



Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders (EOPI-SUD)

REQUEST FOR PROPOSAL (RFP)

IMPORTANT DATES

February 20, 2024	Request for Proposals (RFP) released
February 29, 2024	Letter of Intent due
March 20, 2024	Last day to submit RFP questions
March 25, 2024	Proposals due (until 11:59 p.m. CT)
May 15, 2024	Grants begin

For more information: Women's Health- Comprehensive Drug Overdose
<https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html>

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651-201-3650
Health.MCH@state.mn.us
www.health.state.mn.us

02/20/2024

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

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Land Acknowledgement

The state of Minnesota is home to 11 federally recognized Indian tribes with elected tribal government officials. The State of Minnesota acknowledges and supports the unique status of the Minnesota tribal nations and their absolute right to existence, self-governance, and self-determination. The United States and the State of Minnesota have a unique relationship with federally recognized Indian tribes, formed by the Constitution of the United States, treaties, statutes, case law, and agreements.

The State of Minnesota and the Minnesota Tribal governments significantly benefit from working together, learning from one another, and partnering where possible.



RFP Part 1: Overview

1.1 General Information

Announcement Title: Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders (EOPI-SUD).

Letter of Intent: February 29, 2024, 11:59 p.m. CST. Letters of Intent are not required, but they are appreciated.

Minnesota Department of Health (MDH) Program Website:
Webpage Link

Application Deadline: March 25, 2024, 11:59 p.m.

1.2 Introduction & Program Description

The Minnesota Department of Health's Child and Family Health Division is seeking proposals from qualified organizations to identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth and their infants through multitiered approaches.

Established in 2023, the Comprehensive Drug Overdose and Morbidity Prevention Act ([Minnesota Statutes 144.0528](#)) created comprehensive drug overdose and morbidity prevention activities, epidemiologic investigations and surveillance, and evaluation, to monitor, address, and prevent drug overdoses statewide through integrated strategies conducted by Minnesota Department of Health (MDH). With the goal to address the drug overdose epidemic by implementing eight comprehensive strategies for substance use disorder education and intervention. Two of these strategies specifically address drug overdose and morbidity in those who are pregnant or have just given birth and their infants.

The Child and Family Health Division at MDH is seeking proposals, focused on those who are pregnant and postpartum and their infants, and include approaches that:

- Promote medication-assisted treatment options
- Support programs that provide focused interventions and services in accord with evidence-based care models for mental health and substance use disorder, and/or neonatal abstinence syndrome, neonatal opioid withdrawal syndrome
- Collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder
- Implement substance use disorder-related recommendations from the maternal mortality review committee and include (2017-19):
 1. Support statewide improvements for birthing people who have substance use disorders (SUD) or mental health conditions, including adequate identification of substance use and mental health conditions in the birthing population, referral to behavioral health services and support groups, and increased funding to expand treatment and access to treatment throughout the state.
 2. State and systems should enhance funding for increased access to SUD and MH services. Expanding telehealth capabilities and physical facilities, increasing the

number of waived providers, improving access to treatment, implementing Harm Reduction and Overdose Prevention practices statewide.

3. During the pregnancy and postpartum period, health systems and social services need to coordinate to assist in birthing person to have correct placement in SUD treatment/ housing, working with birthing person to support their needs during this time.

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, and the grant has reached its effective date. Awards are anticipated to be up to \$123,000 per fiscal year, however MDH reserves the right to modify amount if it's in the best interest of the populations being served by the grant. Total estimated amount to grant program is \$1,445,000.

Funding	Estimate
Estimated Amount to Grant program (total)	\$ 1,445,000
Estimated Number of Awards	3-4
Estimated Range of Award Amounts Annually	\$87,000-123,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is May 15, 2024, and the projected end date is June 30, 2028. The grant period will 49 months, contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

Eligible applicants include community-based organizations, community health centers, federally qualified health centers, tribal governments, faith-based organizations, educational institutions, county governments/community health boards, and any other public or private non-profit, not for-profit, and for-profit organizations.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status. Organizations or groups that do not have state or federal recognition 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 may designate one organization as a fiscal agent.

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.

