Minnesota Partnership to Prevent Infant Mortality: Improving Infant Health Grants

GRANT REQUEST FOR PROPOSAL (RFP)

IMPORTANT DATES

September 18, 2023	Request for Proposals (RFP) released
October 20, 2023	Last day to submit RFP questions
October 27, 2023	Proposals due (until 11:59 p.m. CT)
February 1, 2024	Estimated start date

Visit the **Infant Health webpage** at https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html for more information.

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3650
Health.MCH@state.mn.us
www.health.state.mn.us

09/18/2023

To obtain this information in a different format, call: 651-201-3650.

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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.*

** 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.*

RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: **Minnesota Partnership to Prevent Infant Mortality: Improving Infant Health Grants**
- **Minnesota Department of Health (MDH) Program Website**: https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html
- **Application Deadline**: October 27, 2023, 11:59 p.m.

1.2 Program Description

Established in 2023, the Healthy Beginnings, Healthy Families Act creates opportunities for the state to address infant mortality. Through this act, the Minnesota Partnership to Prevent Infant Mortality was established to build equitable, culturally appropriate, and inclusive systems that aim to optimize the health and well-being of young children and their families by providing grant funding to eligible entities statewide to improve infant health outcomes. The grants will fund programs that convene, coordinate, and implement data-driven strategies and culturally relevant activities to improve infant health outcomes by reducing preterm birth, sleep-related infant deaths, congenital malformations, and address social and environmental determinants of health. Grantee activities must: address the leading cause or causes of infant mortality; identify or select strategies based on community input; focus on policy, systems, and environmental changes that support infant health; and address the drivers of poor infant health outcomes in communities that experience significant health inequities and disparities.

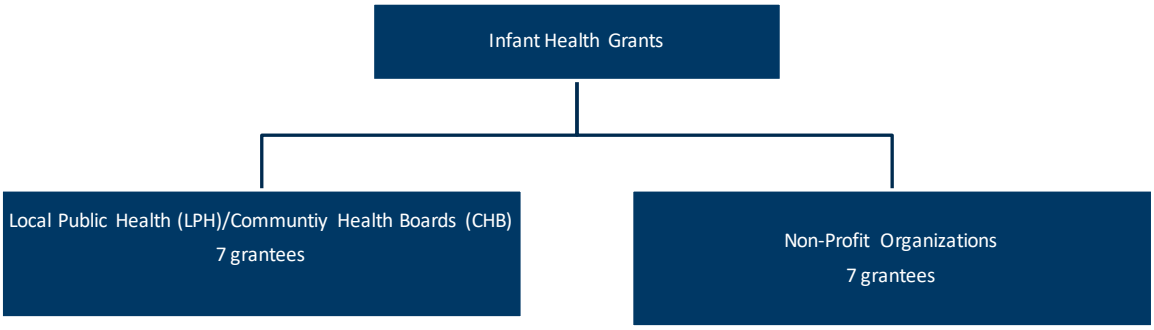
This grant is being administered by the Maternal and Child Health (MCH) Section of the Child and Family Health Division. The MCH section provides statewide leadership and public health information essential for promoting, improving or maintaining the health and well-being of women, children and families throughout Minnesota.

1.3 Funding and Project Dates

Funding

Source of funding for awards is state funds. Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, or the grant has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	$5,145,000
Estimated Number of Awards	14
Estimated Range of Award Amounts	$200,000-400,000



Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is February 1, 2024, and the projected end date is July 31, 2025. The grant period will be 18 months, contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

Eligible applicants include community nonprofit organizations, and community health boards (CHBs). Applicants must have state or federal recognition as a formal organization or entity. Organizations or groups may apply with a fiscal agent. 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 must designate one organization to be the lead organization with which MDH will write the grant agreement.

Collaboration

Multi-organization collaboration is welcomed and encouraged. 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 and to consider equity in deciding how resources are distributed among partner organizations.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.mch@state.mn.us or by phone 651-201-3650. All questions and answers will be posted every Friday on the Infant Health Grant Webpage.

Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on October 20, 2023. Questions submitted after this date will not be answered. The final questions and answers will be posted to the website on October 23, 2023.

To obtain the Questions and Answers in a different format, call: 651-201-3650.

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

There will be two (2) Technical Assistance (TA) sessions during the application period. Prospective applicants can participate on WebEx or call in to ask questions and receive assistance in completing the RFP. All prospective applicants should attend if able. Questions from that meeting will be posted on the Infant Health Grant Webpage.

Those will occur on:

- **Monday September 25, 2023 @12:00 CST**
  - Meeting link: https://minnesota.webex.com/minnesota/j.php?MTID=m1c1bff33fc6b98968aa9a099a3b96da9
- **Tuesday October 10, 2023@ 12:00 CST**
  - Meeting link: https://minnesota.webex.com/minnesota/j.php?MTID=m59d382c096ef79b26d23980327c3a612

RFP Part 2: Program Details

2.1 Background

Minnesota's infant mortality rate in 2021 declined by 32.4 percent compared to the 1990 rate, from a high of 7.3 deaths per 1,000 live births to 4.8 deaths per 1,000 live births. Not only is the 2021 rate well below the national Healthy People target of 5.0 deaths per 1,000 live births by 2030, but it is also below the nation's rate overall of 5.4 per 1,000 live births in 2021. But this seemingly sound status of infant mortality for the state overall masks longstanding disparities in infant mortality.

