



Stroke Team-Based Care

GRANT REQUEST FOR PROPOSAL (RFP)

- **Last day to submit RFP questions:** Monday, October 6, 2025
- **Applications due:** Wednesday, October 15, 2025
- **Estimated date applicants to receive award and denial notice:** November 2025
- **Grant Start Date:** Friday, January 2, 2026

Minnesota Department of Health

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Stroke Team-Based Care RFP
- **Minnesota Department of Health (MDH) Program Website:** [Stroke Program Funding Opportunities \(health.state.mn.us/diseases/cardiovascular/stroke/funding/index.html\)](https://health.state.mn.us/diseases/cardiovascular/stroke/funding/index.html)
- **Application Deadline:** Wednesday, October 15, 2025
- **Funding period:** January 2, 2026 – January 2, 2027

1.2 Program Description

The Minnesota Department of Health (MDH) Stroke Program is requesting proposals from qualified organizations for innovative solutions to enhance the use of team-based care to improve communication, coordination, and collaboration in the care of stroke survivors and individuals at risk for stroke. We are seeking partners with experience in stroke prevention, management, and treatment who can reach communities impacted by stroke.

These communities include (See Appendix A for full descriptions):

- Working-age Stroke Patients and Those at Risk for Stroke
- Stroke Survivors with Unmet Rehabilitation, Health, and Support Needs
- Cities, Towns, and Tribal Nations with High Stroke Burden
- Rural Counties with High Stroke Prevalence and Hypertension Rates

Project proposals will demonstrate how organizations can engage health care professionals, pharmacists (community and clinical pharmacists, pharmacy schools, and professional pharmacy organizations), the community-based workforce (such as community health workers, social workers, and patient navigators), and individuals who have experienced a stroke or are at risk of stroke in both health care and community settings to increase or enhance the use of team-based care to improve communication, coordination, and collaboration in the care of individuals at risk for stroke and stroke survivors.

In addition, the RFP may fund sites to implement stroke awareness messaging and education across parts of the continuum of care. This means the full range of activities that affect and address stroke: prevention, education, pre-hospital care, acute stroke care, rehabilitation, post-acute care, long-term care, and reintegration into the community.

Applicants will align project proposals to at least one of the strategies in [Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035 Plan \(MN 2035 Plan\)](#).

This RFP is supported through funding from the [Centers for Disease Control and Prevention's \(CDC\) Paul Coverdell National Acute Stroke Program \(PCNASP\) \(cdc.gov/coverdell/php/about/index.html\)](#). The Paul Coverdell National Acute Stroke Program (Coverdell Program) funds state health departments to improve outcomes for people with and at risk for stroke.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. Once the grant agreement is signed by the awarded applicants and MDH, and the grant starts, awarded applicants can begin by spending money on eligible expenses.

All applications are scored based on criteria defined in the Scoring Criteria, found in the REDcap application form. Only applications that best meet the criteria will be considered for funding.

Please submit the work plan and budget for the grant year, up to \$15,000.

Funding	Estimate
Estimated Number of Awards	2
Estimated Annual Award Maximum	\$15,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is January 2, 2026, and the end date is January 2, 2027 (1 year), *with the possibility to extend 2 years based on funding availability*. MDH will award two grantees, with an estimated 15,000 per grantee.

- Last day to submit RFP questions: Monday, October 6, 2025
- Applications due: Wednesday, October 15, 2025
- Estimated date applicants to receive award and denial notice: November 2025
- Grant Start Date: Friday, January 2, 2026

1.4 Eligible Applicants

Eligible applicants may include, but are not limited to:

- Clinics or health care organizations
- Community-based organizations
- Community Health Boards
- Local Public Health
- Nonprofit organizations
- Faith-based organizations
- Tribal governments
- Social service organizations

All **awarded** applicants must provide a [SWIFT \(mn.gov/mmb/accounting/swift/\)](https://mn.gov/mmb/accounting/swift/) vendor ID number. Minnesota Management and Budget will assist in obtaining a SWIFT vendor ID number to any entity that is new to doing business with the state.

