

Attachment E: Grant Application Questions

REQUEST FOR PROPOSALS: QUIT PARTNER™ AMBASSADORS

All applications for Request for Proposals: Quit Partner™ Ambassadors must be submitted using the Online Grant Application form on the RFP webpage at [Request for Proposals Quit Partner™ Ambassadors](https://www.health.state.mn.us/communities/tobacco/initiatives/ambassadorsrfp.html) (<https://www.health.state.mn.us/communities/tobacco/initiatives/ambassadorsrfp.html>).

Below are the fields from the Online Grant Application. Use this document as a guide as you compile information for your application. Remember to complete all required fields in the Online Grant Application. Required fields are noted with *. Character limits include spaces.

Please read the entire request for proposals (RFP) before completing your application. Applications submitted by any means other than the Online Grant Application will not be accepted.

If you experience problems with the application or need the application in a different format, email cessation@state.mn.us.

General Information

Lead Organization Information

Organization name*

UEI number

SWIFT Vendor ID

Federal Employer ID (EIN)*

Minnesota Tax ID*

Address*

Executive Director or Chief
Executive Officer name*

Lead Organization Contact Information

Name*

Title*

Phone*

Email*

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Are you applying with a fiscal agent?*

☐ Yes

☐ No

Fiscal Agent Organization Information

Organization name

UEI number

Federal Employer ID (EIN)

Minnesota Tax ID

Address

Executive Director or Chief
Executive Officer name

Fiscal Agent Contact Information

Name

Title

Phone

Email

Does the applicant represent a Tribal government?*

☐ Yes

☐ No

The lead organization must acknowledge and commit to the following:

☐ Grantees must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).

☐ Grantees must not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

Organizational capacity

20 points (5,000 character limit per question)

If applying with a collaborative organization(s), please include information on all organizations in response to each organizational capacity question below.

1. Describe the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values.
2. Describe key project staff experience and expertise with addressing commercial tobacco use. If none, provide a description of experience engaging in health education activities, implementing culturally tailored interventions, or other relevant work that demonstrates capacity to implement the proposed project. If staff will be hired for the proposed project, describe the experience and skills needed for the work.
3. Describe the organization's experience with health promotion, communications, and engagement activities within the community(ies) you propose to serve. Provide examples of past or existing partnerships with community leaders or organizing community-led efforts.
4. Describe the organization's and project staff's capacity and how leadership will support the project and ensure accountability to carry out the work plan activities and maintain overall support and coordination of the work. If the proposal includes working with Tribal members and the applicant is not a Tribal government, describe the support you received from the Tribal government.

Community need

15 points (5,000 character limit)

5. **Describe the need for this work.** Include which community(ies) you are proposing to serve and how commercial tobacco use or exposure is a problem in the community(ies). Descriptions of the problem should include quantitative data, qualitative data, or a description from the community perspective identifying whether the community:
 - Has high prevalence of commercial tobacco use;
 - Is disproportionately impacted by the harms of commercial tobacco;
 - Is less likely to use existing treatment services;
 - Has fewer culturally appropriate commercial tobacco treatment resources available; and/or
 - Is targeted by the tobacco industry. (weighted question)

Project description

20 points (5,000 character limit per question)

6. Describe how your organization plans to promote Quit Partner and increase knowledge of Quit Partner in the community(ies) you propose to work with. Please include geographic reach for the approaches you are proposing. (weighted question)

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7. Describe why these approaches were chosen and how they are relevant to the community. (weighted question)

Community engagement

15 points (5,000 character limit)

8. Describe how community partners will be involved in the development and implementation of the project moving forward. (weighted question)

Attachments to upload

Complete and upload the following attachments.

Attachment A: [Work Plan Template](#)

(<https://www.health.state.mn.us/communities/tobacco/initiatives/docs/attachmenta.docx>)* 20 points

- Outline the proposed work for the first twelve months.
- Include clear objectives, SMARTIE goals, timeline, and activities that support Quit Partner promotion and align with the goals of the RFP.
- Ensure activities, milestones, and identified partners are aligned and will advance the goals and objectives over the first year of the grant, and align with the goals of the RFP.

• **Attachment B:** [Budget Template](#)

(<https://www.health.state.mn.us/communities/tobacco/initiatives/docs/attachmentb.xlsx>)* 10

- Outline the proposed budget for the first twelve months.
- Ensure the requested level of funding (including cost breakdown) is justifiable for the proposed activities and aligns with the goals of the RFP.

Attachment C: [Due Diligence Review Form](#)

(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)*

- Please email the required attachments listed on the Due Diligence Review Form to cessation@state.mn.us.

• **Attachment D:** [Conflict of Interest Disclosure](#)

(<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>)*

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To obtain this information in a different format, call: 651-201-3535.