There are racial and ethnic disparities in infant mortality in Minnesota.

- Infants born to Black/African American and American Indian birthing people die at more than twice the rate of infants born to Non-Hispanic White birthing people.
- While the five-year average mortality rate for infants born to Non-Hispanic White birthing people born in Minnesota during the 2017-2021 period was 3.6 per 1,000 live births, the rate for black/African American infants was more than twice as high at 8.2 deaths per 1,000 births.
- For American Indians, the rate from 2017-2021 was 9.5 per 1,000 infants, approximately three times the Non-Hispanic White rate.

Disparities also exist in the timing of infant deaths. These differences in timing help determine the types of interventions that are effective in reducing disparities. At 5.9 deaths per 1,000 live births, American Indians' post-neonatal (between 28 days and 1 year) infant mortality rate from 2017-2021 was higher than that of any other group and was more than five times the rate for Non-Hispanic Whites (1.1 per 1,000 births). Sudden unexpected infant deaths (SUID), which includes sudden infant death syndrome (SIDS) and deaths from accidental suffocation and strangulation in bed, is the leading cause of post-neonatal deaths in this population.

Risk Factors

Infant mortality in Minnesota includes complications stemming from low birth weight, premature birth and unsafe sleep environments. Individual risk factors include:

- Lack of access to timely and high-quality prenatal care
- Disease status
- Stress
- Smoking
- Alcohol consumption during pregnancy
- Poor nutrition and weight status
- Prematurity
- Low birth weight

Protective factors include:

- Health insurance and access to timely, high-quality, and culturally sensitive health care
- Strong social connections to family and friends
- Knowledge/education about the importance and benefits of breastfeeding
- Folic acid supplements to reduce neural tube birth defects
- Appropriate pregnancy intervals
- Reduced stress
- Access to prenatal care

- Access to culturally appropriate midwife and doula service

Social Determinants

Social determinants of health also play a large role in infant health disparities.

- Social connections and support: Creating communities that are welcoming to all people, with strong social connections and support, can help reduce infant mortality. Supportive communities give people a sense of belonging, connect them to resources and help protect against trauma and stress.
- Racism and discrimination: Maternal experiences before, during, and after pregnancy can adversely affect their baby's health. Racism is a major contributor to racial inequities in birth outcomes because it is a source of toxic stress. Exposure to stress during pregnancy can harm the immune and endocrine systems, a likely explanation for the higher incidence of preterm and low-birth-weight births among Black/African American birthing people. Long-term exposure to stress from racism may also explain why factors such as high levels of education, income, or wealth are not as protective for infants born to American Indian and Black birthing people as they are for babies born to white birthing people.
- Housing: Safe, stable, and affordable housing reduces stress and makes it easier to establish and routinely access primary health care, including pregnancy testing, prenatal care, and pediatric care.
- Neighborhood conditions: A safe and healthy neighborhood supports behaviors that contribute to healthy pregnancies, which helps reduce the risk of infant mortality. For example, green spaces that are safe and accessible encourage physical activity. Access to grocery stores selling a wide selection of quality fresh produce makes it easier to eat healthful foods.
- Educational opportunity: While more education is associated with improved rates of infant mortality – likely because of the associated improvements in opportunities for employment and income – the benefits are not as pronounced for women of color. For example, African American women with advanced degrees still experience higher rates of infant mortality than white women who have not graduated from high school.
- Employment and benefits: Meaningful work and adequate wages provide social connection and security, both of which reduce maternal stress, a significant contributor to infant mortality. Employment benefits are also an important source of access to prenatal and infant health care.
- Income and wealth: Infants of low-income families have a much higher risk of dying in the first year of life than infants of higher-income families. Income is linked to education and employment, sources of social support, options for health care, and resources for daily life that are crucial for the health of families and children.
- Access to quality health care: Access to high quality, affordable, and culturally and linguistically competent care is essential to ensuring that people receive comprehensive and timely prenatal care. Prenatal care promotes healthy pregnancies and reduces the risk of infant mortality.
- Transportation: People need affordable and convenient transportation options to access prenatal and pediatric care, as well as educational and employment opportunities and other needs such as healthy food and safe housing.

The goals of this funding are to convene, coordinate, and implement data-driven strategies and culturally relevant activities to improve infant health by reducing preterm birth, sleep-related infant deaths, and congenital malformations and address social and environmental determinants of health.

2.2 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.

This grant will serve:

- Racial and ethnic communities, including American Indians.
- LGBTQI communities.
- Disability status.
- Geographic diversity within and across Minnesota – including Greater MN, urban/metropolitan areas.

