

Paths to Black Health Grant Application Form

AFRICAN AMERICAN HEALTH SPECIAL EMPHASIS GRANT

Instructions

Please note this application form has also been set up as an online survey. **Applicants are strongly encouraged to complete the application form and submit all four required attachments via the online survey.** The link to the online application form can be found in the request for proposals.

We encourage applicants to draft answers to the questions offline (remembering character limits) and then copy and paste your answers into the online application form. Once you begin the online application form, we encourage you to complete it. However, should you need to, you can "save and return later" to the application form. Once you are satisfied with all your answers and have uploaded all required documents, please click "Submit" at the bottom of the online form.

Applicants who are unable to submit their application and attachments through the online form may complete this application form and other required attachments and submit them via email or postal mail. Character limits in the application form include spaces. **All questions (scored and unscored) are required unless indicated as optional.** Refer to the RFP for additional instructions on how to submit via email or mail.

If you experience problems with the application or need the application in a different format, please call 651-201-5813.

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

1. Application Form (this form **or** the online form)
2. Work Plan
3. Budget
4. Due Diligence Review Form (unscored)
5. Applicant Conflict of Interest Disclosure Form (unscored)

Definition of Terms

Throughout the RFP documents, **Black(s) or African American(s)** specifically references the U.S.-born African American population for **whom studies indicate that health has been impacted as a result of historical trauma**. This trauma includes post-traumatic slave syndrome and epigenetic inheritance.

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Staff on project should include all staff and supervisors who will be paid for partly or entirely out of the grant budget. Do not include staff paid for by indirect costs.

Leadership includes all senior leadership positions within lead organization, which may include president, vice president, executive director, assistant executive director, chief executive officer, chief

financial officer, chief operating operator, directors, managers and/or supervisors (supervisors on EHDl project may be counted again).

Board refers to board of directors for nonprofit applicants. If the lead organization does not have a board, include the makeup of the board of directors for the fiscal agent.

Section A: General Information (unscored)

Lead Organization

Lead Organization Name: _____

Executive Director/Chief Executive Officer: _____

Address: _____

Phone: _____ Email: _____

Federal Employer ID (EIN): _____ Minnesota Tax ID: _____

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

Lead Organization Name: _____

Executive Director/Chief Executive Officer: _____

Address: _____

Phone: _____ Email: _____

Federal Employer ID (EIN): _____ Minnesota Tax ID: _____

Project Contact(s)

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

Name: _____ Title: _____

Phone: _____ Email: _____

Contact #2 (optional)

Name: _____ Title: _____

Phone: _____ Email: _____

Organization Type and Makeup of Lead Organization

Note: This data helps MDH track the types of grantees it funds and how grantees reflect the race/ethnicity of the populations served.

Please check all the boxes that describe your organization type:

Public nonprofit

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- Private nonprofit
- Community-based organization
- Faith-based organization
- Federally Qualified Health Center
- Other community-based clinic
- Other type (please specify): _____

Please complete the table below by indicating the number of staff, leadership, and board members at your organization and whether they identify as U.S.-born African Americans.

	A: TOTAL NUMBER	B: NUMBER OF U.S.-BORN AFRICAN AMERICANS	C. PERCENTAGE OF U.S.-BORN AFRICAN AMERICANS (B ÷ A = C)
STAFF ON PROJECT			
LEADERSHIP			
BOARD			

Population Served

What percentage of your clients identify as U.S.-born African Americans, as defined in the RFP?*

- 51% or more of clients are U.S.-born African American Minnesotans.
- 50% or less of clients are U.S.-born African American Minnesotans.

*This data helps MDH track how grantees reflect the race/ethnicity of the populations served.