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Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Applicants are required to work across parts of the stroke continuum of care with a team-based care approach. If you will be partnering with an additional organization, a letter of support from each partner organization is required. The letter of support must be uploaded in REDcap. A single application should be submitted on behalf of all partners in the collaboration, with one organization identified as the lead. In addition to programmatic work, the lead organization will be the fiscal agent to receive and manage the grant funds.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.stroke@state.mn.us. All answers will be posted within three business days on the [Stroke Funding Opportunities page](#).

Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on Monday, October 6, 2025.

To ensure the proper and fair evaluation of all applications, other 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 to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

All prospective applicants are encouraged to view the webinar recording:

Stroke Team-Based Care RFP Recording (www.youtube.com/watch?v=LJMAi713dVk).

RFP Part 2: Program Details

2.1 Background Information

Stroke

Stroke is the fifth leading cause of death and one of the leading causes of disability in Minnesota. While most strokes are not fatal, stroke survivors are often left with disability and/or reduced functional status after their strokes. In 2023, 70% of stroke survivors in the Minnesota Stroke Registry (MSR) had some degree of disability or reduced functional status post-stroke, as measured by the Modified Rankin Scale. This proportion has increased from 64% since 2019. Stroke survivors often have unmet needs for medical, physical, and social supports. Meeting the needs of stroke survivors, as well preventing recurrent strokes, is an important component of addressing the burden of stroke in Minnesota.

Many Minnesotans are at risk for stroke. In 2021, 29.5% of Minnesotans reported having hypertension, a leading risk factor for stroke. Only 62% of Minnesotans with hypertension had their high blood pressure controlled in 2020, and only 78% of Minnesotans with hypertension were taking blood pressure medications in 2021. The proportion of Minnesotans with their high blood pressure adequately controlled has been declining since 2014.

Unfortunately, not everyone has the same opportunity to be healthy. Due to systemic barriers, many communities are hit harder by heart disease and stroke. These barriers are diverse, complex, and intertwined. They result in unequal opportunities and access to goods, services, and the resources that create good health. The conditions in which individuals grow, learn, work, and age, called social determinants of health, can influence whether individuals develop these diseases and influence how well we manage them. MDH recognizes that factors outside of an individual's control, such as intergenerational trauma, systemic racism, and other biases prevent some racial and ethnic communities from achieving optimal health.

References: [MDH Stroke Program](https://www.health.state.mn.us/diseases/cardiovascular/stroke)
(<https://www.health.state.mn.us/diseases/cardiovascular/stroke>)

Health Equity Priorities

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](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Priority Populations & Geographies

Applicants must serve at least **one priority population or geographic priority area** stated below. These populations are overlapping and intersecting and reaching individuals who belong to multiple target groups is a priority.

Detailed descriptions of the priority populations are in Appendix A.

Priority populations include:

- Working-age Stroke Patients and Those at Risk for Stroke
- Stroke Survivors with Unmet Rehabilitation, Health, and Support Needs

Geographic priorities include:

- Cities, Towns, and Tribal Nations with High Stroke Burden
- Rural Counties with High Stroke Prevalence and Hypertension Rates

Applicants will be required to share how the proposed activities will reach and engage the specific populations served.

2.2 Eligible Projects

Projects may focus on improving team-based care collaboration and communication across any aspect of the stroke continuum of care.

What is Team-Based Care? Team-based care uses a multidisciplinary team to improve the quality of care in both health care and community settings to improve communication, coordination, and collaboration among the care team.

What is the Stroke Continuum of Care? Partnering and collaborating across the care continuum, including partnerships with EMS, clinics, hospitals, rehabilitation programs, and/or community organizations.

Below are only examples. Applicants can use these examples to help support ideas in writing project proposals.