Grant outcomes will include:

- Address the leading cause or causes of infant mortality.
- Identify or select strategies based on community input.
- Focus on policy, systems, and environmental changes that support infant health.
- Address the health disparities and inequities that are experienced in the grantee's community.

2.3 Eligible Projects

Target Risk Factors

Projects must address one or more of the following leading causes of infant mortality:

- Preterm birth.
- Sleep-related infant deaths.
- Congenital malformations.
- Social and environmental determinants of health.

Projects should address the social determinants of health contributing to these risk factors in addition to any individual contributors.

Target populations

Projects must work with communities experiencing health disparities in one or more of the risk factors listed above, including but not limited to people of color, American Indians, rural, immigrant/refugee, and low-income communities.

Eligible Activities and Strategies

Possible activities/strategies for eligible applicants are listed below. This list is not exhaustive and other projects that address risk factors will also be considered.

Pre-term Birth	• Increase and expand access to culturally appropriate, sensitive prenatal care services with follow-up. • Provide home visiting services for all families, delivered in partnership with paraprofessionals such as doulas and community health workers who represent communities receiving services. • Support the expansion and implementation of quality improvement models such as the Interventions to Minimize Preterm and Low birth weight infants using Continuous Quality Improvement Techniques (IMPLICIT). • Create, expand, and support perinatal safe spots in communities statewide that experience the greatest burden of poor birth outcomes. • Develop and/or implement prenatal and postpartum nutrition education programs or support groups. • Expand and increase access to preconception health care services for childbearing people, including screening and management of chronic conditions (e.g., diabetes, hypertension, and obesity). • Increase access to holistic prenatal, postpartum, and general medical care for incarcerated pregnant people. • Expanded access to culturally appropriate mental health screenings, substance use screenings, and services to pregnant people and their partners. • Adopt innovative models to increase access to perinatal health services: extend health center office hours, provide telehealth abilities, warm lines and referral pathways for families that have questions during and after birth. • Increase access to reproductive health services including contraceptives (e.g., LARCs), to support birth spacing, and intended pregnancies, healthy perinatal outcomes, among teens and families that are lower income. • Leverage technology to expand access to care and community-based services during the preconception, pregnancy, intrapartum, and postpartum periods. • Optimize Antenatal Corticosteroids (ANCS) to reduce risks of serious health problems and death among preterm infants (Ohio PQC). See also the toolkit (*Optimizing Antenatal Use of Steroids to Improve Preterm Infants*) • Provide education or public service announcements on pre-term birth, and how to partner with community on risk factors. • Implement tobacco cessation evidence-based programs such as Baby and Me, Tobacco Free and SCRIPT to help pregnant people quit smoking. • Implement evidence-based programs focused on treatment, education, and prevention for sexually transmitted infections (gonorrhea, syphilis, or chlamydia). • Implement evidence-based programs focused on treatment, education, and prevention for teen pregnancy.
Sudden Unexpected Infant	• Expand the distribution of federal safety-approved cribs, portable cribs, or play yards statewide with culturally appropriate sleep safety education (e.g., for families, hospitals, homeless shelters, hotels, motels, childcare)

Death (SUID)	• Provide cradleboard creation education and support for AI/AN families, led by community. • Develop evidence-based safe sleep videos and educational materials in multiple languages and diverse media (such as videos and recordings). • Conduct safe sleep focus groups with BIPOC populations to understand opportunities and challenges to safe sleep. • Celebrate and recognize births within communities (e.g., community baby showers) • Provide culturally appropriate and inclusive safe sleep education and messages, including developing safe sleep promotion public campaigns. • Offer breastfeeding support and promotion, including expanding peer breastfeeding support programs. • Implement the *Period of Purple Crying* in health care systems to prevent shaken baby syndrome/Abusive head trauma, and fund Shaken Baby Syndrome/Abusive Health Trauma prevention public campaigns. • Implement programs that aim to prevents sleep related infant deaths such as Direct On-Scene Education (D.O.S.E.) program.
Training and Education	• Innovate and test integrated models of community health workers, doulas, home visitors, and midwives working together to provide care/services to birthing people. Increase access to training for these specialties with equitable reimbursement rates. • Create systems to aid families in connection to community health workers and doulas, to increase care coordination and decrease coordination burden on the family. • Implement grief and Loss support training for providers working with grieving families, including home visitors, social workers, childcare providers, doulas, community health workers, etc. • Create and/or extend culturally appropriate grief and loss support systems throughout the state to address mental health after a loss for families and communities.. • Support various training for death scene investigators around infant loss. • Offer and/or support CPR training for families and providers in various settings. • Invest in and Support Cultural Connections Including Cultural Doulas and Birth Workers, Fathers, Family, and Other Supports (Birth Justice Collaborative). • Adopt and Invest in Cultural Traditions and Community Supports—create options for and fund births outside of hospitals at home or in cultural birthing centers w/ cultural practices.* • Increase opportunities for mentorship, funding, and training of a diverse healthcare team specifically in infant health, maternal health, and mental health spaces, and increase the number of mental health care providers. • Offer training on preterm birth risks, healthcare team screening, and interventions.