Applicants are encouraged to apply for funding individually or in collaboration with other qualified and eligible entities to develop a comprehensive proposal. Collaborative proposals must designate a lead applicant. The lead applicant should include Memoranda of Understanding (MOUs), agreements, or letters of support with collaborating agencies as part of their application.

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

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.mch@state.mn.us. All questions and answers will be posted every Friday on the Maternal Health Grant Webpage <https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html>.

Please submit questions no later than 11:59 p.m. Central Standard Time (CST), on March 20, 2024. Questions submitted after this date will not be answered. The final questions and answers will be posted to the website on March 22, 2024.

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 the Department, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

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 Maternal Health Grant Webpage <https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html>.

ENHANCING OUTCOMES FOR PREGNANT/POSTPARTUM FAMILIES RFP

Those will occur on:

- Tuesday February 27, 2024 @12:00 CST
 - a. <https://minnesota.webex.com/minnesota/j.php?MTID=m2bb57dbf0fe2f8009304edef79a8bfd>
 - b. Meeting number: 2496 488 6323
 - c. Meeting password: cnNU3C3X5DS
- Monday March 11, 2024@ 12:00 CST
 - a. <https://minnesota.webex.com/minnesota/j.php?MTID=mac7139022b7f1a03c2faae187bf3ada7>
 - b. Meeting Number: 2494 829 0789
 - c. Password: 6UNgvc2xiP5

Part 2: Program Details and Components

2.1 Background

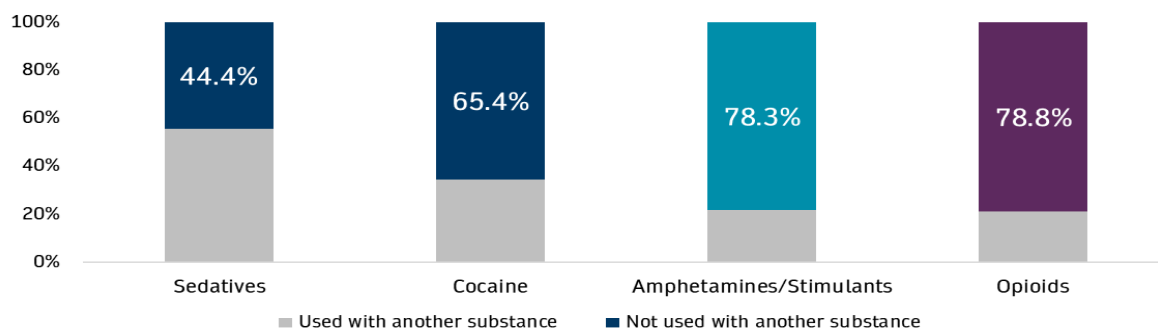
Pregnant people who live with substance use disorders are particularly vulnerable to substance use morbidity and overdose. They more frequently experience physical, emotional, financial, and other barriers to healthy, successful pregnancies.

In Minnesota, the use of substances and incidence of mental health conditions during pregnancy and in the postpartum period has increased in identified pregnancy-associated deaths. Substance use disorder is a leading contributing factor in 31.3 % of the pregnancy-associated deaths¹. In Minnesota from 2020-22 there were 175,489 delivery hospitalizations to Minnesota residents ages 12 to 55 years. The rate of substance use disorder (substance use disorder includes sedatives, cocaine, amphetamines/stimulants, and opioids, as defined by the Alliance for Innovation on Maternal Health -AIM). at time of delivery was 114.4 people per 10,000 delivery hospitalizations in 2022. At the time of delivery from 2020-2022, 61.3 people per 10,000 were identified to have SUD associated to opioids, and 60.4 people per 10,000 were identified to have an SUD associated with amphetamines/stimulants. While these rates include any use at time of delivery, whether independent or used with other substances, opioids and amphetamines/stimulants were most often not used with other substances (Figure 1). Addressing SUD in the birthing population needs an emphasis on addressing all substances and combination substance use.

Figure 1: Substances were used independently (only one substance used) more often than in combination with another substance.

Opioids and amphetamines/stimulants were used alone 78% of the time at time of delivery hospitalization and in combination with one of the other three substances 22% of the time.