1. Implementing Technology

- Telemedicine and mobile applications
- Electronic health record and workflow improvements
- Regularly confirming appointments and coordinating follow up care
- Tools and resources for self-management (SMBP)

2. Standardizing Processes and Procedures

- Stroke Program workflow improvement
- SDOH screening and referral to community resources

3. Enhancing Interdisciplinary Team Collaboration and Communication

- Conducting regular team meetings, trainings, improving staff education
- Formalizing communication protocols

4. Transitions of Care

- Medication management and adherence with outpatient therapy
- Transitions of care management with PT, OT, SLP

- Facilitate communication and coordination of care support among various team members
- Patient education materials

5. Community Based Coordination

- Community Health Worker connection and support
- Community based referral documentation and coordination
- Culturally appropriate education, awareness and support

Additional implementation guidance:

- [Creating Patient-Centered Team-Based Primary Care](#)
- [STEPS Forward: Team-Based Care and Workflow](#)
- [Hypertension Management Program \(HMP\) Toolkit](#)

2.3 Ineligible Expense

Expenses must be aligned with project goals and activities (subject to final approval from MDH and CDC).

Ineligible expenses include but are not limited to:

- Direct patient care
- Medical equipment
- Construction
- Non-grant-related costs or expenses not contributing to project activities/deliverables.
- Cash assistance for personal/family needs paid directly to individuals.
- Costs incurred outside grant award period.
- Staff gifts/bonuses, personal use goods/services, or meals (except during approved travel)
- Grant writing or research
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

If you are unsure if an expense is eligible or ineligible, please send your question to MDH by the Q&A deadline.

2.3 Mandatory Project Requirements

All projects must include the following components:

Accessibility

Adhere to the [State of Minnesota's accessibility requirements](https://www.health.state.mn.us/about/tools/accessibility.html) (<https://www.health.state.mn.us/about/tools/accessibility.html>). State law requires state agencies, including their contractors, to adhere to federal standards for accessible documents and websites.

Ensure all content and materials created meets accessibility requirements and are checked for accessibility in a timely manner ahead of promotion.

Community Engagement

Applicants will demonstrate the ability to reach the population they serve in decision making, or ensure activities are effective. Community engagement means working alongside, with, or led by community members. This could include but is not limited to:

- Co creation of materials, health education, or initiatives
- Actively seeking feedback or guidance from the community the project aims to serve
- Gathering community members for listening sessions, forums, or planning purposes
- Engaging community members as leadership or guides for project scope
- Supporting outreach events
- Using community health assessments, surveys, or other existing community-developed resources to guide work

Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035 (MN 2035 Plan)

Applicants should review the MN 2035 Plan and demonstrate how their project aligns with at least one or more of the MN 2035 Plan Outcomes. [Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035](http://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html) (www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html)

Grantee Outcome Expectations and Goals

- Engage Multidisciplinary Care Teams: Engage health care professionals, pharmacists (community and clinical pharmacists, pharmacy schools, and professional pharmacy organizations), the community-based workforce (including community health workers, community health representatives, social workers, patient navigators, etc.), other care team members, and individuals who have experienced a stroke or are at risk of stroke in both health care and community settings to improve communication, coordination, and collaboration among the care team.
- Promote the implementation of a team-based care approach across the stroke continuum of care for those who have experienced a stroke and those at the highest risk of stroke, focusing on hypertension prevention, detection, control, and management through the mitigation of barriers to social services and support needs to improve outcomes.
- Propose projects that serve the focus populations and geographic areas identified.
- Align project with at least one of MN 2035 State Plan outcomes.
- Participate in MDH led Stroke Learning Collaborative.

Grantee Activities

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

Before the grant agreement is executed:

- Work with MDH to revise and finalize the work plan and budget.

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- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.