Congenital malformations	• Educate, screen, and assist in providing multivitamins and Folic acid during pregnancy and the preconception period • Increase awareness of congenital anomalies/birth defects and fund prevention efforts. Risk factors for the most common birth defects in Minnesota are diabetes, obesity, smoking, hypertension, substance misuse, intrauterine infections, chemical exposures, and maternal stress. • Increase programming support to address birth defects. Birth defects to consider can be found on the MDH Birth Defects Information System webpage. • Create a supportive program/network for families of birthing people or infants diagnosed with a certain congenital condition.
Social and environmental determinants of health	• Create free/low cost, reliable transportation for eligible expectant people and expand Med-cab access and same day rides to needed services (e.g., WIC and prenatal care) • Increase families access to safe, stable, and affordable housing through providing accessible housing or helping families find safe sustainable housing. • Support programs that create a career pathway for students (starting in middle school) for students of color interested in health care or allied professions. • Support programs that aim to increase the high school graduation rates of Black/African American and American Indian students and close the education achievement gap. • Provide funds for programs that address boys and men's health or engage/involve fathers in the pregnancy and birthing process. • Create awareness and programs focused on reduction of maternal and infant exposures to environmental stressors that may impact perinatal health and health inequities in Minnesota. This includes chemical stressors (e.g., use of skin lightening products that contain mercury, exposure to air pollutants), land stressors, and climate stressors (e.g., floods, extreme heat). • Create and/or support education programs for family nutrition, parenting, or life skills. This can include educational programs that have components about building life skills such as: budgeting, cooking, apartment searching, relationship building.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Expenses not directly related to the approved work plan and not in the approved budget.
- Expenses incurred prior to receiving grant agreement.
- Any expenses that do not directly contribute to the activities in the grantee's work plan.
- Any individual piece of equipment that costs more than $5,000.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Capital improvements or alterations.
- Cash assistance paid directly to individuals to meet their personal or family need.
- Fundraising.

- Lobbyists, political contributions.
- Ongoing medical care or treatment of disease(s) or disability.
- Purchase of vehicle(s) for program use.
- Taxes, except sales tax on goods and services.
- Land acquisition.
- Corporate formation (startup costs).

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 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.

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 the terms in the grant agreement have been met. For this grant program, grantees will submit **two written progress reports** and conduct **two check-in calls** during the grant period. The reporting schedule will be provided to grantees upon execution of the grant agreement.

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 based upon the applicant's risk assessment, which includes consideration of prior performance and previous experience with state grants and will be specified in the grant agreement. At minimum, there will be one monitoring visit and financial reconciliation of one invoice during the grant period. A financial reconciliation is an in-depth review of all the expenses submitted on a selected invoice. Grantee will need to submit all supporting documentation that shows how those expenses were calculated. Documentation will include but is not limited to proof of payment on all expenses such as invoices, receipts, bank statements, payroll reports, and purchase orders. This is not an all-inclusive list and other items may be requested.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MCH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices.

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 monthly.

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. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 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);
- Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (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).

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: http://www.mmd.admin.state.mn.us/debarredreport.asp.

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 Disclosure form at the Grant Resources website (https://www.health.state.mn.us/about/grants/resources.html) 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.

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.

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.

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.

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. 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.

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights 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 of representatives from MDH, local public health agencies, and community-based organizations with relevant content expertise as well as community members with lived experiences relevant to the subject matter. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for final 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.
- 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 and Weight

Review committee members will be divided into teams so that multiple individuals will score each application. Each reviewer will review and score the applications assigned to their team individually using the score sheet provided (refer to Appendix C for a sample score sheet). Reviewers will score each applicant on a 50-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

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
- Representativeness of the populations served by applicants
- Representativeness of risk factors addressed by applicants
- Geographic distribution of services
- Total funding available

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.

Notification

MDH anticipates notifying all applicants of funding decisions by emailing award letters by January 1, 2024. All notices of award and non-award will be sent via email from the contact person leading grants. 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 ("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 February 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 July 31, 2025, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 11:59 p.m. Central Time, on October 27, 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 mail, delivery, computer or technology problems.

3.2 Application Submission Instructions

Applications must be submitted by email as PDF files to Health.MCH@state.mn.us.

3.3 Application Instructions

Please submit all materials listed on the Application Checklist (Appendix A) for the application to be considered complete.

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.

RFP Part 4: Appendices

- Appendix A: Application Checklist
- Appendix B: Grant Applicant Face Sheet
- Appendix C: Application Score Sheet
- Appendix D: Project Narrative
- Appendix E: Work Plan Template (separate document)
- Appendix F: Budget Justification
- Appendix G: Budget Summary and Justification Template (separate document)
- Appendix H: Indirect Cost Questionnaire
- Appendix I: Due Diligence Form
- Appendix J: Selected Infant Mortality Data
- Appendix K: Glossary of Terms
- Appendix L: Selected Resources

