

Capacity Strengthening Grant

REQUEST FOR PROPOSALS (RFP)

IMPORTANT DATES

October 19, 2023	Request for Proposals (RFP) released
November 10, 2023	Last day to submit RFP questions (until 4:30 p.m. CT)
November 20, 2023	Proposals due (accepted until 11:59 p.m. CT)
April 1, 2024*	Grant begins (<i>*or when grant agreement is fully executed, whichever is later</i>)
June 30, 2025	<i>Grant ends</i>

For more information and application documents, visit the following webpage: [2023 Capacity Strengthening Initiative RFP](https://www.health.state.mn.us/communities/equity/funding/csirfp2023/index.html)
(<https://www.health.state.mn.us/communities/equity/funding/csirfp2023/index.html>)

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10/19/2023

To obtain this information in a different format, call 651-201-5813.

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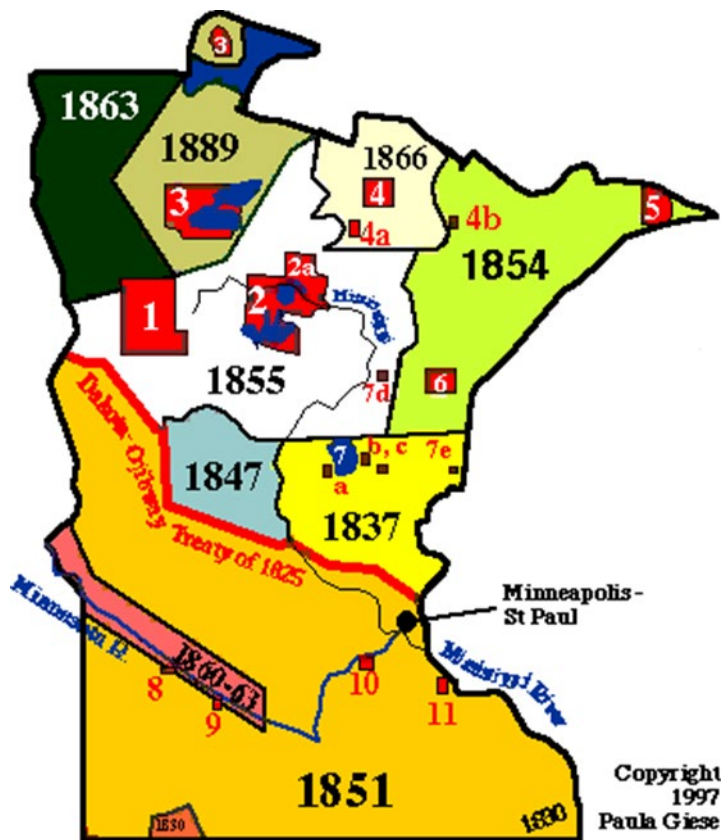
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Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

Minnesota Reservations: Land Cession Treaties



* This is the acknowledgment given in the USDAC Honor Native Land Guide, edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council.

Introduction

The Minnesota Department of Health (MDH) announces the availability of funds to be used to support and strengthen the capacity of metro and rural community-based organizations (CBOs) and faith-based organizations serving people of color, American Indians, LGBTQIA+, and people living with disabilities. The Capacity Strengthening Initiative Grant (CSG) funds are specifically designed to support community-based and faith-based organizations in strengthening their organizational infrastructure to be better equipped and prepared for success in procuring grants and contracts at the department and addressing health inequities across Minnesota. The grant may fund activities such as (but not limited to): building organizational infrastructure, including addressing workforce needs, building successful partnerships, enabling grantee research in identifying best practices in the elimination of health disparities and addressing social determinants of health, networking, designing evaluation systems to monitor their success, learning about and implementing successful strategies in other communities, creating processes to document success and areas for growth, and reporting results.

The purpose of this Request for Proposal (RFP) is to provide an outline of the CSG program, the context for the work of CSG grantees, and specific scope and aims of the funding to be provided to CSG grantees. Instructions for submitting a proposal are also included.

Program Background and History

The Minnesota Legislature created the CSG grant program, as part of the Advancing Health Equity through Capacity Building and Resource Allocation Program in 2023 ([Chapter 70 - MN Laws \(https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/\)](https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/)). The goal of CSG grants is to award infrastructure capacity building grants to help metro and rural community and faith-based organizations serving people of color, American Indians, LGBTQIA+ communities, and people living with disabilities across Minnesota who have been disproportionately impacted by health and other inequities to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.

CSG grantees are not required to use evidence-based practices. Projects that are evidence-based and projects that are based on promising strategies are given equal weight in the review process. Promising strategies may include activities, models, or approaches that work in communities, even if they have not been thoroughly researched. It is possible for projects to be both evidence-based and based on promising strategies; we do not view these two broad categories as mutually exclusive. All CSG-funded projects must propose ways they will evaluate or measure outcomes showing they have strengthened their agency's capacity to reduce health inequities.

Capacity Strengthening Grant Objectives

The State of Minnesota directed an estimated \$2.44 billion through grant programs across Fiscal Years 2020-2021¹. Of this, about 62 percent (\$1.5 billion) went to non-governmental organizations. These funds support important activities that impact thousands of Minnesotans. State leaders and external partners have expressed interest in understanding how to increase the impact – especially equitable impact – of this funding. The Results Management team at Minnesota Management and Budget (MMB) reviewed scores of State grant RFPs, authorizing laws, and contracts, in addition to meeting with dozens of state grant makers and learning from local partners and national experts. The information developed through these strategies suggests that the State could increase the impact of State grant funding by creating opportunities for impactful solutions, grants that target inequities, and an improved grantmaking experience. This recommendation is consistent with the MDH philosophy that we must work at multiple levels of change – including addressing the social determinants of health – in order to ultimately achieve health equity.

