

Minnesota Innovations in Perinatal Health

Ramya Palaniappan | Women's Health Unit

Tribal-State Relations Statement

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 political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.



Agenda

- Noon – 12:05 p.m. Welcome and Introductions
- 12:05 – 12:15 p.m. Program and funding details
- 12:15 – 12:20 p.m. Eligible projects and strategies
- 12:20 – 12:40 p.m. Application components and instructions
- 12:40 – 12:45 p.m. Review and Selection Process
- 12:45 – 12:50 p.m. Important Dates
- 12:50 – 1 p.m. Q & A

Meeting objectives

- To provide a high-level summary of the Perinatal Health Innovations RFP.
- To learn more about the background of the Perinatal Health Innovations grant.
- To provide a space for potential applicants to ask questions about RFP instructions.



Request for proposals team



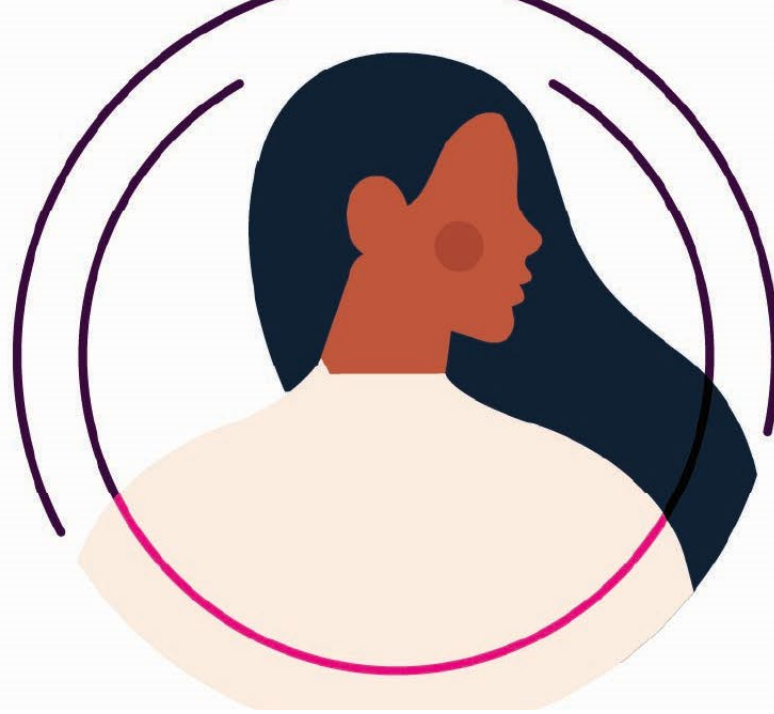
Ramya Palaniappan
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Innovations Planner



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Maternal Health Innovations
Program Director



Program and funding details

- Improving perinatal health outcomes for communities of color, American Indian communities and rural communities
- Innovative activities through community engagement and communications
- I-MOM
- Perinatal health strategic plan



- Perinatal health programs improving outcomes in communities experiencing highest rates of disparities
- Culturally grounded programming
 - Community engagement
 - Driven by community served
 - Shared power and decision-making
 - Partnerships