After the grant agreement is executed:

- Submit quarterly progress reports on grant activities, outputs, and outcomes. Reports will include status updates on project activities, challenges experienced, and lessons learned.
- Participate in regular check-ins with assigned grant manager to cover topics such as: grant management support; invoicing, reporting, and timeliness of communications.
- Collaborate with program staff to identify feasible measures and outcomes for your project.
- Submit annual progress report on CDC performance measures identified with MDH evaluator.
- Participate in the Stroke Learning Collaborative.

Evaluation

Awarded grantees will work with the MDH program staff to develop an evaluation plan such as the number of individuals served by clinics, health systems, and in community settings that use care teams comprised of both clinical and community expertise to prevent stroke.

Work plan and Budget

- All applicants must submit a work plan and budget for one year only.
- The budget should match the proposed activities in the work plan for one year.
- Applicants can describe plans for the following year, if funding is extended, in the sustainability section identified in the workplan and budget.

2.4 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 MDH's Authorized Representative has notified the Grantee that work may start.

A sample grant agreement can be viewed online at [Grant Resources - MN Dept. of Health](#).

Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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.

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.

After the grant agreement is executed:

Submit quarterly progress reports on grant activities, outputs, and outcomes. Reports will include status updates on project activities, challenges experienced, and lessons learned.

Participate in regular check-ins with assigned grant manager to cover topics such as: grant management support; invoicing, reporting, and timeliness of communications.

Grant Monitoring

"Minn. Stat. § 16B.97 and Policy on Grant Monitoring 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

The monitoring schedule will be:

- Monthly Check-in Meetings
- Submission of quarterly and annual reports

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH staff will connect grantees to national resources from the Centers for Disease Control and Prevention (CDC) as they become available. MDH will also support grantees in identifying appropriate and feasible measures, outcomes for their projects and provide general evaluation technical assistance. Grantees are encouraged to seek support and learn from other grantees throughout the grant period.

Grant Payments

Per State Policy on Grant Payments, 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: Determined at the start of the signed grant agreement.

2.5 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); See e.g. Minn. Stat. § 363A.02 (<https://www.revisor.mn.gov/statutes/cite/363A.02>). The MHRA is enforced by the Minnesota Department of Human Rights (<https://mn.gov/mdhr/>). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

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.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

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](#).

Audits

Per [Minn. Stat. § 16B.98](#), subd. 8, 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.

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](#) 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 (Attachment B) 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.
- 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.
- 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.

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

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](#), all applications and their contents are private or nonpublic until the applications are opened.

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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](#), 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](#), 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](#), 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](#)) 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.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing the priority populations and geographic areas this RFP intends to serve and other internal partners. 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.

Selection Criteria

The review committee will be reviewing each applicant on a **55-point scale**. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on the Scoring Criteria.

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 state agencies to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy on Pre-Award Risk Assessment for Potential Grantees](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions via email by November 2025.

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All notices of award and non-award will be sent via email to the contact person listed on the application. Awarded applicants 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. 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 is estimated to be January 2, 2026, or the date on which all signatures for the agreement are obtained, whichever is later. **The grant agreement will be in effect until January 2, 2027 (1 year grant), with the possibility to extend 2 years based on funding availability, and contingent on satisfactory grantee performance.**

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications *must* be received by MDH no later than 4:30 p.m. Central Time, on Wednesday, October 15, 2025.

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 mail, delivery, computer, or technology problems.

Acknowledgement of application receipt. REDcap will provide a notification to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact health.stroke@state.mn.us after that time frame for further instructions.

3.2 Application Instructions

Please use this REDcap form to submit your materials for consideration. Carefully review the instructions below before beginning your submission.

The link is a public survey link. You do not need to create a REDcap account to complete the application.