Depending on the needs of the community served, CSG grantees may choose to work within one or more of the following three grant objectives to improve their organizational capacity to allow CBOs in addressing health inequities in their focus communities.

1. Organizational Partnerships to Improve Health Outcomes: Developing newer partnerships that would increase participating in or leading collaborative efforts that target specific social and economic conditions for health (*also known as the social determinants of health*) and contribute to eliminating disparities through partnerships. These amplifying partnerships could involve changing local, regional, Tribal or state policy, transforming the way systems work or reshaping the natural or built environment. Such efforts aim to address the root causes of health disparities fostering more equitable conditions and outcomes in communities affected by these issues.^{2 3} However, this would *not* include support of direct service activities.

Examples



- To create meaningful partnerships with other organizations focused on social determinants of health including but not limited to food, housing, education, employment opportunities, etc. to increase internal capacity and external visibility.
- To gain specialized skill/expertise or support innovation to improve services for the community.
- To increase potential for diversified funding support.

¹ Funding estimates include State and federal funding sources but exclude some specific funding sources/recipients.

² **Policy, systems and environmental change** are ways of modifying the environment to make healthy choices practical and available to all community members. Policy change includes ordinances, resolutions, requirements or procedures that govern behavior or practices within an organization, community, system, etc. Systems change includes changes in processes or procedures that impact all elements of an organization, institution or system so that people or departments within that organization, institution or system change the way they operate or do their work. Environmental change includes changes to the economic, social or physical environment to benefit entire populations.

³ Grantees may lead or participate in advocacy work but may not engage in activities that are considered “lobbying.”

2. Infrastructure Improvement to be better equipped for success: Implementing or leading efforts that contribute to the organizational success, which will ultimately help achieve goals to strengthen representation of the focus Minnesotan communities most impacted by health disparities.

Examples

- To develop a more focused mission, vision, and values and to build a DEI-driven (Diversity, Equity, and Inclusion) succession plan.
- To develop succession plans that build staff capacity to move into leadership roles.
- To increase opportunities for enhanced staff diversity.
- To create opportunities for community engagement in organization’s decision-making.
- To implement payroll, database, financial, minor technological, or administrative systems to improve capacity.



3. Workforce Development to create a positive impact: Improving workforce capacity directly correlates with the organization’s ability to fulfill its mission and create a positive impact on the community it serves. Investing in staff professional development and creating opportunities for skill enhancement, allows an organization to connect, foster, and sustain internal capacities. Activities under this category can be carried out to support - or in conjunction to - the Infrastructure Improvement initiatives mentioned above.

Examples

- To hire staff or consultants to assist with Infrastructure Improvement activities.
- To connect with resources that support in-house staff’s professional skills development.
- To offer opportunities for staff to develop skills and attend training programs.

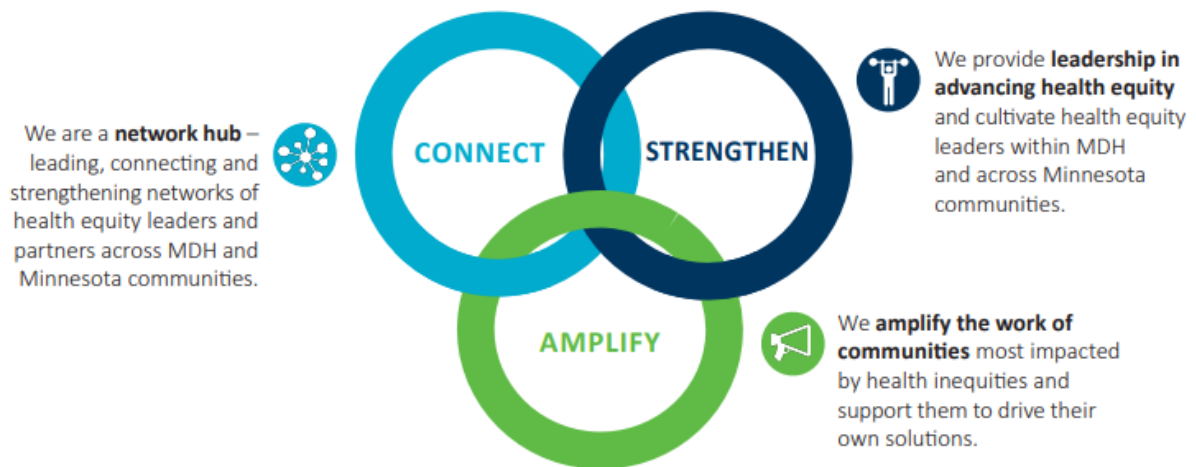


Center for Health Equity (CHE)

Since 2001, the Center for Health Equity’s (CHE) approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. By investing in community-based organizations and Tribes to develop health improvement strategies built on cultural knowledge and wisdom and community strengths, community members are more likely to be reached, engaged and impacted.