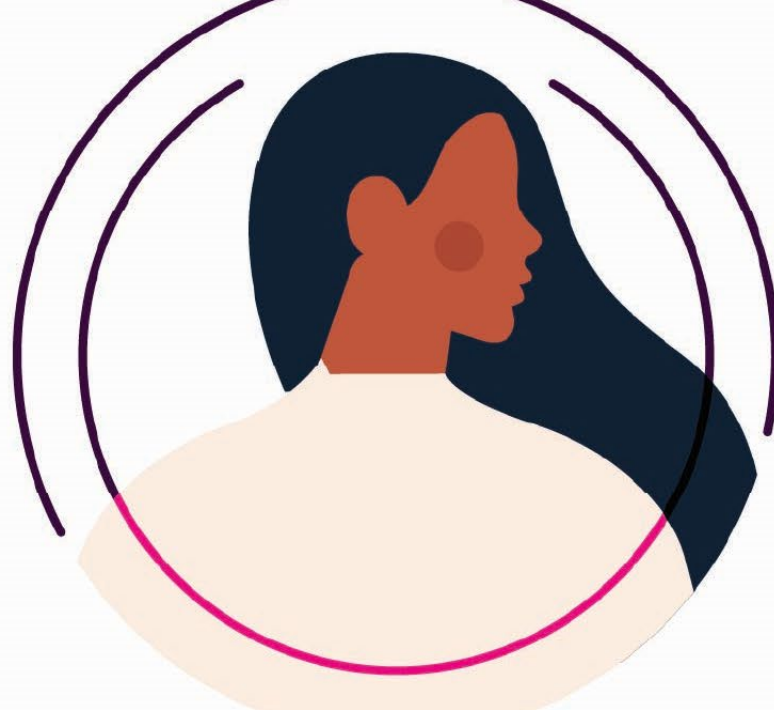


Funding details

Funding	Estimate
Estimated Total Amount to Grant	\$160,000 total for two years; \$80,000 per year
Estimated Number of Awards	4
Estimated Award Maximum	\$40,000 total for two years; \$20,000 per year
Estimated Award Minimum	\$10,000 total for two years, \$5,000 per year

Project dates

Year 1	June 1, 2026 – Sept. 29, 2026
Year 2	Sept.30, 2026 – Sept. 29, 2027



Eligible projects and strategies

Who's eligible to apply?

- 
- Faith-based organizations
 - Social services organizations
 - Community nonprofit organizations
 - Local public health
 - Tribal governments
 - Community clinics

Applicants must be located in and conduct grant activities in the state of Minnesota.

Eligible projects

- Promote racial and/or geographic equity in perinatal health
- Reduce perinatal health disparities in communities of color, American Indian communities, and/or rural communities