Appendix A: Application Checklist

- ☐ Current Grantees: go to SWIFT (http://mn.gov/supplier) and login and confirm that your organization's name, address, phone numbers, and other contact information is correct.
- ☐ Conflict of Interest Form – Located on Grant Resources webpage https://www.health.state.mn.us/about/grants/resources.html)
- ☐ Grant Applicant Face Sheet – Current grantees: the information you put on the Face Sheet must match what is in SWIFT
- ☐ MDH Due Diligence (not-for-profit applicants only) – Located on Grant Resources webpage https://www.health.state.mn.us/about/grants/resources.html
- ☐ Project Narrative
- ☐ Work Plan
- ☐ Budget Justification
- ☐ Budget Summary
- ☐ MDH Indirect Cost Questionnaire

Appendix B: Grant Applicant Face Sheet

General Applicant Information

Applicant's Legal Name *(do not use a "doing business as" name)*:

This should be the same name used when a federal tax identification number was obtained.

Applicant's Business Address (street, city, state, zip):

Applicant's Minnesota Tax Identification Number:

Applicant's Federal Tax Identification Number:

SWIFT Vendor ID number (if you have one):

Director of Applicant Agency

Name:

Business Address (street, city, state, zip):

Phone Number:

Email:

Financial Contact, or Fiscal Agent, for this grant

Name of Financial Contact for this grant:

Name of Fiscal Agent for this grant, if applicable: Phone Number:

Email:

Contact Person for this grant

Name:

Business Address (street, city, state, zip):

Phone Number:

Email:

Requested Funding

Total Amount on Proposed Budget: $

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the agency.

Signature of Authorized Agent for Applicant _____

Date of signature _____

Appendix C: Application Score Sheet

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

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 5**	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good **or 4**	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good **or 3**	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal **or 2**	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory **or 1**	Fails to meet minimum requirements; needs major revision to make it acceptable.

Scoring Sections

I. ORGANIZATIONAL CAPACITY (10 POINTS)

Criteria	Score (1-5)
1. The organization has relevant experience working in the target community to address infant mortality risk factors and shows a strong history of working to eliminate health disparities in infant health. The organization has previous experience managing state of Minnesota grant funds.	
2. The organization's staff, leadership and board reflect the population(s) they propose to serve and have the necessary training, expertise, and capacity to complete the project.	
Total score points for this section:	

II. STATEMENT OF NEED (10 POINTS)

Criteria	Score (1-5)
3. The applicant has a clearly identified target population.	
4. The applicant clearly explains how their project will address health disparities in one or more common risk factors for infant mortality in the target community/communities. The proposed activity fills a gap in services and/or resources in the target community.	
Total score points for this section:	

V. PROJECT DESCRIPTION AND WORK PLAN (20 POINTS)

Criteria	Score (1-5)
5. The project **goals and objectives** are clear, measurable, feasible and appropriate for the target population(s).	
6. The **activities** are clear and comprehensive and will achieve the identified objectives and strategies. Each activity includes the staff involved; external partners involved; expected timeline; an estimate of the number of people reached by the activity; and outputs.	
7. The work plan as a whole provides a clear picture of the **scope and timeline** of the proposed project.	
8. The project clearly describes how the community to be served has been involved in project development, how activities reflect community priorities and cultural considerations, and how community members will participate in implementation of the project. Any potential collaboration with community partners is well described.	
Total score points for this section:	

VI. BUDGET (10 POINTS)

Criteria	Score (1-5)
9. The requested level of funding is reasonable and justified for the proposed scope of activities, level(s) of change and depth of partnerships. The budget narrative includes a clear and reasonable description of how funds will be used.	
10. The expenditures in the budget narrative support activities outlined in the work plan, including meeting grant requirements, supporting community partners and evaluating the project activities and outcomes.	
Total score points for this section:	

Appendix D: Project Narrative

Section I – Organizational Capacity

1. Describe the organization's relevant experience working with the community/communities served, addressing health disparities, and conducting activities related to the proposed project.
2. Describe the staff who will be involved in the proposed projects, including training, expertise, and capacity to deliver the activities. Explain how staff are qualified to work with the community/communities to be served, for instance having staff that reflect the community.
3. Describe the organization's previous experience working with the State of Minnesota, including agencies, activities completed, length of time, and amount of money awarded.

Section II – Statement of Need

1. Describe the community/communities who will be served by the proposed project, including demographics and geographical area.
2. Explain how the proposed project will address health disparities in one or more common risk factors for infant mortality in the target community/communities. Describe any gaps in services and/or resources that the project will fill.

Section III – Project Description

11. Summarize the overall goals and objectives of the proposed project.
12. Briefly describe the project activities, including any planned collaboration with community partners. Explain how the project activities will impact infant health and reduce infant mortality in the target community/communities. Discuss how you will maintain the project once grant funding has ended.
13. Demonstrate how the proposed project represents a community-driven approach to addressing infant health disparities. Include information about how the community to be served has been involved in project development, how activities reflect community priorities and cultural considerations, and how community members will participate in implementation of the project.

Appendix E. Work Plan Template

The work plan template is available as a separate word document attachment. Please complete your work plan on this document and submit it as part of your application.