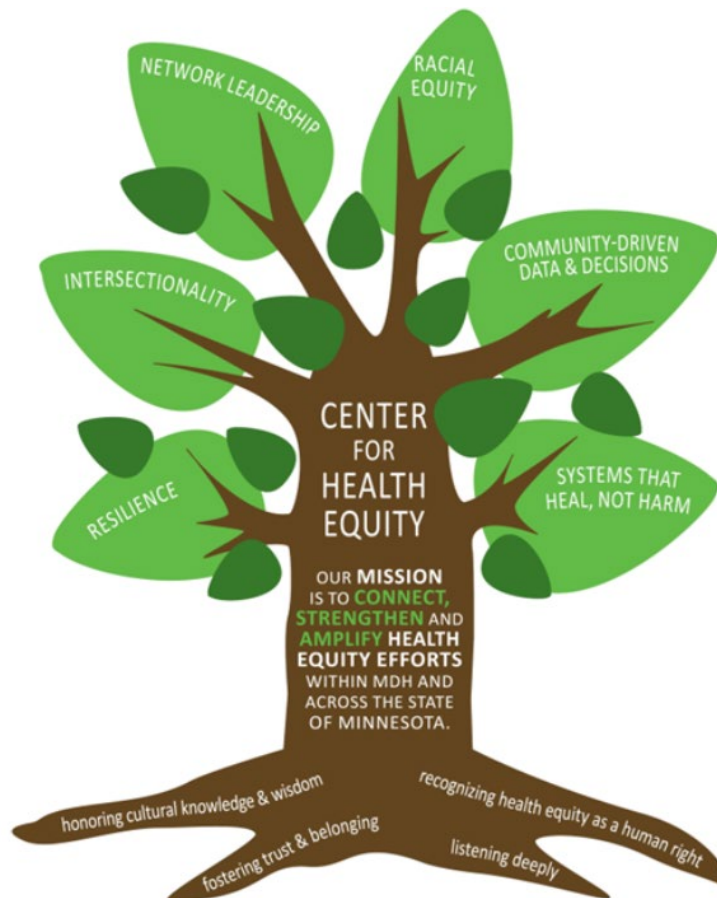
In December 2013, the Commissioner of Health established the MDH Center for Health Equity (CHE) with the intent of bringing an overt and explicit focus to the efforts of MDH to advance health equity in Minnesota. The mission of CHE is to connect, strengthen and amplify health equity efforts within MDH and across the state of Minnesota.

what we do



CHE is grounded in a set of core values and approaches (see [Center for Health Equity \(https://www.health.state.mn.us/communities/equity/about/handout.pdf\)](https://www.health.state.mn.us/communities/equity/about/handout.pdf)) that shape our work, including the work of the CSG program. Our **values** include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Through CSG grants, we seek to support and amplify indigenous and cultural ways of healing, and we strive to build a community of grantees that recognizes and honors everyone’s story, fosters trust between government and community, and allows grantees to define what health looks like for their communities.

Our work is guided by a set of **approaches**, including: racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm.



The development of the CSG program was guided by these values and approaches, by written feedback and recommendations from members of the CHE [Community Solutions Advisory Council](https://www.health.state.mn.us/communities/equity/projects/communitysolutions/advisory.html) (<https://www.health.state.mn.us/communities/equity/projects/communitysolutions/advisory.html>) and by community and stakeholder input collected by Minnesota Council of Nonprofits, MMB, MDH and CHE in recent years.

Several other programming at CHE is grounded in several *principles*, including:

- Community issues require community solutions.
- Effective initiatives are co-created with and supported by the community served.
- Effective strategies are grounded in cultural knowledge and wisdom.
- Sustainable projects complement related community services and activities.
- Organizations that reflect the populations served are more likely to understand community experiences, connect with community and effectively support community solutions.

Lessons Learned

The years of investments at the Center for Health Equity at MDH have yielded not only advances on the mandated goals, but also valuable information and lessons, including the need to:

- Use strategies that are grounded in wisdom, practice and research, and that respect and reflect Minnesota's diverse cultures.

CAPACITY STRENGTHENING INITIATIVE | 2023 REQUEST FOR PROPOSALS

- Develop and improve behavior-based health improvement interventions that respect and reflect Minnesota’s populations of color, American Indian populations, LGBTQIA+, and people living with disabilities.
- Identify policy, systems and environmental changes that are needed to eliminate health disparities between whites and people of color, American Indian populations, LGBTQIA+, and people living with disabilities.
- Provide support for partnerships that combine the skills, resources, and leadership necessary to take action to remove barriers to progress.
- Provide support for infrastructure and workforce that combine the skills, resources, and leadership necessary to take action to remove barriers to progress.
- Provide grantees with technical assistance to identify, measure, and report on appropriate to build an understanding of health disparities and evaluate solutions at programmatic levels.
- Pair strategies that focus on individual behavior change with strategies that address the social and economic factors that underlie and drive health disparities.

See also: [Cultivating a Health Equity Ecosystem: Lessons Learned from the Eliminating Health Disparities Initiative](https://www.health.state.mn.us/communities/equity/CSG/reports/impactreport.html)
(<https://www.health.state.mn.us/communities/equity/CSG/reports/impactreport.html>).

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Capacity Strengthening Grant initiative (CSG)
- **Minnesota Department of Health (MDH) Website:**
[Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html)
(<https://www.health.state.mn.us/communities/equity/projects/capacity.html>)
- **Application Deadline:** Monday, November 20, 2023 (11:59 p.m. CT)

1.2 Program Description

The Minnesota Legislature created the Capacity Strengthening grant program, as part of the Advancing Health Equity through Capacity Building and Resource Allocation Program in 2023 ([Minn. Stat. §144.9821](https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/) (<https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/>)). **This law states that the goal of the capacity strengthening grant is to award infrastructure capacity building grants to help metro and rural community and faith-based organizations serving people of color, American Indians, LGBTQIA+ communities, and people living with disabilities in Minnesota who have been disproportionately impacted by health and other inequities to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.**

By investing in community and faith-based organizations and tribes to develop strategies built on wisdom and community strengths, community members are more likely to be reached, engaged, and impacted.