REDcap Link: [Stroke Program Team-Based Care](https://redcap.health.state.mn.us/redcap/surveys/?s=D4Y9JCXH7A4483AM)
<https://redcap.health.state.mn.us/redcap/surveys/?s=D4Y9JCXH7A4483AM>

Instructions:

- Complete all required fields marked with an asterisk (*).
- Upload all necessary documents (e.g., letters of support, due diligence, conflict of interest) in the designated sections.
- You may save your progress and return later by selecting "Save & Return Later."
- You can enter your email address and be sent a link to return to the application that you started.
- Once submitted, you will receive a confirmation email with a copy of your responses.

Submission Deadline:

All proposals must be submitted by 4:30 p.m. CT, Wednesday, October 15, 2025. Please email health.stroke@state.mn.us if you are experiencing any technical issues.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor 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.

Appendix A: Priority Populations and Geographies

Priority Populations:

Working-age stroke patients and those at risk for stroke: working-age adults are a priority population in response to the declining average age at stroke in Minnesota and increasing stroke mortality rates for MN adults under age 65. In addition, younger adults with hypertension are less likely to have their blood pressure controlled, which increases their risk for stroke. Younger age at stroke places these individuals at a higher lifetime risk of stroke recurrence and increases the lifetime burden of post-stroke disability and needs on both patients and their caregivers.

Stroke survivors with unmet rehabilitation, health, and support needs: stroke survivors with unmet rehabilitation, health, and support needs after stroke are a priority population based on data from the Minnesota Stroke Registry. Most stroke survivors in Minnesota are left with at least some degree of disability or reduced functional status after their stroke, and this proportion appears to be rising. Stroke survivors with reduced functional status or disability are often discharged home, where they may not receive the follow-up care and support needed to promote optimal recovery.

Priority Geographies:

Geographic areas with high burdens of stroke and stroke risk factors

The MN Stroke Program has analyzed data on stroke prevalence, hypertension rates, rurality, and social determinants of health and determined that the following geographic areas (which include cities, towns, counties, and Tribal Nations) are high priority for this team-based cared RFP.

Cities, Towns, Tribal Nations

- Appleton
- Aurora
- Brooklyn Center
- Burnsville
- Columbia Heights
- Duluth
- Edina
- Leech Lake Band of Ojibwe

STROKE TEAM-BASED CARE REQUEST FOR PROPOSAL

- Mankato
- Minneapolis
- New Hope
- Red Lake Nation
- Richfield
- Rochester
- Saint Paul
- Sartell
- Virginia
- West Saint Paul

Rural counties with high stroke prevalence and hypertension rates: rural Minnesotans living in counties with high prevalence of stroke and high hypertension rates are a focus population because they are more likely to experience stroke and risk factors. They are also more likely to face barriers to health such as reduced access to care, unemployment, low incomes, housing cost burdens, and lack of health insurance.

- Aitkin
- Becker
- Beltrami
- Chippewa
- Clearwater
- Cottonwood
- Freeborn
- Itasca
- Koochiching
- Lincoln
- Mahnommen
- Morrison
- Mower
- Nobles
- Pine
- Wadena
- Watonwan

RFP Part 4: Attachments

- **Attachment A:** [Due Diligence Form](http://www.health.state.mn.us/about/grants/duediligence.pdf)
(www.health.state.mn.us/about/grants/duediligence.pdf)
- **Attachment B:** [Applicant Conflict of Interest Disclosure Form](http://www.health.state.mn.us/about/grants/coiapplicant.pdf)
(www.health.state.mn.us/about/grants/coiapplicant.pdf)
- **Optional:** Letter of Support from partners organization(s)

Attachment A: Due Diligence Form

Applicants must complete the [Due Diligence Review Form](http://www.health.state.mn.us/about/grants/duediligence.pdf) (www.health.state.mn.us/about/grants/duediligence.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Please note that the Due Diligence Review Form score is not part of the 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.

Attachment B: Applicant Conflict of Interest Disclosure Form

Applicants must complete the [Applicant Conflict of Disclosure form](http://www.health.state.mn.us/about/grants/coiapplicant.pdf) (www.health.state.mn.us/about/grants/coiapplicant.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.