Appendix F: Budget Justification Instructions

Introduction

You will need to account for all your grant program costs under six different line items. The following paragraphs provide detailed information on what costs can go into those six lines. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in a delayed grant agreement if your application is selected for funding.

All costs under this grant must be prorated to reflect fair share of the expense to this program. For example, if a computer is purchased for one staff person who works .5 FTE on this grant and .5 FTE on another program, the cost for that computer should be split 50 – 50 by this grant and the other program.

If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

It is strongly suggested that applicants incorporate into their budgets the costs of appropriate financial staff to provide financial oversight to the grant. This could be through contracting with an individual or organization or a direct hire.

You are required to complete a Budget Justification form for the full grant period (**Feb. 1, 2024, to July 31, 2025**).

Salary and Fringe:

Grant funds can be used for salary and fringe benefits for staff members **directly** involved in applicant's proposed activities. For each proposed funded position, please list:

- Title
- Full time equivalent (FTE) on this grant (see example below
- Expected rate of pay
- Total amount applicant expects to pay the position for the year.

Any salaries from the administrative support, accounting, human resources, or IT support, **MUST** be supported by some type of time tracking in order to be included in the Salary and Fringe line. Salary and fringe expenses not supported by time reporting documentation may be included in the indirect line if these unsupported salaries and fringe were included on the Indirect Cost Questionnaire form and approved by MDH. Any salary and fringe expenses not supported, not included on the Indirect Cost Questionnaire, and not approved by MDH are unallowable and may not be charged to this grant.

Full time equivalent (FTE): The percentage of time a person will work on this grant project. Each position that will work on this grant should show the following information:

EXAMPLE:

Public Health Nurse: $30.40/hourly rate

x 2,080/annual hours (or whatever your agency annual standard is)

$63,232 annual salary

Multiply annual salary by your agency's fringe rate:

$63,232 annual salary

x 23% fringe rate (use your agency fringe rate, 23% is just an example)

$14,543 fringe amount

Provide the breakdown of what your fringe rate includes: 6.20% FICA

1.45% Medicare

3.00% Retirement

12.35% Insurance 23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

$63,232 annual salary

+ $14,543 fringe

$77,775/annual salary and fringe total

Multiply the annual salary and fringe total by the FTE being charged to this grant:

$77,775 annual salary and fringe total

x .50 FTE assigned to grant

$38,888 total to be charged to grant for this position

Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. Applicants will be responsible for monitoring any subcontractors to ensure they are following all State, Federal, and programmatic regulations including proper accounting methods.

Applicant responses must include:

- Description of services to be contracted
- Anticipated contractor/consultant's name (if known) or selection process to be used
- Length of time the services will be provided
- Total amount to be paid to the contractor

Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. List any minimum travel requirements of the grant such as attending a statewide trainings/conference, etc. If none, delete these instructions. If project staff will travel during the course of their jobs or for attendance at educational events, itemize the costs, frequency, and the nature of the travel. Grant funds cannot be used for out-of-state travel without prior written approval from MDH. Minnesota will be considered the home state for determining whether travel is out of state.

Non-tribal applicants:

Budget for travel costs (mileage, lodging, and meals) using the rates listed in the State of Minnesota's Commissioner's Plan (https://mn.gov/mmb-stat/000/az/labor- relations/commissioners-plan/contract/commissioners-plan-accessible.pdf).

Hotel and motel expenses should be reasonable and consistent with the facilities available. Grantees are expected to exercise good judgement when incurring lodging expenses.

Mileage will be reimbursed at the current IRS rate at the time of travel.

Tribal Nation applicants:

Budget for travel costs (mileage, lodging, and meals) using the rates provided by the General Services Administration (GSA) (http://www.gsa.gov/portal/category/100120). Current lodging amounts and meal reimbursement rates vary depending on where the travel occurs in Minnesota.

Consult the breakdown of the General Services Administration (GSA) Meals and Incidental Expense Rates (https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown) for current rates for Tribal Nations.

Mileage will be reimbursed at the current IRS rate at the time of travel.

Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include: additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment. Include the costs expected to be incurred to ensure that community representatives, partners, or clients who are included in the applicant's process or program can participate fully. Examples of these costs are fees paid to translators or interpreters. Grant funds may not be used to purchase any individual piece of equipment that costs more than $5,000, or for major capital improvements to property.

Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to: staff training and incentives. Grant funds cannot be used for capital purchases, permanent improvements; cash

assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the "Other" line should represent the appropriate fair share to the grant.

Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. These costs are often allocated across an entire agency and may include administrative, executive and/or supervisory salaries and fringe, rent, facilities maintenance, insurance premiums, etc.

The following are examples that could be included in indirect costs:

- Your department pays a general percentage to the city/county attorney's office or the sheriff's department and these costs cannot be specifically attributed to an individual grant.
- Your CHB or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.
- The CHBs accounting system does not allow community health services (CHS) administrator's time to be directly attributed to specific grant activities.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines of Salaries and Fringe, Supplies, Contractual Services, or Other. They **should not** be included in the Indirect line.