The CSG program focuses on three key objectives:

- Organizational Partnerships to Improve Health Outcomes.
- Infrastructure Improvement to be better equipped for success.
- Workforce Development to create a positive impact.

Applicants will be asked to demonstrate how their proposed project and their organization embody these principles in their application.

1.3 Funding and Project Dates

Funding

Approximately **\$1.832 million** in state general funds is available for grants. MDH anticipates awarding funding in all three areas of capacity strengthening, but funding will not necessarily be equally distributed among the three areas; funding will depend on application scores and the need to balance funding to serve the breadth of populations, project objective and geographic areas in Minnesota. Funding is contingent upon availability. Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Funding

Funding	Estimate
Estimated Amount to Grant	\$1.832 million ⁴
Estimated Number of Awards	Up to 20 ⁵
Estimated Award Ceiling (Max.)	\$100,000.00
Estimated Award Floor (Min.)	\$50,000.00

Match Requirement

There is no match requirement.

Project Dates

The anticipated grant **start date is April 1, 2024**, or when the agreement is fully executed by all parties, whichever is later. The projected **end date is June 30, 2025**. The grant period will be fourteen to fifteen months, contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

Eligible applicants may include, but are not limited to:

- Community-based organizations
- Nonprofit organizations
- Faith-based organizations
- Tribal governments
- Social service organizations

Organizations can apply on their own or as part of a multi-organization collaboration.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status. Organizations or entities with a history of serving focus communities that do not have state or federal recognition may apply with a fiscal agent.⁶

Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.

Collaboration

MDH recognizes that achieving health equity will happen only as we work together. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions

⁴ MDH reserves the right adjust the floor and ceiling funding amounts depending on the funding request and project types.

⁵ MDH reserves the right to award the grant to more than 20 applicants if it deems those applicants are strongest in certain qualifications or have proposed the strongest approach related to a specific deliverable.

⁶ A **fiscal agent** is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different organization than the operating organization (which performs the work). In a multi-organization collaboration, however, one organization must be designated as the fiscal agent.

and to consider equity in deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the table above) than single-organization applicants.

MDH recognizes the sovereignty of Tribal nations. We will only fund non-Tribal-led projects in Tribal communities if the applicant has full support of the Tribal government. If a non-Tribal applicant proposes to work with a Tribal government or Tribal community, the applicant must be prepared to provide written verification that the Tribal government approves of the project before a grant agreement can be made final. Written verification will be requested at the time an award is offered.

Multiple Applications

An applicant may not submit more than one application.

1.5 Questions and Answers

All questions regarding this RFP must be submitted via the [Capacity Strengthening Initiative webpage \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html). See the heading “Questions,” or ask questions via email at health.capacity@state.mn.us. If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

MDH staff will post all questions and answers on the webpage: [Capacity Strengthening Initiative \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html).

Please submit questions no later than Friday, November 10, 2023 (until 4:30 p.m. CT). To ensure all applicants have access to the same information, questions submitted after this date will not be answered nor posted to the website. The final questions and answers will be posted to the website by **Wednesday, November 15, 2023.**

To ensure the proper and fair evaluation of all applications, communications regarding this RFP, including verbal, telephone, written or internet, initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

MDH will provide RFP information and guidance through one virtual information session. MDH staff will not be able to help with the actual writing of applications or critiques of drafts but can answer general questions about the process and requirements at the RFP Information meeting or in the Q&A section of the CSG website.

Though not required, prospective applicants are encouraged to participate in the information session or watch a recorded video of the webinar. Questions and answers from the virtual information sessions will be posted on the [Capacity Strengthening Initiative website \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html) for those who are unable to attend or for review.

The information session will be recorded and posted on the [Capacity Strengthening Initiative website \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html). **For up-to-date information visit the [Capacity Strengthening Initiative website \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html).**

RFP Part 2: Program Details and Requirements

2.1 Priorities

Health Equity Priorities

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity on the [Center for Health Equity \(CHE\) website](https://www.health.state.mn.us/communities/equity/index.html) (<https://www.health.state.mn.us/communities/equity/index.html>).

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The CSG grant program embodies the mission of CHE by **connecting, strengthening, and amplifying health equity efforts** in communities of color, American Indians, LGBTQIA+, and people living with disabilities across the state of Minnesota. CSG allows organizations to **amplify** their work in communities most impacted by health inequities and supports organizations in creating meaningful partnerships focused on social determinants of health. Through targeted investments in their staff which prioritizes continuing education and building connections to external resources to develop skills, organizations are **connected** to a network of leaders doing similar work in communities and to resources, skills and knowledge within the Minnesota Department of Health and our partners across the state. Organizations are also **strengthened** through this opportunity to enhance and improve their infrastructure to carry out their mission across communities more efficiently.

This grant will fund organizations that serve:

- African American communities
- African Immigrant communities
- American Indian communities
- Asian Pacific Islander communities
- Hispanic/Latino/Latina/Latine communities
- LGBTQIA+ communities
- People living with disabilities
- Faith-based communities

Grant Outcomes

MDH aims to strengthen organizational capacity so CBOs are better equipped to apply for and receive funding to achieve their goals and serve their communities, which will ultimately reduce health disparities and improve health outcomes.

