and experience of the key staff who will be working on this program, including the Lead Family Consultant.  | -- | -- |  |
| Experience (professional or personal) serving on parent advocacy organizations, community-led coalitions, etc. | 2 |  |  |
| Experience (professional or personal) with Minnesota’s early childhood system (this could include programs like child care/Parent Aware, Head Start or Early Head Start, Part C, home visiting, WIC, and others). | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| If the Lead Family Consultant has not yet been hired (contracted with), please describe the set of skills, experience, and expertise you will be looking for in a qualified candidate and the timeframe for having someone in place to fill the role. | 2 |  |  |
| A description of organization’s experience working with families (specifically African American families with young children), including conducting outreach and/or engagement activities with families. | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of experience organization has related to grant management, project management, facilitation skills, and other helpful skills for managing this project and accomplishing activities in a timely manner. | 2 |  |  |
| A description of organization’s expertise and experience in facilitating leadership development opportunities for families. | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of how organization is currently funded and information about the financial and organizational infrastructure in place to manage funds, including contracts/agreement with parent/family leaders serving on the MN-ICECI Advisory Council. | 2 |  |  |
| **SUBTOTAL ORGANIZATIONAL SKILLS AND KNOWLEDGE** | **20** |  |  |

Program Administration

| **Scored Question** | **Points Possible** | **Points Awarded** | **Comments** |
| --- | --- | --- | --- |
| A description of how organization will build and sustain relationships with African American families/caregivers of young children, key organizations working with the African American community, and MN-ICECI partners.  | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of how your organization will go about designating a parent leader from the African American community to serve as a Lead Family Consultant to the MN-ICECI, and how that individual will contribute to the leadership of the program. | 2 |  |  |
| A description of how organization plans to go about recruiting and providing funding for at least four (4) African American parent/family leaders to actively participate on MN-ICECI Advisory Council (in addition to Lead Family Consultant), including how they will provide orientation, mentoring, and support to parent/family members. | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of how your organization will facilitate leadership development activities and/or trainings for parents/family members of young children. | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of your organizations methodology for assessing the strengths, weaknesses, gaps, challenges, and needs related to the experience of African American families in navigating through the early childhood system, including how you will communicate out the needs to the Leadership Team and Advisory Council. | 2 |  |  |
| A description of how your organization plans to evaluate the African American Family Leadership and Engagement Program, including initial plans for gathering data and proposed measures. This description should demonstrate that your organization has the knowledge, planning skills, and capacity to conduct an evaluation.  | CRITICAL FACTOR 2x2 = 4 points | \_\_\_ x 2 = \_\_\_\_ |  |
| A description of how your organization will ensure all materials developed or shared as part of the grant are fully accessible in accordance with applicable law. | 2 |  |  |
| A description of anticipated barriers or challenges your organization may face in implementing this work, and a description of how you will work through or solve these challenges. | 2 |  |  |
| **SUBTOTAL PROGRAM ADMINISTRATION** | **24** |  |  |

Work Plan

| **Scored Question** | **Points Possible** | **Points Awarded** | **Comments** |
| --- | --- | --- | --- |
| Are objectives/goals specific and appropriate for project?  | 2 |  |  |
| Are the activities/strategies included and appropriate for the objectives? | 2 |  |  |
| Does the timeline show the major milestones, including when the project begins and ends? | 2 |  |  |
| Does the applicant describe what roles are responsible for meeting the project requirements? | 2 |  |  |
| **SUBTOTAL WORK PLAN** | **8** |  |  |

Budget

| **Scored Question** | **Points Possible** | **Points Awarded** | **Comments** |
| --- | --- | --- | --- |
| Are the budget forms complete? Budget justification and summary form for each Cycle 1 & 2  | 2 |  |  |
| Do the amounts in the Budget Summary and the Budget Justification match?  | 2 |  |  |
| Is the information contained in the budget and work plan consistent?  | 2 |  |  |
| Are the projected costs, reasonable, cost-effective, and sufficient to accomplish the proposed activities? | 2 |  |  |
| **SUBTOTAL BUDGET** | **8** |  |  |

### Appendix B: Grant Agreement Sample

[MDH Sample Grant Agreement](file:///C%3A%5CUsers%5Cmannis1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CV0CM1UWD%5CMDH%20Sample%20Grant%20Agreement) (<https://www.health.state.mn.us/docs/about/org/cfh/expl-nonchb.pdf>) sample language only. If awarded a grant your actual language may vary.

### Appendix C: Unallowable Uses of MDH Grant Funds

***Unallowable costs*** are expenditures in which grant funds cannot be used. MDH does have the right to disallow expenditures if awarded applicants do not obtain prior approval. The MDH Grant Manager will be reviewing invoices and reserves the right to question and/or act for inappropriate uses of funds. The following list of unallowable uses of grant funds include, but are not limited to, the following:

* Alcohol or any illegal substance
* Any cost not directly related to the grant and its approved work plan and budget
* Bad debts
* Capital improvements
* Cash assistance paid directly to individuals to meet their personal or family needs
* Contingencies
* Contributions or donations
* Costs incurred prior to or after the grant award (unless otherwise indicated)
* Direct patient medical services or care
* Equipment with an acquisition cost of $5,000 or more per unit
* Fines and penalties
* Gifts for staff
* Goods or services for personal use
* Grant writing
* Interest
* Lobbying at the federal or state level
* Losses on agreements or contracts
* Memberships to clubs, camps, fitness centers and similar groups
* Mischarging of costs
* Personal electronic devices, such as Smart phones, iPhones, iPads, etc.
* Political campaigns on behalf of, or in opposition to, any candidate for public office
* Raffles
* Research
* Scholarships (e.g., camp fees and scholarships for individuals to participate in events)
* Staff meals (except during approved travel)
* Supplanting of funds from other sources
* Transportation (except during State authorized travel)
1. Stark, D. R. (2020). Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan. Lansing, MI: Early Childhood Investment Corporation & Michigan Home Visiting Initiative. Retrieved from: <https://ecic4kids.org/stepping-up/>. [↑](#footnote-ref-2)
2. Center for the Study of Social Policy (2019). Parent Engagement and Leadership Assessment Guide and Toolkit: Full Report. Retrieved from: <https://cssp.org/resource/parent-engagement-and-leadership-assessment-guide-and-toolkit/>. [↑](#footnote-ref-3)
3. Parent/family leaders are parents or caregivers who have experience navigating the early childhood system. [↑](#footnote-ref-4)
4. Leadership Team will meet on a weekly basis and Advisory Council on a quarterly basis. [↑](#footnote-ref-5)