Project Information

Please identify the **primary** systemic issue your application is addressing that affects the U.S.-born African American population defined in the RFP (**choose only one**):

- Housing
- Food access
- Education
- Early childhood development
- Employment
- Gun violence prevention
- Criminal justice
- Environmental factors
- Chronic disease
- Maternal health
- Other (please specify): _____

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Please identify the **secondary** systemic issue your application is addressing that affects the U.S.-born African American population defined in the RFP (**optional; choose only one**):

- Housing
- Food access
- Education
- Early childhood development
- Employment
- Gun violence prevention
- Criminal justice
- Environmental factors
- Chronic disease
- Maternal health
- Other (please specify): _____

Other relevant unjust systems that create interconnected layers of disadvantage and inequity addressed by your activities (**optional; check all that apply**):

- Ableism
- Classism
- Homophobia
- Sexism
- Transphobia
- Other _____

What will be the geographic reach of your activities? (**Check all that apply**)

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

Brief project summary (1,000 characters maximum):

Funding Request

Funding Period	Funding Requested
First two fiscal years (this should match your budget through June 30, 2025)	\$
Total funding over four-year grant period (budget amount x 2)	\$

Signature Instructions

You must download this form to complete the electronic signature field.

You may sign using an Adobe Digital Signature or Adobe Fill and Sign. For Chromebook users, see Chromebook instructions below.

Certification

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

Name: _____ Signature: _____

Title: _____ Date: _____

Chromebook Instructions

1. Save the PDF you need to sign to your Chromebook's "Downloads" folder.
2. Open your PDF by double-tapping or double-clicking it.
3. Once the PDF is open in Chrome, tap on the pencil icon to enter annotation mode.
4. Select the pen annotation tool and pick a color and pen thickness.
5. Sign your document with your stylus or finger.
6. Tap on the down-arrow button to download and select to download with your changes.
7. Name your signed document and save it.

Section B: Short Answer Application Questions (scored)

As referenced in the RFP, there are 100 total possible points. Your application has five sections that will be scored: Organizational History (20 points), Project Narrative (40 points), Community Engagement (20 points), Work Plan (10 points) and Budget (10 points).

Organizational History, Values and Capacity (20 points)

1. Provide a brief overview of the lead organization, including history, mission, major programming, and how your organization has worked to eliminate health disparities and advance racial equity in the U.S.-born African American population as defined in the RFP. (1,500 character limit)

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2. Describe how your project proposal fits within your organization's current programming and broader long-term vision in eliminating health disparities and advancing racial justice among the U.S.-born African American population as defined in the RFP. (2,500 character limit)

Project Narrative (40 points)

Responses in this section should align with and expand upon your work plan and provide a clear evaluation process. Please note that the work plan submitted with your application will only cover activities through June 30, 2025; however, your responses in this section should relate to your entire project through June 30, 2027.

3. Describe how historical discrimination, trauma and/or cumulative structural racism has affected the **primary** systemic issue (i.e., housing, food access, education, employment, etc.) that your proposal addresses and why it is important to do so for the U.S.-born African American population as defined in the RFP. (2,500 character limit)

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4. Provide an overview of the activities you will undertake to impact the identified **primary** systemic issue in the U.S.-born African American population as defined in the RFP. (2,500 character limit, not including spaces)

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5. Describe how your proposed activities value U.S.-born African American cultural knowledge and wisdom and build on community resilience. Also include why you believe the activities will be effective in bringing about the revitalization or nurturing of the U.S.-born African American population as defined in the RFP. (2,500 character limit, not including spaces)

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6. How do you plan to measure each of the activities to evaluate the outputs and outcomes? For example, will you use surveys, monthly data gathering, focus groups, etc.? (2,500 character limit)

Community Engagement and Collaboration (20 points)

7. Describe how your proposed strategies and activities were co-created with U.S.-born African American population and/or how the population served will be involved in the co-creation of project strategies and activities moving forward. Co-creation should involve listening deeply, sharing power and community-driven decision making. (1,500 character limit)

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8. Describe how your proposed project fills an unmet need or gap in the community as related to other activities, projects or services taking place in the U.S.-born African American population as defined in the RFP. Include how you might align your project with the other activities, projects or services in meaningful and mutually beneficial ways. (2,500 character limit)

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12/15/23

To obtain this information in a different format, contact oaah.mdh@state.mn.us.