Applicants are eligible to utilize funding for staffing and infrastructure enhancement, tools, support/TA, specialized knowledge and expertise, and network connections to strengthen their capacity through partnership, infrastructure, workforce, and collaboration. The following outcomes are expected as part of this programming:

- **AMPLIFY:** Applicants create partnerships with other organizations focused on the social determinants of health to increase visibility.
- **CONNECT:** Applicants meet their staffing needs through consultants or staff to assist with infrastructure development activities. CBOs have access to co-learning opportunities, organizational partnerships and the opportunity to be connected to a network of organizations working to address social determinants of health.
- **STRENGTHEN:** Applicants develop and strengthen the specialized skills and knowledge, operational systems (including payroll, database, financial, minor technological, reporting, and administrative systems), and organizational mission, values, and DEI-driven succession plan needed to achieve their goals.

Other Competitive Priorities

For this Request for Proposal, the State will consider an applicant a priority organization or entity if they meet two or more of the following:

- Applicants serving people of color, American Indians, LGBTQIA+ communities, and people with disabilities in Minnesota metro and rural communities.
- Applicants that are within counties that have a higher proportion of Black or African American, nonwhite Latino(a), LGBTQIA+, and disability communities to the extent possible.
- Applicants with current annual budgets less than \$500,000.00.

2.2 Eligible Projects

Expectations

The primary goal of the CSG funding is to improve or strengthen capacity to serve communities impacted by health disparities. This can be achieved through the three overarching objectives listed below. The examples listed are not meant to be an exhaustive list, so you are encouraged to be creative in submitting ideas that meet your specific need.

- **Organizational Partnerships to Improve Health Outcomes.**
 - Boost the operational capacity of the organization, allowing for increased partnerships and programming improvements.
 - Develop sustaining partnerships to expand partnerships with established nonprofits working towards common goal of reducing health disparities.
- **Infrastructure Improvement to be better equipped for success.**
 - Expand administrative capacity and develop a leadership transition plan.
 - Establish efficient fundraising practices.
 - Create formal infrastructure in payroll.
 - Increase staff capacity in multimedia design.
 - Restructure practices and services to increase the ability to access and sustain new funding for expanding programs.
 - Upgrade/enhance existing website, upgrade office technology infrastructure.
 - Support program activities to improve data collection and reporting processes.

- Workforce Development to create a positive impact.
 - Provide professional/management coaching, training, and support for team members.
 - Increasing staff expertise that is grounded within culture to implement programming more effectively.
 - Hire part-time staff or consultants to assist with data management and communication.
 - Hire Community Outreach personnel who will further develop programming and build community partnerships/relationships.

Eligible Populations

As specified in the state statute ([Minn. Stat. §144.9821](https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/) (<https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/>)) **this grant will serve populations of color⁷, American Indians, LGBTQIA+, and people living with disabilities.** CSG initiative funds and supports organizations and programs working in communities of color, American Indian, people living with disabilities, and LGBTQIA+ populations to develop and implement strategies targeted to their communities.

While CSG funds are focused on capacity strengthening activities, MDH recognizes the ways in which unjust systems (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism) intersect to create interconnected layers of disadvantage and inequity. Because these systems are overlapping and interdependent, we will not unravel them in isolation. Rather, our approaches to equity should be both intersectional and multipronged. This concept of **intersectionality** is one of our [CHE core values](https://www.health.state.mn.us/communities/equity/about/handoutprograms.pdf) (<https://www.health.state.mn.us/communities/equity/about/handoutprograms.pdf>). Therefore, applications focused on the intersections of race/ethnicity and other identities/communities experiencing inequities are encouraged (e.g., projects may focus on serving LGBTQIA+ people of color, American Indians with disability, etc.).

Eligible Expenses

Funds may be used for program and personnel costs at the discretion of the applicant in order to pursue one or more of the project components.

Allowable uses of grant funds may include, but are not limited to:

- **Project planning**, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs, engaging stakeholders in developing creative, sustainable solutions).
- **Project implementation**, including program operations, staff salaries and benefits, etc.
- **Building networks and collaborations**, including supporting the organization's leaders to engage with other partners in collective efforts to inform policy, system and environmental conditions that increase health opportunities for priority populations (e.g., participating in advisory groups or building cross-sector partnerships to advance health equity).
- **Developing and training community leaders**, including staff development related to the project, in order to build a community's capacity to act to address health inequities.

⁷ Populations of color include, but are not limited to, African, African American, Hispanic/Latino/Latina/Latine, Asian and Pacific Islander.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Direct service programs
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbying, lobbyists, political contributions (refer to “Lobbying vs. Advocacy” section, below)
- Bad debts, late payment feeds, finance charges or contingency funds
- Ongoing medical care or treatment of disease(s) or disability
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family need
- Any individual piece of equipment that costs more than \$5,000
- Any cost not directly related to the grant
- Purchase of vehicle(s) for program use
- Cash payments to participants (incentives must be non-cash)

Lobbying vs. Advocacy

Projects focusing on partnership building may potentially involve advocating for change in local, regional, Tribal or state policy. Because grantees will be receiving state and/or federal funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to support them in navigating the line between advocacy and lobbying.

Grant funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, **grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy.** Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders and the general community. Lobbying restrictions do not apply to informal or private policies.⁸

Grantees may make educational materials related to their projects available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or Tribal government related to their projects, in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute

⁸ **Informal or private policies**, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies in support of their identified PHA(s).

10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

[MDH Draft Grant Agreement \(https://www.health.state.mn.us/about/grants/grantagreement.pdf\)](https://www.health.state.mn.us/about/grants/grantagreement.pdf).