The following are examples of administrative costs that should be included in direct lines of the budget and/or invoice:

- The CHS administrator's time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- A portion of secretarial/administrative support, accounting, human resources or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- Printing and supplies that your accounting system is able to track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%.

If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate.

Appendix G: Budget Summary and Justification

A budget summary form and a budget justification form are available as a separate Excel file for ease of use. Please complete your budget information in this document and submit it as part of your application.

Appendix H: Indirect Cost Questionnaire

For Non-CHB applicants only

Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs are a portion of any grant awarded, not in addition to the grant award. Please refer to **page 29** for more detailed information on indirect costs.

Instructions

Please complete the information below and return this form as part of the application.

1. Name of applicant agency:
2. Are you requesting an indirect rate?

   ☐Yes ☐ No

3. Do you have an approved Indirect Cost Rate Agreement with a Federal agency?

☐ Yes and that is the rate being requested. Please submit a copy of your current rate with this completed form.

☐ Yes but requesting a rate different from our Federally approved rate.

☐ No – Please continue completing the rest of this form.

4. Non-federal indirect rate being requested:

Up to 10% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.

5. Please list the expenses included in your indirect cost pool below, or attach a copy of your current indirect cost allocation plan to this form.

Appendix I: Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. The Due Diligence Review is an important part of this assessment.

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence? ☐ Less than 5 years (5 points) ☐ 5 or more years (0 points)	
2. How many paid employees does your organization have (part-time and full-time)? ☐ 1 (5 points) ☐ 2-4 (2 points) ☐ 5 or more (0 points)	
3. Does your organization have a paid bookkeeper? ☐ No (3 points) ☐ Yes, an internal staff member (0 points) ☐ Yes, a contracted third party (0 points)	
SECTION 1 POINT TOTAL	

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
4. Does your organization have internal controls in place that require approval before funds can be expended? ☐ No (6 points) ☐ Yes (0 points)	
5. Does your organization have written policies and procedures for the following processes? • Accounting • Purchasing • Payroll ☐ No (3 points) ☐ Yes, for one or two of the processes listed, but not all (2 points) ☐ Yes, for all of the processes listed (0 points)	
6. Is your organization's accounting system new within the past twelve months? ☐ No (0 points) ☐ Yes (1 point)	
7. Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense? ☐ No (3 points) ☐ Yes (0 points)	
8. Does your organization track the time of employees who receive funding from multiple sources? ☐ No (1 point) ☐ Yes (0 points)	
SECTION 2 POINT TOTAL	

Section 3: To be completed by all organization types

Section 3: Financial Health	Points
9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months? ☐ Not Applicable (N/A) (0 points) – if N/A, skip to question 10 ☐ No (5 points) – if no, skip to question 10 ☐ Yes (0 points) – if yes, answer question 9A	
9A. Are there any unresolved findings or exceptions? ☐ No (0 points) ☐ Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.	
10. Have there been any instances of misuse or fraud in the past three years? ☐ No (0 points) ☐ Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.	
11. Are there any current or pending lawsuits against the organization? ☐ No (0 points) – If no, skip to question 12 ☐ Yes (3 points) – If yes, answer question 11A	
11A. Could there be an impact on the organization's financial status or stability? ☐ No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization's financial status or stability. ☐ Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization's financial status or stability.	
12. From how many different funding sources does total revenue come from? ☐ 1-2 (4 points) ☐ 3-5 (2 points) ☐ 6+ (0 points)	
SECTION 3 POINT TOTAL	

Section 4: To be completed by nonprofit organizations with potential to receive award over $25,000 (excluding formula grants)

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over $25,000 (excluding formula grants).

Section 4: Nonprofit Financial Review	Points
13. Does your nonprofit have tax-exempt status from the IRS? ☐ No - If no, go to question 14 ☐ Yes – If yes, answer question 13A	Unscored
13A. What is your nonprofit's IRS designation? ☐501(c)3 ☐ Other, please list:	Unscored
14. What was your nonprofit's total revenue (income, including grant funds) in the most recent twelve-month accounting period? **Enter total revenue here**:	Unscored
15. What financial documentation will you be attaching to this form? ☐ If your answer to question 14 is less than $50,000, then attach your most recent Board-approved financial statement ☐ If your answer to question 14 is $50,000 - $750,000, then attach your most recent IRS form 990 ☐ If your answer to question 14 is more than $750,000, then attach your most recent certified financial audit	Unscored

Signature

I certify that the information provided is true, complete and current to the best of my knowledge.

SIGNATURE:

NAME & TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

Appendix J: Selected Infant Mortality Data

Table 1: % Distribution of Leading Causes of Infant Mortality: Minnesota, 2017-2021

Cause of Death	# of Infant Deaths	Percentage (%)
Prematurity	492	31.8
Congenital Anomalies	408	26.4
Other Perinatal Conditions	238	15.4
SUID/SIDS	173	11.2
Infections	67	4.3
Injury	48	3.1
All Other	119	7.7

Sudden infant death syndrome (SIDS) and other sleep-related infant deaths.
Source: Minnesota Department of Health. Linked birth/death file.

