

Capacity Strengthening Initiative

GRANT APPLICATION

Instructions

Please complete all fields in this application. Character limits include spaces. If you experience problems with the application or need the application in a different format, please call 651-201-5813.

Please submit your complete application via email to health.capacity@state.mn.us with the subject line *CSG RFP Application – [insert applicant organization name]*. If you are unable to submit via email and need to submit via postal mail, please send your application to the address at the end of this application.

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

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

Section A (unscored)

Lead Organization

Lead Organization Name: _____

Executive Director/Chief Executive Officer: _____

Address: _____

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: _____

Federal Employer ID (EIN): _____

Minnesota Tax ID: _____

Project Contact/s

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Makeup of Lead Organization*

Is your organization led by people of color, American Indians, LGBTQIA+ or people living with disabilities (i.e., more than 50% of board and leadership identify as such)?

Yes, more than 50% of lead organization's board and leadership identify as people of color or American Indian or LGBTQIA+ or people living with disabilities.

No

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 above.

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.

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. For community health board (CHB) applicants, please include the makeup of your CHB. For tribal government applicants, please include the makeup of Tribal Council.

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

Project Information

Grant Program Objective: *(check all that apply)*

Organizational Partnerships

Infrastructure Improvement

Workforce Development

Community Served: *(Check all that apply)*

African American

African immigrant

American Indian

Asian/Pacific Islander

Hispanic/Latino/Latina/Latine

LGBTQIA+ communities

People living with disabilities

Faith-based communities

Other – please describe below

Description of “other” relevant demographics of population(s) served (e.g., youth, unhoused persons, pregnant people, etc.) (*optional*):

Geographic areas(s) served:

Brief project summary (1,000 characters maximum, unscored):

Funding Request

Funding Request

Funding Type	Total Funding Amount
General Funds	\$

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: _____

Section B (scored)

Organizational history, values, and capacity (60 total 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 or advance racial equity. *(2,000 character limit)*

2. Provide a brief overview of the lead organization's leadership, organizational size, lived experience and/or training of your organization's staff and leadership, and its broader work promoting health equity in the community you serve. *(2,000 character limit)*

3. Provide an overview of your organization's main funding sources, including any current grants or funding from state agencies, and how this grant will enhance your organization's capacity to fulfill those grants/funding requirements and your agency's mission. If you do not currently have any grants or funding from state agencies, please describe how this grant will help you be more competitive for state funding in the future. *(2,000 character limit)*

4. To the best of your ability, please list the names or types of state grants or contracts that your lead organization has applied for but was unable to secure funding in the past five years. Please share any challenges faced and lessons learned in pursuing state grant opportunities. If you have never applied for state funding, please indicate why. (2,000 character limit)

Project Narrative: Community engagement, partnerships, and impact (40 total points)

Responses in this section should align with and expand upon your work plan.

5. Describe the extent of the health disparity or disparities in the focus population(s) that you serve and what initiatives are currently in place or planned by your lead organization or in collaboration with another entity to address these disparities. *(1,500 character limit)*

6. Describe challenges faced by your lead organization in addressing health disparities within the focus communities, and how the capacity strengthening funding will assist in alleviating such challenges. *(1,500 character limit)*

7. What opportunities do you see for partnerships or innovation that can contribute to creating systems that are more inclusive and beneficial for your target community?
(1,500 character limit)

8. Outline the lead organization's long-term vision in eliminating health disparities and advancing racial equity. How do you plan to evaluate the outcomes internally? *(1,500 character limit)*

Minnesota Department of Health, Center for Health Equity
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www.health.state.mn.us

10/19/2023

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