This is sample language only. If awarded a grant, actual language may differ.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

The reporting schedule will include completion of a 6-month and 12-month evaluation template every year, based on the State Fiscal Year (SFY) of July 1 – June 30.

Grant Monitoring

Throughout the grant period, MDH will monitor the evaluator's (grantee's) progress and performance.

Visits may occur virtually or in-person. [Minn. Stat. § 16B.97](#)

[\(https://www.revisor.mn.gov/statutes/cite/16B.97\)](https://www.revisor.mn.gov/statutes/cite/16B.97) and [Policy on Grant Monitoring](#)

[\(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

In addition to the requirements listed above, the monitoring schedule will also include a monthly check-in with MDH staff.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-](#)

[08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf) reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving

payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be: On a monthly basis. Invoices must be submitted in a timely fashion and are due by the last day of the following month when the expenditures are incurred. For example, if an expense is incurred in October 2023, an invoice must be submitted for this expense by November 30, 2023. If you would like to request an alternative payment schedule (e.g., bimonthly or quarterly) please send a written request to your grant manager.

The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

2.4 Grant Tasks and Deliverables

Key Tasks and Deliverables

With support and technical assistance from MDH, grantees will be required to:

- Work with MDH to revise and finalize the work plan and budget before the grant start date.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.
- Participate in the semiannual progress reports call and submit a one-time evaluation report on grant activities and outcomes.
- Participate in occasional grantee trainings and technical assistance activities.
- Provide updates and/or grant summary information upon request to be included in other MDH reports.
- Share project progress upon request with community stakeholders on a regular basis.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. CHE staff, as well as equity specialists from across the agency, will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH may provide external resources focused on capacity strengthening to support grantees in identifying appropriate and feasible measures and outcomes for their projects and provide general evaluation technical assistance. Grantees are also encouraged to seek support and learn from other grantees throughout the grant period.

2.5 Grant Provisions

Contracting and Bidding Requirements

(a) Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345](https://www.revisor.mn.gov/statutes/cite/471.345) (<https://www.revisor.mn.gov/statutes/cite/471.345>). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](https://www.revisor.mn.gov/statutes/cite/177.41) (<https://www.revisor.mn.gov/statutes/cite/177.41>), et. seq.

(b) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - [Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List \(http://www.mmd.admin.state.mn.us/process/search\)](http://www.mmd.admin.state.mn.us/process/search);
 - [Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program \(https://mnucp.metc.state.mn.us/\)](https://mnucp.metc.state.mn.us/) or
 - [Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: [Office of State Procurement / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/\)](https://mn.gov/admin/osp/).

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Interest Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired; or

- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

- 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;
- 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;
- 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; or
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the

application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per [Minn. Stat. § 16B.98, subd. 8, \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98) the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified ([Minn. Stat. § 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship ([Minn. Rules, part 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)).

The grantee agrees to comply with the rules and relevant orders of the [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/) issued pursuant to the Minnesota Human Rights Act.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing the communities served by the CSG grants, as well as some MDH staff, agency partners and other state agency staff. The review committee will evaluate all eligible and complete applications received by the deadline. MDH will review all committee recommendations and is responsible for award decisions.

The award decisions of MDH are final and not subject to appeal. Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

MDH reserves the right to award the grant to more than one applicant if it deems those applicants are strongest in certain qualifications or have proposed the strongest approach related to a specific deliverable.

Selection Criteria and Weight

Review committee members will be divided into teams of approximately 3 to 6 reviewers. Each reviewer will review and score the applications assigned to their team individually using a provided score sheet (refer to Appendix B for a sample score sheet). Reviewers will score each application on a 100-point scale. This standardized scoring system will determine the extent to which each applicant meets the selection criteria for this grant.

The review teams will then participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting, team members will make recommendations to MDH based on the scoring criteria and discussion.

MDH will make final decisions on all applications and will balance the recommendations by the review teams with other factors including, but not limited to:

- Review team scores
- Population served
- Geographic distribution of services
- Total funding available

A 100-point scale will be used to assess proposals and make the final award recommendation. The criteria and respective points on which proposals will be judged are in the Application Form. See also Attachment A: Application Scoring Criteria at the end of this RFP document.

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them. State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations \(https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf\)](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

Notification

MDH anticipates notifying all applicants of funding decisions via email in mid-February 2024. All notices of award and non-award will be sent via email to the Project Contact person listed on the application form.

Awarded applicant(s) who are not current vendors in the State's SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee's work plan and/or budget before a grant agreement can be made final ("executed"). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be April 1, 2024, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2025, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications submitted via email **MUST** be received by MDH no later than 11:59 p.m. (CT), on Monday, November 20, 2023.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by computer or technology problems. The applicant will incur all costs incurred in applying to this RFP.

3.2 Application Submission Instructions

Applicants are **strongly encouraged to submit applications via email to health.capacity@state.mn.us with the subject line *CSG Capacity Building RFP Application – [insert applicant organization name]*.**

Applicants who are unable to submit via email may submit their application via postal mail. If submitting by mail, please submit a single printed copy bound with a paper clip (do not staple). Applications may *not* be hand-delivered to MDH. An application sent by postal mail must be postmarked by or on Monday, November 20, 2023, and received by MDH no later than Monday, November 27, 2023.

Applications submitted by postal **mail** must be sent to:

Christy Nguyen, Office and Administrative Specialist Principal
Center for Health Equity
Minnesota Department of Health
Orville L. Freeman Building
PO Box 64975
St. Paul, MN 55164-0975

Applicants may not hand-deliver applications to MDH.