Table 2: Infant Mortality Rates by Selected Maternal Characteristics: Minnesota, 2017-2021

Characteristic	# of Infant Deaths	Number of Births	Infant Mortality Rate (Per 1,000 live births)
Minnesota Total	1,545	329,917	4.7
Age at Death			
Neonatal Death	1,052	--	3.2
Postneonatal Death	493		1.5
Gestational Age			
Preterm (<37 weeks)	865	30.071	28.8
Term Births (>=37 weeks)	525	299.247	1.8
Birthweight			
Low Birthweight (<2,500g)	912	22,691	40.2
Normal Birthweight (>=2,500g)	532	307,011	1.7
Maternal Age			
Under 20	72	8,959	8.0
20-34	1,113	255,640	4.4
35+	325	65,274	5.0
Maternal Race/Ethnicity			
Black/African American	357	43,274	8.2
American Indian	52	5,449	9.5
Asian/Pacific Islander	137	26,593	5.2
Hispanic*	105	22,555	4.7
Non-Hispanic White	817	226,725	3.6
Other & Unknown	43	5,321	8.1

Characteristic	# of Infant Deaths	Number of Births	Infant Mortality Rate (Per 1,000 live births)
Nativity Status			
Foreign Born	339	63,715	5.3
US Born	1,151	264,974	4.3
Maternal Education			
Less than high school	233	33,170	7.0
High school/GED	339	55,417	6.1
More than high school	897	239,217	3.7
Geographic Location			
Urban/Metro Total	835	187,356	4.5
Hennepin	349	77,155	4.5
Ramsey	206	35,933	5.7
Suburbs**	280	74,268	3.8
Greater MN/Rural* **	674	142,499	4.7
Central	209	45,028	4.6
Northeast	76	14,930	5.1
Northwest	58	10,276	5.6
South Central	69	15,865	4.3
Southeast	145	29,114	5.0
Southwest	71	13,804	5.1
West Central	46	13,482	3.4
Tobacco Smoker			
Smoker	224	30,111	7.4
Non-Smoker	1,264	298,895	4.2
Medicaid Status			
Birth Medicaid Financed	673	106,230	6.3
Non-Medicaid Financed Birth	824	222,879	3.7
Prenatal Care Initiation			
1st Trimester	998	258,802	3.9
2nd Trimester	297	45,534	6.5
3rd Trimester	116	10,214	11.4
Adequacy Prenatal Care			
Inadequate, No Care	286	31,711	9.0
Intermediate	94	34,418	2.7
Intensive, Adequate	1,022	247.773	4.1

* Hispanic can be of any race. **Suburbs include the following metro counties: Anoka, Carver, Dakota, Scott, and Washington. Source: Minnesota Department of Health. Linked Birth/Death File ***Greater MN/Rural locations are based on the State Community Health Services Advisory Committee (SCHSAC) geographic configurations of Minnesota counties into seven regions: Central, Metro, Northeast, Northwest, South Central, Southeast, Southwest, and West Central.

Appendix K: Glossary of Terms

Term	Definition
Congenital Anomalies	Physical and/or neurological defects that are present at delivery.
Fetal Death	A death that occurs before delivery or during pregnancy regardless of the length of gestation, and is not due to an induced termination of pregnancy.
Fetal Mortality Rate	Number of fetal deaths per 1,000 live births plus fetal deaths
Gestational Age	The number of weeks between the first day of the last menstrual period and the date of delivery, irrespective of whether a live birth fetal death.
Infant Mortality	The death of a live-born infant during the first year of life.
Low Birthweight	Refers to an infant weighing less than 2,500 grams (five pounds, eight ounces at birth).
Neonatal Period	Death of an infant from 28 days to 364 days old.
Postneonatal Period	The period from 4 weeks to 52 weeks after birth.
Preterm/Premature	Refers to an infant born before 37 weeks of gestation.
Stillbirth	A fetal death that occurs later in pregnancy at 20 weeks of gestation or more.
Sudden Infant Syndrome (SIDS)	The sudden death of an infant under 1 year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.
Sudden Unexpected Infant Deaths (SUID)	A term used to describe and classify deaths that occur suddenly and unexpectedly to infants less than one year old. SUID includes sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), infections, poisoning, and deaths for which the cause is unknown.

Appendix L: Selected Resources

American Academy of Pediatrics Parenting Website:
https://www.healthychildren.org/English/Pages/default.aspx

Black Mama's Matter Toolkit: http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf

(Birth Defects. Minnesota Public Health Data Access) https://data.web.health.state.mn.us/birth

Breastfeeding Among All Infants Born in Minnesota- Minnesota Department of Health:
https://www.health.state.mn.us/people/wic/localagency/reports/tableau/bf/infantsborn.html#NaN

Centering Healthcare Institute: https://centeringhealthcare.org/why-centering

Developmental Milestones for Infants (newborns to 1 year old), Help Me Grow:
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(Minnesota Community Health Boards and Tribes (Map). Minnesota Department of Health)
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White House Blueprint for Addressing the Maternal Health Crisis, 2022: https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf
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