Source: Minnesota hospital discharge data



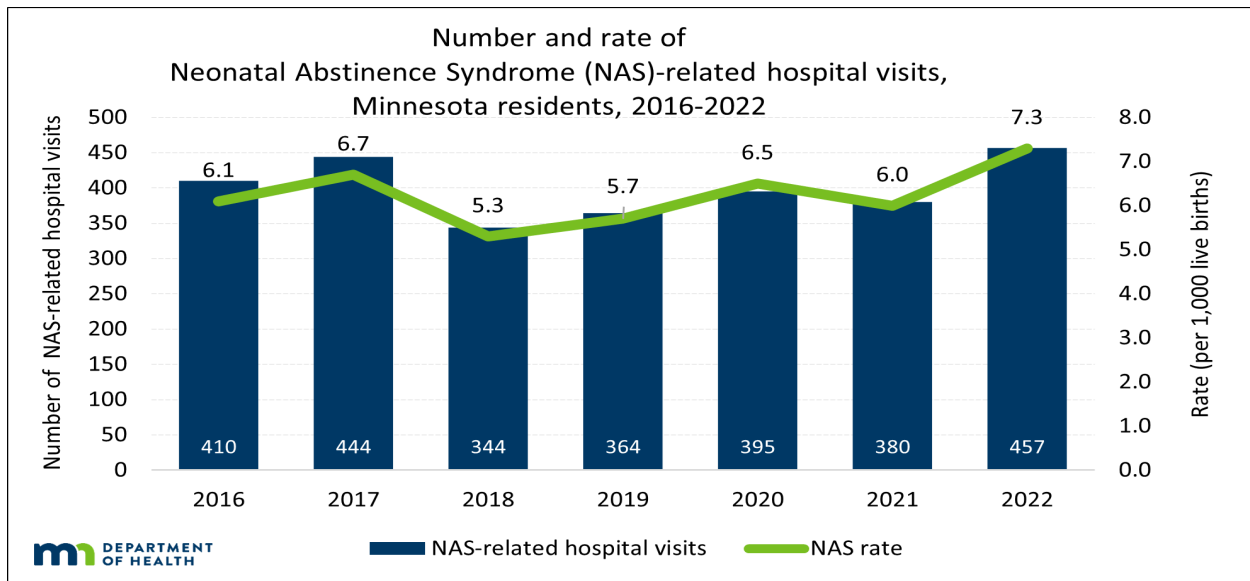
¹ Minnesota Department of Health (2022). *Minnesota Maternal Mortality Report: Reporting for 2017-2018*

People who use substances during their pregnancy are at risk for giving birth to an infant that experiences neonatal abstinence syndrome (NAS). NAS is a group of health issues that can impact newborns who are exposed before birth to certain substances, including opiates, stimulants, barbiturates, and benzodiazepines. Infants exposed to opioids before birth are at risk for a specific type of NAS called neonatal opioid withdrawal syndrome (NOWS). If an infant is exposed to multiple substances before birth is, they could be diagnosed with both NAS and NOWS.

Infants born to people who live with substance use disorder are directly impacted by substance use through the placenta. When born, these newborns experience withdrawal from the substance. Observational studies have shown that infants with prenatal opioid exposure may experience poor long-term outcomes, such as adverse changes in neurodevelopment, cognition, school performance, behavior, vision, and mortality.³ Medical interventions can help infants diagnosed shortly after birth with substance use withdrawal. Supportive services through local public health and other systems of support are needed to help families during the postpartum period and beyond to mitigate additional impacts of substance use disorder.

Data on NAS in Minnesota is available in the Neonatal Abstinence Syndrome (NAS) Data Brief: Statewide and County Trends, 2016-2022 (PDF). Data on NAS in Minnesota is collected from hospital discharge data. A diagnosis of NAS can include infant withdrawal from any substance not including alcohol, such as cocaine, amphetamines, opioids, and benzodiazepines. From 2016 to 2022, there were 2,794 NAS-related hospital visits in Minnesota (Figure 2). This corresponds to a statewide rate of 6.2 per 1,000 live births. The median rate (i.e., the rate in the middle of the overall range of rates) among counties in Minnesota was 3.8 per 1,000 live births (Figure 2). Information on NAS by region of the state and by sex of infant is available in the NAS data brief.

