

Community Solutions for Healthy Child Development Grant Application Form

Instructions

Please complete all fields in this application (scored and unscored). Character limits are noted for Sections B and C. Character limits are enforced automatically by this form and include spaces.

Please submit this application with required attachments by email to Health.Solutions.for.Child.Development@state.mn.us with the subject line: *Community Solutions RFP Application – [insert applicant organization name]*. Refer to the RFP for additional instructions on how to submit via email (preferred) or postal 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*)
2. Work Plan (Word template)
3. Budget (Excel template)
4. Due Diligence Review Form (unscored)
5. Applicant Conflict of Interest Disclosure Form (unscored)

Definition of Terms

People of color and American Indians may include anyone who identifies as a person of color or American Indian. If an organization has a predetermined definition, they may use that to determine the numbers requested in this form.

Staff on project should include all staff and supervisors who will be paid for partly or entirely out of the Community Solutions grant budget or through any in-kind or matching funds. 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 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:

- Community-based organization or entity that works with communities of color
- Community-based organization or entity that works with American Indian communities
- Tribal nation or tribal organization as defined in section 658P of the [Child Care and Development Block Grant Act of 1990 \(https://crsreports.congress.gov/product/pdf/R/R47312\)](https://crsreports.congress.gov/product/pdf/R/R47312).
- Community-based organization or entity focused on supporting healthy child development
- Other type
(please specify): _____

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Please complete the table below by indicating the number of staff, leadership, and board members at your organization and whether they identify as people of color and/or American Indian. Refer to the definitions on page 1 for more information.

	A: TOTAL NUMBER	B: NUMBER OF PEOPLE OF COLOR AND/OR AMERICAN INDIANS	C. PERCENTAGE OF PEOPLE OF COLOR AND/OR AMERICAN INDIAN
STAFF ON PROJECT			
LEADERSHIP			
BOARD			

Project Information

Community Served (check all that apply):

- African American
- African immigrant
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino/Latina/Latine
- Other

Please describe:

The proposed project is (check all that apply):

- An existing project
- An expansion project
- A new project

The proposed project includes a planning period (up to 1 year):

- No
- Yes

Length of planning period: _____

Geographic Area(s) served or impacted by the proposed project (check all that apply):

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

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 listed above 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, refer to 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. Once the PDF is open in Chrome, tap on the pencil icon to enter annotation mode. Select the annotation tool and pick a color and pen thickness.
3. Sign your document with your stylus or finger.
4. Tap on the down-arrow button to download and select to download with your changes. Hit save.

Section B: Summary Information (unscored)

Brief overview of the lead organization, including history, mission, and major programming. (Required and unscored. 1,000-character limit, including spaces.)

Brief Project Summary: This may include communities engaged, key activities or strategies, and anticipated outcomes. (Required and unscored. 1,000-character limit, including spaces.)

Section C (scored)

As referenced in the RFP, there are 130 total possible points. This Application has six sections that will be scored: Demographics (up to 30 points), Organizational History, Values and Capacity (up to 15 points), Project Narrative (up to 30 points), and Community Engagement and Collaboration (up to 35 points), plus the Work Plan and the Budget (separate documents, up to 10 points each).

Demographics (30 total points)

1. a. In which county (or counties) is the lead organization located? – *No points.*
- b. Is the **lead organization located** in a county (or counties) with a **higher proportion of American Indians and/or people of color than the state average**, as defined in the tables showing racial composition of each county in the appendix of Wilder Foundation’s [Minnesota Early Childhood Risk, Reach, and Resilience \(https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience_9-18.pdf\)](https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience_9-18.pdf) report? – *Up to 10 points.*

Please check **one** box:

- Yes
- No
- Multiple counties that fall into different categories
Explain which counties fall into which categories:

2. a. Please list the county/counties **to be served or impacted by** the proposed project. – *No points.*
- b. Is the lead organization proposing to **serve/impact** a county or counties identified as **“Moderate to high risk” or “High risk”** in the maps in the appendix of [Wilder Foundation’s Minnesota Early Childhood Risk, Reach, and Resilience \(https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience_9-18.pdf\)](https://www.wilder.org/sites/default/files/imports/MNEarlyChildhoodRiskReachResilience_9-18.pdf) report? – *Up to 10 points.*

Please check **one** box:

- “High risk”
- “Moderate to high risk”
- Neither of the above
- Multiple counties that fall into different categories
Explain, if useful:

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3. Does this proposal **primarily focus** on healthy child development of prenatal to age 3? (Please note that projects focusing on prenatal through grade 3 are eligible.) – *Up to 10 points.*

Please check **one** box:

Yes

No

Explain, if useful:

Organizational History, Values and Capacity (15 total points)

4. Describe how your organization has worked to promote healthy child development and/or family well-being for American Indian children and/or children of color. (2,000-character limit, including spaces) – *Up to 5 points.*

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5. Describe how your organization fosters deep connections, trust, and shared leadership within your community. If you have a parent/caregiver advisory board, or another way for parents and caregivers to co-create with your organization, please describe it. (2,000-character limit, including spaces) – *Up to 5 points.*

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6. Describe how your organization has advanced racial equity for communities of color and/or American Indians. (2,000-character limit, including spaces) – *Up to 5 points.*

Project Narrative (30 total points)

7. Describe how this proposal focuses on multigenerational solutions to improve child development outcomes and/or includes opportunities for sharing knowledge, skills, and wisdom across generations. (3,000-character limit, including spaces) – *Up to 10 points.*

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8. Describe which social, economic and/or environmental conditions your proposed activities/strategies address, including how your activities/strategies address these conditions. Describe how these conditions influence children’s health and development, family well-being, and/or racial and geographic equity in the community you serve. (3,000-character limit, including spaces) – *Up to 10 points.*

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9. Tell us about the state grant funding (i.e., from a Minnesota state agency such as MDH, the Department of Human Services, etc.) your organization has received in the past six years, if any. Please list the granting agency name(s) and dollar amount(s). (3,000-character limit, including spaces) – *Up to 10 points.*

Community Engagement and Collaboration (35 total points)

10. Describe how your proposed strategies and activities were co-created with the community 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. (2,000-character limit, including spaces) – *Up to 10 points.*

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11. Briefly describe the diverse aspects or intersections of the population your organization serves (e.g., people living with disabilities). How does your organization show that it values the many identities and lived experiences of the population(s) served? How does your organization cultivate a welcoming environment where people can bring their full selves? (2,000-character limit, including spaces) – *Up to 10 points.*

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12. 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 population(s) served. (2,000-character limit, including spaces) – *Up to 10 points.*

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13. Describe how you will collaborate with other stakeholders working in this area, such as community organizations, businesses, and government agencies. (2,000-character limit, including spaces) – *Up to 5 points.*

Scoring criteria related to additional attachments:

- Work Plan (separate document) – *Up to 10 points.*
- Budget (separate document) – *Up to 10 points.*

Center for Health Equity
Minnesota Department of Health
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Health.Solutions.for.Child.Development@state.mn.us | www.health.state.mn.us

12/27/23

To obtain this information in a different format, contact: Health.Solutions.for.Child.Development@state.mn.us.