Minnesota Department of Health

# Attachment A: Creating Community Clinical Linkages to Heart Health Application

## Instructions

Review the Creating Community Clinical Linkages to Heart Health Request for Proposals (RFP) before completing the application to ensure that the application meets all terms and conditions.

**Please complete all fields in this application (scored and unscored).**

Please submit your complete application by **Wednesday, June 12, 2024, at 11:59 p.m**. Central Time via email to [health.heart@state.mn.us](mailto:health.heart@state.mn.us) with the subject line: *Creating Community Clinical Linkages to Heart Health Application – [insert applicant organization name].* Refer to the RFP for additional instructions on how to submit via email.

If you experience problems with the application or need the application in a different format, please call 651-201-5000

**Remember, you must submit all documents 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)
6. Optional-Letter(s) of support from collaborator

## 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:

**Project Information**

**Community(s) served (check all that apply):**

* Black or African American communities
* American Indian or Alaska Native communities
* Asian/Pacific Islander/Hmong communities
* Other people

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 3 months):**

* No
* Yes
* Length of planning period:

**The proposed project includes working with a community health worker or patient navigator.**

* No
* Yes

**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

### 

**Annual Funding Request**

|  |  |
| --- | --- |
| **Funding Type** | **Annual (1 year) Funding Request** |
| First fiscal year (this should match your budget through June 30, 2025) | $enter amount here |
| Total funding over three-year grant period (budget amount listed above x3) | $enter amount here |

### 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.

## 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: Summary Information (Unscored)

**Section B is *not* scored, but still required.**

1. Brief Project Goal Summary: What are 3-5 goals of your project?
2. Describe the racial/ethnic population served by the project (e.g. Hmong persons, etc.) and other relevant demographics of population served (e.g., rural communities, people with a disability, LGBTQIA+, etc.)

## Section C: (Scored)(100 points)

### Organizational History, Values and Capacity (20 points)

**Section C is scored and required. Responses in this section should align with and expand upon your work plan.**

1. Provide a brief overview of the lead organization, including history, mission, services, and major programming. (Up to 5 points)
2. How has heart disease impacted the population you serve? (Up to 5 points)
3. Describe how your organization has advanced equity for people from the communities and people you serve? (Up to 5 points)
4. Who (staff, subcontractors, etc.) will do the work? What qualifications do they have? If you are working with other organizations or coalitions, describe who they are and what role they play in the project. (Up to 5 points.)

### Project Narrative (30 points)

1. Provide a brief overview of the work you plan to do. This may include partners engaged, key activities or strategies highlighted from your workplan, and anticipated outcomes. (Up to 5 points)
2. Select **one or more** categories that your project will focus on *(see RFP-Section 2.2 Eligible Projects for examples of eligible focus areas for referral activities)*

* Category 1: Social services and support that address at least one area of social determinants of health
* Category 2: Culturally relevant supports for heart health
* Category 3: Lifestyle change program for heart health

1. For the category(s) you selected above, describe how your organization will create or enhance existing community clinical linkagesto increase referrals to support adults with hypertension, high cholesterol, or other risk of cardiovascular disease. (Up to 5 points)
2. Describe how your organization will sustain the linkage between clinic and community. (Up to 5 points)
3. How will you know that your project was successful? (Up to 5 points)
4. How will you ensure participation in activities proposed from the focus population this RFP intends to serve? (Up to 5 points)

If you plan to work with a community health worker or patient navigator, please answer the question below. If not, skip to question 12.

1. Describe how your organization plans to work with a community health worker or patient navigator to connect community resources and clinic services. (optional) (Up to 5 points)

### Community Engagement and Collaboration (20 points)

1. Describe who and how you will collaborate with other organizations or partners to make a bidirectional referral and implement your project. Letter of support from collaborator is encouraged but not required. (Up to 10 points)
2. How do you involve the population you serve in decision making? If you do not, how do you engage community members to ensure your activities are effective and inclusive? (Up to 5 points)
3. Describe how your project proposal will align with at least one of the outcomes in [Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035](https://www.health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf). (Up to 5 points)

### Evaluation and Impact (10 points)

1. Describe how many participants/patients (in numbers) are expected to benefit from the project. (Up to 5 points)
2. How do you plan on evaluating your project to assess if your project is meeting the goals and outcomes of your workplan? (Up to 5 points)

## Scoring criteria related to additional attachments:

### Attachment C: Workplan (Scored) (10 points)

Please complete the workplan provided.

### Attachment D: Budget (Scored) (10 points)

Please complete the budget provided.

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www.health.state.mn.us

4/24/2024

To obtain this information in a different format, contact: [health.heart@state.mn.us](mailto:health.heart@state.mn.us)