Figure 2: The annual rate of NAS-related hospital visits (per 1,000 live births) has varied since 2016, ranging from 5.3 in 2018 to 7.3 in **2022**



SOURCE: Hospital Discharge Data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2022

Research from the University of Minnesota found that diagnoses of maternal opioid use disorder and NAS are increasing fastest among rural residents.² Unfortunately, rural areas in the state have the fewest neonatal intensive care units (NICUs) and have seen the most closures of hospitals with obstetric services, meaning hospitals where babies can be delivered.

The Minnesota Maternal Mortality Review Committee is a statutory appointed committee by the commissioner of health. Include statute here. The findings of the Minnesota Department of Health’s Maternal Mortality Review Committee (MMRC) include birthing people who died during or within one year after the end of the pregnancy in 2017 - 2019. A comprehensive review of these deaths was done by the MMRC, which is multidisciplinary and includes diverse members from systems and programs serving birthing people. Through the committee’s review, recommendations are made for changes to policy, programs, systems, practice guidelines, and health care providers services. These recommendations focus on preventing pregnancy-associated deaths, improving health equity and birth outcomes. Recommendations from the MMRC with a focus on substance use disorder and mental health can be found in [Appendix J](#).

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.

³Anbalagan, S., Mendez, M.D. (2023). Neonatal Abstinence Syndrome. National Library of Medicine. Accessed 2/15/2024. (<https://www.ncbi.nlm.nih.gov/books/NBK551498/#article-25652.s17>).

⁴ Kozhimannil, K.B., Chantarat, T., Ecklund, A.M., Henning-Smith, C., & Jones, C. (2018). Maternal opioid use disorder and neonatal abstinence syndrome among rural US residents, 2007-2014. *The Journal of Rural Health* 35,(1), 122-132.

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 \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

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:

- The number of evidence-based care models implemented by grantees.
- The number of SUD related recommendations from Maternal Mortality Review Committee implemented by grantees ([Appendix J](#)).
- The number of promising practices implemented by grantees.

2.3 Eligible Projects

Target Risk Factors

Projects must identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth and their infants through multitiered approaches that may:

- promote medication-assisted treatment options;
- support programs that provide services in accord with evidence-based care models for mental health and substance use disorder;
- collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder; and
- implement substance use disorder-related recommendations from the maternal mortality review committee, as appropriate.

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

Key Strategies

Key Strategies for grant activities should focus on addressing and preventing the negative impacts of drug overdose and morbidity for those who are pregnant or have just given birth and their infants. Examples of potential key strategies for these grant awards include:

- Community outreach and other efforts addressing the root causes of drug overdose and morbidity
- Identifying risk and protective factors relating to drug overdose and morbidity that contribute to identification, development, or improvement of prevention strategies and community outreach
- Developing or providing trauma-informed drug overdose and morbidity prevention and services
- Developing or providing culturally and linguistically appropriate drug overdose and morbidity prevention and services, and programs that target and serve historically underserved communities
- Working collaboratively with educational institutions, including school districts, to implement drug overdose and morbidity prevention strategies for students, teachers, and administrators
- Working collaboratively with sovereign Tribal nations, care providers, nonprofit organizations, for-profit organizations, government entities, community-based organizations, and other entities to implement substance misuse and drug overdose prevention strategies within their communities

Eligible Activities and Strategies

Possible outcomes with examples of paired strategies and activities for eligible applicants are listed below. This list is not exhaustive and other projects that address risk factors will also be considered. Applicants must select one of the following activities and at least one MMRC recommendation ([Appendix J](#)) to implement with grant funds.

- **Outcome: Increased organizational capacity to facilitate warm hand offs and referrals to social supports for pregnant/postpartum families impacted by substance use disorders.**
 - Examples of these strategies/activities include assessment of referral systems and description of referral processes, number of referral partners for services, description of services that referral partners represent (housing, transportation, childcare, etc.). Successful proposals convey current referral capacity and components to evolve/increase over the funding period or refining, qualitative description of practice changes.
 - Referrals to social support components could include changes to a referral policy, referral charting protocol, referral flowchart, referral form, staff responsible for following up on referrals, staff responsible for maintaining contacts with referral partners, referral tracking system, etc. Grantees may

measure collaboration by assessing the levels of collaboration among partner organizations or referral networks.