REQUIRED: Applicants must complete and submit the following 4 documents in order for their application to be considered complete:

1. Application Form
 2. Applicant Conflict of Interest (COI) Disclosure Form
 3. Due Diligence Review Form
 4. Workplan
 5. Budget (Excel template)
- **OPTIONAL:** Additional attachment allowed for Question # 2 only. *(Not required, not scored)*

Forms 1, 2, 3, 4 and 5 listed above can be found online at the following webpage: [Capacity Strengthening Initiative website \(https://www.health.state.mn.us/communities/equity/projects/capacity.html\)](https://www.health.state.mn.us/communities/equity/projects/capacity.html)

Note that there is a not a form for additional attachments; this includes any optional forms an applicant may decide to include as part of their application.

It is the applicant’s responsibility to allow sufficient time to address all potential delays. Sole responsibility rests with the applicant to ensure that their application is received and time-stamped on or before the submission deadline (via email). MDH will not be responsible for a proposal that is delayed or lost in transit by the Postal Service or a private carrier. All submissions are final. Full and complete proposals not received by the deadline given above will NOT be considered.

When MDH receives your application, we will send an email within 48 hours to acknowledge the receipt of the application. The email will be sent to the person listed as the “Project Contact” on the first page of the Application Form. MDH will send the receipt of confirmation email from the following email address: health.capacity@state.mn.us

3.3 Application Instructions

Late or incomplete applications will be rejected and not evaluated.

Applications must include all five required application materials listed above. Except for Question # 2, do not provide any materials that are not requested in this RFP (e.g., memorandums of understanding [MOUs] or letters of support), as such materials will not be considered or evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

REQUIRED APPLICATION DOCUMENT #1: Application Form

This form can be found on the [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html) (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>)

LOGISTICS:

Applicants may use Adobe Acrobat Reader to complete the form (which can be downloaded for free from the [Adobe Acrobat \(https://get.adobe.com/reader/\)](https://get.adobe.com/reader/) website). Please complete all fields in the application. Character limits are enforced automatically and include spaces. To bold, italicize or underline in the application form, the following keyboard shortcuts can be used:

Key Commands for Adobe Acrobat

Style	Keyboard Shortcut (Mac)	Keyboard Shortcut (PC)
Bold	Command + B	Ctrl + B
Italics	Command + I	Ctrl + I
Underline	Command + U	Ctrl + U

REQUIRED APPLICATION DOCUMENT #2: Applicant Conflict of Interest (COI) Disclosure Form

This form can be found on the [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html) (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>) Applicants must complete the Applicant Conflict of Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

REQUIRED APPLICATION DOCUMENT #3: Due Diligence Review Form

The Due Diligence Review Form can be found on the [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html) (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>)

Please note that the Due Diligence Review Form score is not part of the 100 total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

REQUIRED APPLICATION DOCUMENT #4: Work Plan

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the **funding period**. **Applicants are strongly encouraged to use the Microsoft Word template provided on the RFP website** [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html) (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>). Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Morehead and Owatonna – provide free access to Microsoft Word. Applicants who are unable to use the Microsoft Word template provided on the website may submit their work plan in another format that does not exceed the page limit below.

The work plan may not exceed 10 pages. To ensure that all applicants’ work plans have a similar format and length for the review process, **we request that applicants use 11-point Calibri font in the work plan tables.**

Applicants may find it useful to identify their grant program objective and craft their objectives and activities in the work plan before completing the Project Narrative section of the application form.

Project Activity Output

The following tips might be helpful as you craft your activity output:

- Think about activity output as major steps a program will take to attain its goal within the three key objectives.
- Make your activity output “SMART”:
 - **Specific:** concrete and well-defined
 - **Measurable:** can determine what changed and how much it changed
 - **Achievable:** feasible to put into action
 - **Realistic:** considers constraints such as resources, personnel, cost and time frame
 - **Time-Bound:** time frame for the objective; short-term to intermediate-term objectives must be achievable within the duration of the grant
- Make your activities begin with action verbs (e.g., Increase, Decrease, Develop, Create).
- Your activities are where programmatic and evaluation outcome will likely come from.

Project Activities – Work Plan

The work plan must include all planning and implementation activities you plan to undertake **during the grant** as they relate to:

- Organizational Partnerships to Improve Health Outcomes
- Infrastructure Improvement to be better equipped for success
- Workforce Development to create a positive impact

For each activity, indicate the lead person and any supporting staff from your organization; the external partners involved; the anticipated timeline (start and end dates); and the output from the activity. Note that your outputs should be specific, measurable and realistic (e.g., one fundraiser hired). **Applicants may add and/or delete headings, tables and rows as needed.**

For application review and selection purposes, applicants do not need to list every activity in detail. If MDH requests additional information, applicants who are awarded a grant may be asked to provide additional details during negotiations before a grant agreement is signed.

REQUIRED APPLICATION DOCUMENT #5: Budget

This form can be found on the [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html) (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>). Applicants must submit a budget narrative and budget summary that provides an overview of how funds will be used during **the grant period (April 2024 – June 2025)**. **Applicants are strongly encouraged to use the Microsoft Excel template provided on the [Capacity Strengthening Initiative website](https://www.health.state.mn.us/communities/equity/projects/capacity.html)** (<https://www.health.state.mn.us/communities/equity/projects/capacity.html>). Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Moorhead and Owatonna – provide free access to Microsoft Excel. Applicants who are unable to use the Microsoft Excel template provided on the website may submit their budget in another format that provides the same information below.

