

Groundwater Protection Initiative Accelerated Implementation Grant Application

Organization's Legal Name: _____

Contact Name and Title: _____

Phone No.: _____

E-mail address: _____

Mailing Address: _____

Federal Tax ID #: _____

Person Authorized to Sign Grant Agreement on Behalf of the Organization:

Name: _____ Title: _____

The project narrative and work plan describe your organization and details of what you intend to accomplish through the grant program. Successful grant applications will be **no more than four pages long (excluding timeline and budget) and will include the following information.**

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by the RFP.

Organizational Capacity

(Use separate sheet)

Who will work on this project and what is their training and expertise?

What entities will collaborate on this project?

What is your organization's experience and capacity to work with other entities to achieve the goals of this project?

Work Plan

(Use separate sheet)

Describe your proposed capacity building project and the groundwater and/or drinking water concerns to be addressed.

What outcomes will be achieved as a result of the proposed actions?

How will you ensure the proposed actions result in future implementation activities and/or sustained groundwater protection?



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

Read the descriptions below, mark the appropriate box(es) that pertain to you and your organization as it relates to this specific Request for Proposal (RFP), obtain applicant signature (applicant to determine appropriate signer).

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](#), subd. 5). 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.

The Minnesota Department of Health (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 and its partners must follow federal regulation and statutory guidance on conflicts of interest.

I. **Organizational Conflict of Interest:**

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person’s objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

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 MDH’s time, services, facilities, equipment, supplies, 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 MDH or is a relative of an employee of MDH.

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

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the “ground rules” for this solicitation by performing work such as, but not limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.
- An employee or volunteer 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 with 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]n 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: _____

MDH Grant Program Name: _____

*(Ex: Family Planning Grant)***Select ONE of the following responses below:**

1. 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.
2. 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.*By signing in the space provided below, Applicant certifies the following:**

- 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.
- Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

**This form is required from every grant applicant.
Please include this form with your RFP application materials.**

(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 conflict(s) of interest.
- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). 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.*
- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

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

MDH Program's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Resources

- [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98), subd 2-3
- <https://mn.gov/admin/government/grants/policies-statutes-forms/>
- [2 Code of Federal Regulation \(CFR\) § 200.112, "Conflict of Interest" \(https://www.ecfr.gov/cgi-bin/text-idx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8\)](https://www.ecfr.gov/cgi-bin/text-idx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8)
- [Minn. Stat. § 43A.38 \(https://www.revisor.mn.gov/statutes/cite/43A.38\)](https://www.revisor.mn.gov/statutes/cite/43A.38), subd. 5
- [29 CFR § 553.101\(a\) \(https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101)
- [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)

GROUNDWATER PROTECTION INITIATIVE ACCELERATED IMPLEMENTATION
GRANT APPLICATION

List the state approved plan(s) and cite the measures and/or actions that identify the need for groundwater protection and restoration.

Submit a timeline showing the major tasks, deliverables, and deadlines for the project.
(Use separate sheet)

Tasks	Deliverables	Deadline

Budget and Budget Justification

(Use separate sheet)

Your budget must include the following:

- Itemized projection of costs for each task and deliverable.
- Description of any other funding (including in-kind) that is directed toward accomplishing the same or similar goals as the goals of this grant program.
- Clear identification of the total amount of grant funding requested.

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.

Applications are to be submitted to: health.drinkingwater@state.mn.us.

Carrie Raber
Principal Planner
Source Water Protection Unit, Environmental Health Division
Minnesota Department of Health
carrie.raber@state.mn.us

Minnesota Department of Health | Drinking Water Protection Section | 625 Robert Street North | PO Box 64975
St. Paul, MN 55164-0975 | 651-201-4700 | www.health.state.mn.us

March 2024

To obtain this information in a different format, call: 651-201-4700.

Due Diligence Review 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
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: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence? <input type="checkbox"/> Less than 5 years (5 points) <input type="checkbox"/> 5 or more years (0 points)	
2. How many paid employees does your organization have (part-time and full-time)? <input type="checkbox"/> 1 (5 points) <input type="checkbox"/> 2-4 (2 points) <input type="checkbox"/> 5 or more (0 points)	
3. Does your organization have a paid bookkeeper? <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes, an internal staff member (0 points) <input type="checkbox"/> Yes, a contracted third party (0 points)	
SECTION 1 POINT TOTAL	

DUE DILIGENCE REVIEW FORM

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
<p>4. Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No (6 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> • Accounting • Purchasing • Payroll <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)</p> <p><input type="checkbox"/> Yes, for all of the processes listed (0 points)</p>	
<p>6. Is your organization’s accounting system new within the past twelve months?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point)</p>	
<p>7. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p><input type="checkbox"/> No (1 point)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
SECTION 2 POINT TOTAL	

DUE DILIGENCE REVIEW FORM

Section 3: To be completed by all organization types

Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) - if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) - if yes, answer question 9A</p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> 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.</p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p>	
<p>11A. Could there be an impact on the organization’s financial status or stability?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>	
<p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p>	
SECTION 3 POINT TOTAL	

DUE DILIGENCE REVIEW FORM

Section 4: To be completed by nonprofit organizations with potential to receive award over \$25,000 (excluding formula grants)

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: Nonprofit Financial Review	Points
<p>13. Does your nonprofit have tax-exempt status from the IRS?</p> <p><input type="checkbox"/> No - If no, go to question 14</p> <p><input type="checkbox"/> Yes - If yes, answer question 13A</p>	Unscored
<p>13A. What is your nonprofit's IRS designation?</p> <p><input type="checkbox"/> 501(c)3</p> <p><input type="checkbox"/> Other, please list:</p>	Unscored
<p>14. What was your nonprofit's total revenue (income, including grant funds) in the most recent twelve-month accounting period?</p> <p>Enter total revenue here:</p>	Unscored
<p>15. What financial documentation will you be attaching to this form?</p> <p><input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board-approved financial statement</p> <p><input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990</p> <p><input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit</p>	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 _____

MDH Staff Use Only

Section 4A: Nonprofit Financial Review Summary

Complete Section 4A for nonprofit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

1. Were there significant operating and/or unrestricted net asset deficits?
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
2. Were there any other concerns about the nonprofit organization’s financial stability?
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
3. Please describe the deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
4. Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
5. Granting Decision:
6. Rationale for grant decision:

Section 5: Total Points

Section 1	+	Section 2	+	Section 3	=	Total Points
	+		+		=	

Section 6: Program Information

MDH Grant Program	Information
Applicant Project Name	
MDH Grant Program Name	
Division/Section	
Date Nonprofit Review Completed	
Review conducted by	

Minnesota Department of Health
Revised 2024.

To obtain this information in a different format, call: 651-201-3584.

Groundwater Protection Initiative – Accelerated Implementation Grant Invoice

Grantee Information

Organization name _____

Address _____

Contact person _____

Phone number _____ Email _____

Reimbursement Description: “Activities for Quarter __, 20XX”

Expenditure Description

Use an additional page if necessary.

Activity Description	Personnel	Hours	Rate	Cost
Invoice total				

Disclaimer and signature: I declare that no part of this claim has been previously billed to MDH, and that the Total Expenditures reflect only charges related to the source water protection project. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.

Authorized grantee signature _____ Date _____

For Minnesota Department of Health Use Only

Grantee manager signature _____ Date _____

PO _____ Approved by _____

Period of service _____ Date sent to F.M. _____