- **Outcome: Increased knowledge of substance use disorder prevention and treatment of NAS/NOWS in individuals providing services to pregnant/postpartum families impacted by substance use disorders.**
 - Examples of these strategies/activities include pre-post survey of staff or referral partners (e.g., health care providers, facility staff) using a validated assessment on NAS/NOWs treatment.
 - *Knowledge and stigma reduction:* Accurate knowledge of substance use, misuse, and treatment (often collected via survey, ideally using a validated assessment). Reduction in stigma associated with substance use, misuse, and treatment (often collected via survey, ideally using a validated assessment).
 - *Participant well-being:* Participant well-being, such as stress level or mental health (often collected via survey, ideally using a validated assessment).
 - *Reduction in rates of use and/or misuse:* Validated assessment tracking reported reduction in rates of substance use and/or misuse.
- **Outcome: The number of people during the perinatal period who were prescribed medications for opioid use disorder (MOUD).**
 - Examples of strategies/activities may include increasing healthcare professionals trained on opioid or MOUD prescribing guidelines. Applicable measures can include:
 - Number of addiction providers trained on MOUD prescribing guidelines AND number of training events (e.g., boot camps, ECHO sessions, etc.)
 - Number of non-addiction healthcare professionals (e.g., OB/GYN, emergency department providers, primary care providers; specify what type of provider) trained on MOUD prescribing guidelines AND number of training events (e.g., boot camps, ECHO sessions, etc.)
 - Number of providers trained on opioid prescribing guidelines AND number of training events (e.g., boot camps, ECHO sessions, etc.)
 - Other types of training not related to opioid or MOUD prescribing (e.g., cultural responsiveness).
 - Number of people trained AND number of training events (provide detail about type of training).
- **Outcome: Improved attitudes towards harm reduction practices in individuals providing services to pregnant/postpartum families impacted by substance use disorders.**
 - Examples of these strategies/activities may include measuring Potential metrics: Knowledge and attitudes survey, such as a Brief Substance Abuse Attitudes

Survey, qualitative description of practice changes determined by grantee, or creation of survey using validated tool with paired practice change focused on Reduction in stigma associated with substance use, misuse, and treatment.

MDH seeks to fund proposals that convey implementation connecting individuals and families to services and measuring outcomes. Proposals are highly encouraged to convey ability of implementing strategies and activities to improve determine outcomes.

If awarded, each grantee **will be required to develop a logic model, with MDH's assistance, within six months of the award start date.** The logic model should describe, in detail, testable mechanisms for how the grantee plans to implement MMRC recommendations and connect dyad services. Grant funds can be used to cover staffing costs for project management, data collection, and evaluation (including developing and testing the logic model). Grant funds can also be used to pay for small incentives for participants to support data collection. Up to 10% of grant funds can be used to support indirect costs for grant administration.

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.
- Fundraising.
- Lobbyists, political contributions.
- Purchase of vehicle(s) for program use.
- Taxes, except sales tax on goods and services.
- Land acquisition.

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. Grantees 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 **five written progress reports, including reporting outcome data**, and attend **twenty check-in calls** during the grant period, with the possibility of in-person grantee meeting. 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. Grantees 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. MDH 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 (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All Grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest

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

The invoicing and payment schedule will be quarterly. Grantees requiring monthly payments can make these arrangements with MDH staff.

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://mnuccp.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) - (vi) 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 \(http://www.mmd.admin.state.mn.us/debarredreport.asp\)](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 (Attachment H) 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.
- 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 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 F](#) for a sample score sheet). Reviewers will score each applicant on a 100-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 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 of funding decisions by emailing award letters by May 15, 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 May 15, 2024, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2028, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Process

Letter of Intent (LOI)

Applicants are encouraged to submit a Letter of Intent (LOI) to apply for funding under this RFP. Submitting a LOI does not obligate the sender to submit an application.

Letters of Intent should include:

- Applicant legal name.
- Plan key activities, strategies ([from outcomes listed in section 2.3](#)), and maternal mortality recommendations for implementation.
- Brief description of the proposed communities and/or priority populations to be served.
- Brief description of the geographic area to be served.
- The anticipated amount of funding the applicant will request for funding activities.

