

Grant Application

LEAD REMEDIATION IN DRINKING WATER IN SCHOOLS AND CHILD CARE SETTINGS

Notice: This application must be completed in order to score your grant request.

Applicant/Organization (name of primary applicant) _____

Grant Contact Name _____

Grant Contact E-mail address _____

Mailing Address _____

County _____

Federal Tax ID Number _____

Child Care License Number _____

[DHS Licensing Information Lookup \(https://licensinglookup.dhs.state.mn.us/\)](https://licensinglookup.dhs.state.mn.us/)

Will the remediation be at the above location? Yes No

If no, Name of Location(s) _____

Installation Mailing Address _____

Person authorized to sign Grant Agreement on behalf of the organization.

Name _____ Title _____

TOTAL ESTIMATED COST OF PROJECT (Amount Requested): \$ _____

Total Grant Amount Being Requested (**\$15,000 maximum**): \$ _____

Work item (s) to be performed under this grant.

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

- 1. Work Item 1** – fully describe the work that will be performed and why remediation is needed. Add additional lines or attach additional pages to demonstrate need for this project.

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1a. Applicant is ready and able to complete project by December 15, 2024: Yes No

1b. Describe Product(s) produced or anticipated outcomes of performing this work?

1c. Answer the following to demonstrate need for project.

What is the age of the building? _____

What material is the service line connecting the building to the water main? _____
Service line materials may be made of lead, galvanized steel, copper, PVC or unknown. Provide documentation such as correspondence with your utility.

What is the total enrollment in the building(s)? _____

What are the total number of children enrolled that are:

- Under age 6 (infants/toddlers/preschool-Head Start) _____
- Elementary (K-5) _____
- Middle School (6-8th grades) _____
- Highschool _____

1d. Describe economic need for support.

Is the facility located within or serving children from a census tract with elevated child hood lead exposure? Yes No

[MN Data Map \(Lead Tract\)](#)

<https://mndatamaps.web.health.state.mn.us/interactive/leadtract.html>

Has the program participated in the MDH Water Infrastructure Improvements for the Nation program to test for lead? Yes No

Provide at least one of the following economic indicators:

(Not all indicators will apply to all types of applicants, please choose the one that best demonstrates economic need for your organization).

- If applicable: Percent of students qualifying for free and reduced-price lunch. Schools can look-up using [MN Data Map \(FRPL\)](#)
<https://mndatamaps.web.health.state.mn.us/interactive/frpl.html>.
- If applicable: Percent of students receiving Child Care Assistance or Early Learning Scholarships.

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- If applicable: Documentation of percent of people in poverty in county or census tract served.

[MN Data Map \(Poverty Tract\)](#)

<https://mndatamaps.web.health.state.mn.us/interactive/povertytract.html>

Be sure to include the following with your application:

- Provide a copy of the most recent lead testing results for the building(s). Projects without documentation of lead test results will not be scored.
- Documentation of service line material type. You may need to check with your utility.
- Vendor quotes.

Certification

I certify that the information herein is true and accurate to the best of my knowledge, and I submit this application on behalf of the applicant organization.

Signature _____ Title _____ Date _____

NOTE: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Minnesota Department of Health | Environmental Health Division | Drinking Water Protection Program
651-201-4700 | health.drinkingwater@state.mn.us

11/2023 | *To obtain this information in a different format, call: 651-201-4700.*

Please complete the application and email to the Minnesota Department of Health at HEALTH.WIIN_Grant@state.mn.us.

Definitions

Name of the grant contact means the name of the individual who will be responsible for managing the grant.

Telephone number means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:00 a.m. to 4:30 p.m.).

E-mail means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

Mailing address means the official mailing address of the applicant that shall be used for correspondence with MDH.

Name and title of the person authorized to sign the Grant Agreement on behalf of the organization means a person who has authority to administer a financial agreement between the applicant organization and the Minnesota Department of Health.

Total grant amount being requested means the sum of the costs of the work items that are identified in the grant application.

Product(s) produced or anticipated outcomes of performing this work means the tangible results of performing the work that is funded by this grant.

Unit Conversion: Units commonly used to measure lead in drinking water are part per billion(ppb) and microgram per liter (ug/L). 1 ppb=1 ug/L.



Budget Summary

This form is to be completed and provided with the vendor quote. It is helpful to estimate and detail the expected costs.

Budget Summary	Costs
EXAMPLE: Drinking fountain with bottle filling station (hydration station)	\$
EXAMPLE: Plumbing costs	\$
	\$
	\$
	\$
	\$
	\$
Total Estimated Costs	\$

Contact information of applicant

Name _____

Phone number _____

E-mail address _____

Signature _____

Title _____

Date _____

Appendix D - Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98](#), subd 2-3; Minnesota Office of Grants Management (OGM) [Policy 08-01, "Conflict of Interest Policy for State Grant-Making"](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, "Conflict of Interest."](#) It is helpful if the applicant explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.

Instructions

Please read the descriptions below and mark the appropriate boxes that pertain to you and your organization as it relates to this specific Request for Proposal (RFP).

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public (Minn. Stat. § 43A.38). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

MDH recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH must follow statutory guidance on conflicts of interest.

I. Organizational Conflict of Interest:

Organizational conflict of interest means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

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Example of organizational conflict of interest include, but are not limited to:

- a. ACME LLC is a current MDH contractor for the WIC program for data analysis. ACME is considering applying to the WIC RFP. ACME LLC has a clear and unfair advantage having inside knowledge about WIC.

II. Individual Conflict of Interest

An individual conflict of interest occurs when any of the following conditions is present:

- a. An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to the Minnesota Department of Health's (MDH) time, services, facilities, equipment, supplied, prestige, or influence.
- b. 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.
- c. 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.
- d. An applicant, or any of its employees, is an employee of the MDH or is a relative of an employee of the MDH.

Examples of individual conflict of interest include, but are not limited to:

- i. Entity A offers Entity B money to not apply to an RFP that Entity A is applying to because of tight competition and limited funding.
- ii. An individual owns Entity C and also sits on the board of Entity D and both entities are applying to the same RFP.
- iii. An individual of the applicant has, in previous work for MDH, helped create the "ground rules" for this solicitation by performing work such as: writing this solicitation, or preparing evaluation criteria or evaluation guides for this solicitation.
- iv. An individual of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity for the MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "(a) an individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([29 CFR § 553.101\(a\)](#)).

Certification and signature required on next page.

III. Certification

Applicant Name	
RFP Title	Lead Remediation in Schools and Child Care Settings Grant Program
MDH Grant Program Name	Drinking Water Protection

By signing in the space provided below, Applicant certifies the following:

- A. To the best of Applicant’s knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
- B. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict.

Name of entity/individual	Relationship (e.g., Volunteer, Employee, Contractor, Family Relation)	Description of conflict (optional)

Add additional names on separate sheet as necessary.

- C. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- D. Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant’s Authorized Representative

Printed Name _____ Title _____

Signature: _____ Date: _____

This form is required from every grant applicant.
(This form is considered public data under Minn. Stat. § 13.599)

MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

- Applicant has no conflicts of interest(s).
- Applicant has disclosed conflict of interest(s) and appropriate MDH Program staff have reviewed the conflict(s) in accordance with MDH Policy. MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated.

(Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*)

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

Printed Name	Title
Signature	Date