The four tabs (sheets) within the budget template (Excel format) include:

1. Instructions: Includes information about Indirect Costs, and also a sample budget.
2. Indirect Guidance
3. Budget - *applicants must complete this sheet*
4. Summary (auto-fills once the “Budget” tab has been completed by the applicant)

Budget Narratives

The budget narratives (or explanations) within the budget document should provide a brief but sufficient explanation of how funds will be used. The budget must be consistent with the stated objectives, planned activities and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs and other similar numeric detail sufficient for the calculation to be duplicated.

Applicants should organize their expenditures into the following categories:

I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known
- b. Salary charged to grant
- c. Fringe benefit rate

The staff included in this section of the budget narrative should be the same as the staff included in the application or work plan.

II. Contractual Services

For any proposed subcontractors, applicants must list the following:

- a. Name of contractor, if known, or selection process to be used;
- b. Scope of work the contractor will provide;
- c. Length of time the services will be provided; and
- d. Total amount you expect to pay the contractor

Grant funds may be used for small contracts – such as facilitators, speakers or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

III. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals (if applicable).

Below is an overview of the [Commissioner’s Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) which outlines limits for allowable travel expenses. Use the following reimbursement rates to estimate travel expenses.

Tribal Grantees Tribal grantees will be reimbursed for meal expenses as outlined in their Tribal Policy and not to exceed the [Federal GSA Per Diem Rates \(https://www.gsa.gov/travel/plan-book/per-diem-rates\)](https://www.gsa.gov/travel/plan-book/per-diem-rates). Rates vary by city and state.

Non-Tribal Grantees Non-Tribal grantees may be reimbursed for meals including tax and a reasonable gratuity according to the [Commissioner’s Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp), created by the Commissioner of Minnesota Management and Budget, or the actual expense, whichever is less. Alcohol purchases will not be reimbursed. Maximum reimbursement for meals including tax and gratuity is:

Travel Reimbursement Rate

Meal	Limit
Breakfast	\$10
Lunch	\$13
Dinner	\$19

IV. Supplies

These costs may include office supplies, postage or mailing, duplication or copies, phone service and equipment and computer or internet expenses.

V. Other

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the work plan.

VI. Indirect Costs

MDH policy caps indirect costs at either a grantee’s federally negotiated rate or at 10 percent (per [2 CFR Part § 200.332 \(https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332\)](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332), as applied to a grant’s *total direct costs*. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in your organization's indirect cost pool. **For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to Tab 2 of the budget template.**

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant. Grantees must maintain records that verify all grant expenses, including those categorized as indirect costs.

Additional Attachments (optional)

For example, staff resumes, board information, organizational chart, et cetera.

Application question #2 permit optional attachments. If attachments are included in response to other application questions, they will not be read. For example, you may not answer an application question by telling the reviewer to "refer to the attachment." The purpose of character limits and attachment limits is to make the application process more transparent, fair and equitable for all applicants.

RFP Part 4: Attachments

- Attachment A: Application Scoring Criteria
- Attachment B: Grant Agreement Sample

Attachment A: Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. There are 100 total possible points.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Rating Levels

Rating or Score	Description
Excellent or 15 (Section I), 10 (Section II)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good or 12 (Section I), 8 (Section II)	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good or 9 (Section I), 6 (Section II)	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal or 6 (Section I), 4 (Section II)	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 3 (Section I), 2 (Section II)	Fails to meet minimum requirements; needs major revision to make it acceptable.
Left blank or 0 (Both Sections)	Did not answer the question or offered no response at all.

Scoring Sections

I. GENERAL INFORMATION (NO POINTS ASSIGNED)

Criteria	Information provided?
Applicant provided a brief project summary and project contact details. <i>(Yes or No)</i> <i>Not scored</i>	Yes or No

II. ORGANIZATIONAL HISTORY, VALUES AND CAPACITY (60 POINTS)

Criteria	Score (0-15)
1. Overview of the lead organization, including history, mission, major programming is aligned and/or compliment CHE's mission, values and approaches to eliminate health disparities and/or advance racial equity.	
2. Demonstrates strong leadership, capacity, experience and/or training that would set the organization up for success in effectively addressing health inequities and promoting health equity in the focus community. <i>(Optional attachment will not be scored)</i>	
3. Organization's ongoing state-funded projects are provided or successful state grants received by the organizations are listed. <i>(auto-divided points by 2 in the Score column).</i>	
4. Clearly demonstrates interest in state funding opportunities and provides an explanation of challenges/lessons learned that could benefit from this grant. <i>(auto-multiplied points by 1.5 in the Score column).</i>	
Total score points for this section:	60

APPLICATION SCORING CRITERIA (CONT.)

III. PROJECT NARRATIVE (40 POINTS)

Criteria	Score (0-10)
5. Extent of health disparities and current initiatives or planned initiatives are clearly identified.	
6. Challenges faced by organization in addressing such health disparities and how this funding may alleviate such challenges is clearly demonstrated.	
7. Opportunities for partnerships or innovation to create systems that are more inclusive and beneficial to the community are clearly explained.	
8. The organization’s long-term vision in eliminating health disparities and/or advancing racial equity is clearly defined and measurable. How the outcome will be evaluated is also clearly outlined or defined.	
Total score points for this section:	40

Attachment B: Grant Agreement Sample

[MDH Draft Grant Agreement \(https://www.health.state.mn.us/about/grants/grantagreement.pdf\)](https://www.health.state.mn.us/about/grants/grantagreement.pdf)

This is sample language only. If awarded a grant, your actual language may vary.