Letters of Intent must be submitted electronically by 11:59 p.m. (CST) on February 29 to the grant interface portal, Foundant (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

3.1 Application Deadline

All applications must be received by MDH no later than 11:59 p.m. Central Time, on March 25, 2024. Applications must be submitted to the grant interface portal, <https://www.grantinterface.com/Home/Logon?urlkey=mdcfh> . Applicants will receive an email verification of their submission within two business days. If applicants do not receive this email contact 651-201-3650.

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 Instructions

MDH requires application submissions to be made through the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

- **New Users:** Please click on “Create New Account” to complete the registration process and create your logon credentials.
- **Existing Users:** Please enter your credentials and log in. If you forgot your password, use the “Forgot your Password?” link to the left on the logon screen to reset your password.
- **Not Sure:** If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Maternal and Child Health staff at health.MCH@state.mn.us for assistance.

Once in the system, click on the “apply” button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system. Then select the “*Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders*” application.

Applications must include all required application materials. Do not provide documentation that is not requested in this RFP, as such information will not be considered or evaluated.

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. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, applicants warrant that the information provided is true, correct, and reliable for purposes of evaluation for a potential grant award. The inclusion of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject to suspension of grant activities or other remedies available by law. **All costs incurred in responding to this RFP will be borne by the applicant.**

3.3 Application Forms

1. **Form A: Organization Information (online entry; not scored)**

Applicants shall complete and submit all information listed on [Appendix B: Grant Applicant Face Sheet](#): Organization Information as part of their application. Basic information about the applicant entity is requested, including legal and business name (as entered in SWIFT), address, and tax identification. All applicants must identify the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter into a legally binding contract with the State. This information will be used for contracting purposes.

2. **Form B: Project Narrative (online entry/upload; scored)**

Applicants shall complete and submit Form B: Project Narrative as part of their application. The project narrative describes population served focusing on pregnant/postpartum people and their families impacted by SUD. Clearly defines measures, outcomes, and goals applicable to maternal mortality recommendations, and determine outcomes for grant.

3. **Form C: Workplan (Excel Workbook/upload; scored)**

Applicants shall complete and submit Form C: Workplan as part of their application. A template will be provided. Applicants can edit the workplan to adapt objectives and activities to meet the needs of their priority population, and if awarded, should submit a final workplan similar in scope. Activities may be added or adapted but not deleted. The work plan timeline must extend across the first year of the grant period (May 15, 2024 to June 30, 2028) and include start and completion dates for all activities. The workplan template can be found on [Webpage Link](#).

4. **Form D: Budget Details and Justification (Excel Workbook/upload; scored)**

Applicants shall complete and submit Form D: Budget Details and Justification as part of their application. A budget template will be provided. The file must be submitted as an Excel Workbook; a PDF will not be reviewed.

The budget template is available with the RFP and can be found on the [Webpage Link](#).

- The budget period for this grant award is May 15, 2024 to June 30, 2028.

5. Supplemental Documents (not scored)

Applicants must submit the following supporting documents to be eligible for review:

- Due Diligence Form.
- Applicant Conflict of Interest Form.
- Indirect Cost Questionnaire.

RFP Part 4: Appendix

- [Appendix A: Application Checklist](#)
- [Appendix B: Grant Applicant Face Sheet](#)
- [Appendix C: Application Score Sheet](#)
- [Appendix D: Project Narrative](#)
- Attachment E: Work Plan Template (separate document)
- [Attachment F: Budget Justification](#)
- Attachment G: Budget Template (separate document)
- [Attachment H: Due Diligence Form](#)
- [Attachment I: Indirect Cost Questionnaire](#)
- [Attachment J: Supplemental maternal mortality and infant data](#)

Appendix A: Application Checklist

- Letter of Intent due by 11:59. (CST) on February 29, 2024. Submit via Foundant.
- SWIFT vendor account: All applicants must have a SWIFT vendor account. Please go to SWIFT, login and confirm that your organization's name, address, locations, banking information, phone numbers, and other contact information is correct. MDH strongly encourages applicants to initiate direct deposit. To access visit: [SWIFT Vendor Resources \(www.mn.gov/mmb/accounting/swift/vendor-resources/\)](http://www.mn.gov/mmb/accounting/swift/vendor-resources/)
- Appendix B: Grant Applicant Face Sheet
- Appendix C: Project Narrative
- Appendix D: Workplan
- Appendix E: Budget Details and Justification
- Attachment F: Application Score Sheet
- Due Diligence Form (see Attachment G)
- Conflict of Interest- Applicant (see Attachment I)
- Indirect Cost Questionnaire (see Attachment H)
- Application due by 11:59 p.m. (CST) on March 25, 2024. Submit via Foundant. The application must be limited to Word, Excel and/or PDF files.

Appendix B: Grant Applicant Face Sheet

The following information must be entered into Foundant. By submitting the following information, respondent acknowledges the following:

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.

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 the grant

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email

Requested Funding

Total Amount on Proposed Budget: \$

Signature of Authorized Agent for Applicant _____

Date of signature _____

Appendix C: Project Narrative

Section I – Organizational Capacity

1. Provide a brief overview of the lead organization, including history, geographical reach, and current staffing model. Describe the organization’s relevant experience working the community/communities served addressing health disparities, and conducting activities related to the proposed project. (500-word limit)
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 (400-word limit)
3. Describe your organization’s experience providing service to pregnant/postpartum individuals using substances and their infants (300-word limit)

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 pregnant/postpartum birthing people and their infants in the target community/communities. Describe any gaps in services and/or resources that the project will fill.
3. How will the project identify and engage the population(s) of focus? How did the input of people with lived experience inform this plan? (400-word limit)

Section III – Project Description

1. Summarize the overall goals and objectives of the proposed project and include the maternal mortality recommendations that is the focus of the grant proposal as well as key strategies from [section 2.3](#).
2. Briefly describe the project activities, including any planned collaboration with community partners. Explain how the project activities will impact individuals impacted by SUD in the target community/communities. Discuss how you will maintain the project once grant funding has ended.
3. Demonstrate how the proposed project represents a community-driven approach to addressing SUD. 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.

Section IV- Health Equity and Evaluation

ENHANCING OUTCOMES FOR PREGNANT/POSTPARTUM FAMILIES RFP

1. Describe the applicant's history of working to eliminate health disparities and advance equity for the identified focus populations of birthing people with a substance use disorder, history or substance use disorder, or infants impacted by NAS/NOWS particularly individuals who identify as American or American Indian communities. (300-word limit)
2. Describe the applicant's skills and experience providing culturally responsive care and/or services to the focus population. (300-word limit)
3. How will applicant's organization use program data and input from program participants and staff to monitor program outcomes and adjust strategies or services? (300-word limit)

Attachment D. Work Plan Template

The work plan template is available as a separate word document attachment, Appendix D: Work Plan Template, found on the grant webpage <https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html> . Please complete your work plan on this document and submit it as part of your application.

Attachment E: 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 available on the grant webpage <https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html> for the full grant period (**May 15, to June 30, 2028**).

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 \(https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf\)](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 \(GSA\) \(http://www.gsa.gov/portal/category/100120\)](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 \(https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown\)](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 F: 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 (15 POINTS)

Criteria	Score (1-5)
1. The organization has relevant experience working in the target community to address drug overdose and morbidity in those who are pregnant or have just given birth and their infants. Shows a strong history of working to eliminate health disparities in maternal and 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.	
3. Organization has experience providing services to pregnant/postpartum individuals using substances and their infants, conveys the ability to innovate and build new work.	
Total score points for this section:	

II. STATEMENT OF NEED (15 POINTS)

Criteria	Score (1-5)
1. Organization describes the community/communities who will be served by the proposed project, including demographics and geographical area	
2. Organization describes how proposed project will address health disparities in pregnant/postpartum birthing people and their infants in the target community/communities. Describe any gaps in services and/or resources that the project will fill.	

ENHANCING OUTCOMES FOR PREGNANT/POSTPARTUM FAMILIES RFP

Criteria	Score (1-5)
3. How will the project identify and engage the population(s) of focus? How did the input of people with lived experience inform this plan.	
Total score points for this section:	

III. PROJECT DESCRIPTION AND WORK PLAN (45 POINTS)

Criteria	Score (1-5)
1. 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.	X 2
2. The project clearly defines the implementation of key strategies (see 2.3) identified and maternal mortality recommendations for the population served.	
3. 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.	
4. The project goals and objectives are clear, measurable, feasible and appropriate for the target population(s).	X 2
5. The work plan as a whole provides a clear picture of the scope and timeline of the proposed project.	
Total score points for this section:	

VI. BUDGET (10 POINTS)

Criteria	Score (1-5)
1. 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.	
2. 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:	

V. HEALTH EQUITY AND EVALUATION (15 POINTS)

Criteria	Score (1-5)
1. Describes organizations history of working to eliminate health disparities and advance equity for the identified focus populations of birthing people with a substance use disorder, history or substance use disorder, or infants impacted by NAS/NOWS particularly individuals who identify as American or American Indian communities.	
2. Describes organization’s skills and experience providing culturally responsive care and/or services to the focus population	
3. Describes how organization will use program data and input from program participants and staff to monitor program outcomes and adjust strategies or services	
Total score points for this section:	

Attachment G: Due Diligence Form

PDF of Due Diligence forms available on [grant webpage](#), title Attachment G: Due Diligence Form

Attachment H: Indirect Cost Questionnaire

PDF of Indirect Cost Questionnaire forms available on [grant webpage](#), title Attachment H: Indirect Cost Questionnaire

Attachment I: Conflict of Interest forms

PDF of Conflict of Interest forms available on [grant webpage](#), title Attachment I: Conflict of Interest Form

Appendix J: Supplemental maternal mortality and infant data

Selected recommendations from the Minnesota maternal mortality review committee with a focus on SUD and Mental Health. In reviewing the [*Minnesota Maternal Mortality Report: Reporting for 2017-2018*](#), or [*Minnesota Maternal Mortality Update: Reporting 2017-2019*](#) proposals can include recommendations associated to substance use disorders from either report.

Birthing people and their support people

1. Provide information on signs and symptoms of possible overdose and access to education on Narcan use.
2. Provide information with signs and symptoms of postpartum depression, so birthing people and their support system can call hotlines or seek referral if experiencing sadness during and after pregnancy.
3. In collaboration with community groups, work on harm reduction programs and education in a trauma-informed care approach. Health care teams
4. Birthing people should be screened by health care team for mental health/depression, substance use, and domestic violence, with appropriate referral networks in place for next steps. Using different screening models, such as SBIRT and other techniques, cultivate a relationship and identify their needs of support during and after pregnancy. These screenings should occur frequently throughout care to provide opportunities to seek assistance.
5. Health care teams should increase the number of Buprenorphine waiver-trained advance practice providers. Provide a system of mentorship and resources for health care staff to integrate addiction medicine practices into care.
6. Use a holistic approach of connecting obstetric specialists, family medicine, traditional medicine and addiction medicine when working with birthing people and use substances during pregnancy and the postpartum period.
7. Staff should receive training about de-stigmatizing mental health conditions and addiction. The training should include addressing how screenings and subsequent discussions around these conditions may place blame on the person.

Facilities

1. Provide services such as the integration of harm reduction models, telehealth, and coordination with treatment facilities and residential programs. Use social workers, care coordinators, and doulas while in the hospital to identify needs of birthing people.
2. Provide access to doula or community health worker services during and after pregnancy, with a connection to peer recovery specialist and programs.

Systems

1. Connect people with comprehensive outreach and housing programs and resources for daily cares (safe home, transportation, childcare, food) during and after pregnancy.
2. Increase availability of trauma-informed and culturally-appropriate mental health care and addiction programs. Enhance training to allow community focused and diverse workforces in behavioral health specialties, train more BIPOC mental health/drug counselors.

3. Increase access and availability of crisis mental health services and general referral services for individuals in crisis.
4. Support statewide projects to identify evidence-based care models, opportunities for screening for SUD and mental health conditions and referrals for treatment. Existing work with the continuous quality improvement model focuses include the Minnesota Hospital Association's neonatal abstinence syndrome perinatal road map and the Minnesota Perinatal Quality Collaborative.

Communities

1. Increase funding and other resources for community-driven outreach and care coordination, which should be available during and after pregnancy for people who may use substances or have a mental health condition. Embolden organizations to increase access, services, and supportive networks statewide to connect people with culturally-appropriate treatment models.
2. Provide access to Narcan and related use training, education, and safety around using certain substances that can lead to unintentional overdoses. Increase awareness and access to fentanyl testing strips and increased harm reduction practices.