Sample projects

Community
listening sessions

Culturally specific
perinatal
education classes

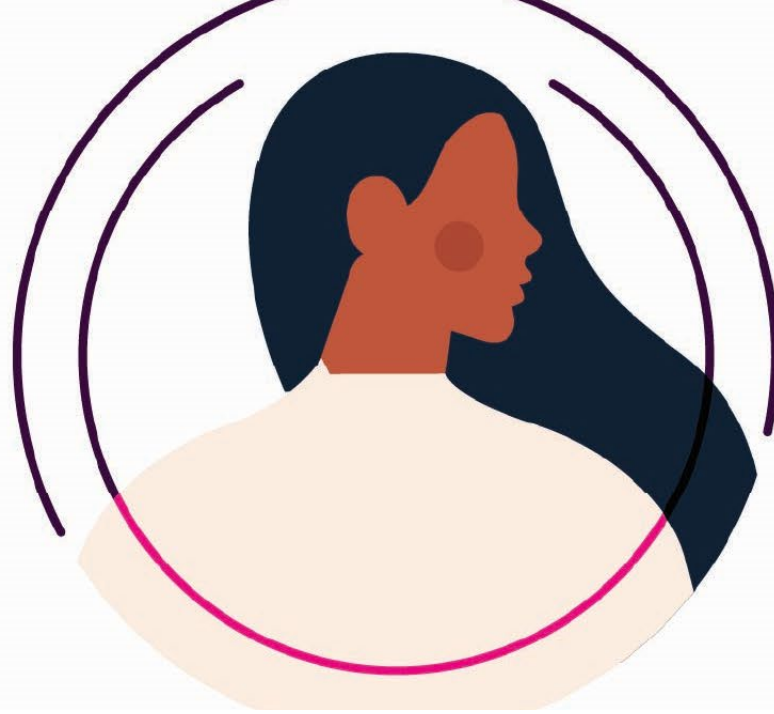
Podcast capturing
birthing
experiences

Maternal mental
health curriculum
implementation

Social media
campaign –
perinatal health
lived experiences

Video series
highlighting
perinatal health
topics

Culturally specific
training curriculum



Application components and instructions

Application checklist

- Letter of Intent (**OPTIONAL**) due by **5 p.m. on March 13**. Submit via email, health.mch@state.mn.us.
- Attachment B: Eligibility Quiz and Grant Applicant Cover Sheet
- Attachment C: Project Narrative
- Attachment D: Workplan
- Attachment E: Budget Details and Justification
- Attachment F: Application Score Sheet
- Attachment G: Conflict of Interest- Applicant
- Attachment H: Due Diligence Form
- Application due by **5 p.m. on April 3**. Submit via Foundant

Due by 5 p.m. on March 13 via email:
health.mch@state.mn.us



Letters of intent should include:

Applicant legal name.	Proposed communities and/or priority populations to be served.	Proposed geographic area to be served.	Anticipated strategy to be funded through this RFP.	Anticipated amount of funding the applicant will request.
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Eligibility Quiz - Foundant

Eligibility

Perinatal Health Innovations Grant (2026-2027)

MDH Women and Infant Health

Eligibility

i Fields with an asterisk (*) are required.

Location

What type of responsibility will your organization have with this grant?*

- Fiscal agent
- Programmatic work

What organization type is applying for this grant?*

- Non-profit organization
- Community Health Board
- Tribal Government
- For-profit organization
- Faith-based organization
- Social Services organization
- Community clinic

Please select the geographic populations you intend to serve with this funding.*

- Twin Cities metropolitan area
- Greater MN area
- Outside of MN

Three questions, if eligible can move on to the application (not scored)

Attachment B: Cover sheet/face sheet - Foundant

Fields with an asterisk (*) are required.

Form I: Grant Applicant Face Sheet (Attachment B)

C. Applicant Legal Name*

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

Applicant 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:

Up to 12 applicant demographic questions to fill out (not scored)

Attachment C: Project narrative - Foundant

Form 2: Project Narrative- Proposal Summary (Attachment C)

Section 1 Question 1*

Provide a summary of your proposal. This should communities engaged, key activities or strategies, and anticipated outcomes. (2,000-character limit, including spaces).

2,000 characters left of 2,000

Form 2: Project Narrative- Organizational Capacity (Attac...

Section 2 Question 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 (2,000-character limit, including spaces).

2,000 characters left of 2,000

Form 2: Project Narrative- Project Goals (Attachment C)

Section 3 Question 3*

Summarize the overall goals and objectives of the proposed project (2,000-character limit, including spaces).

9 application questions (scored)

Attachment D: Workplan - Foundant

Timeline is for the *entire* grant period: **June 2026 – September 2027**

The workplan should include:

- Description
- Timeline
- Key staff and partners
- Estimated number of people reached

MINNESOTA INNOVATIONS IN PERINATAL HEALTH

Objective 1:

Strategy 1.A:

Activity	Staff and community partners	Start date	End date	Activity output
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]

Strategy 1.B:

Activity	Staff and community partners	Start date	End date	Activity output
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]
[Insert activity]	[Insert staff/community partners involved]	[Insert start date]	[Insert end date]	[Insert activity output]

Attachment E: Budget details and justification - Foundant

Timeline is for the *entire* grant period: **June 2026 – September 2027**

Needs to be an Excel workbook

Budget categories:

- Salary and fringe
- Contractual services
- Travel
- Supplies and expenses
- Other
- Indirect costs

	A	B	C	D	E	F	G	H	I	
1	Organization Name:									
2	Budget Total:	\$	-							
3	Grant Period:									
4										
5	Budget Main Contact									
6		Name:								
7		Title:								
8		Email:								
9		Phone:								
10										
11	NOTE: Your budget should include <u>all</u> anticipated expenses over the grant period.									
12										
13	Salary & Fringe									
14	Staff Position	Staff Name (if known)	FTE	Salary	% Fringe (if applicable)	Fringe Total (if applicable)	Line Total			
15						\$ -	\$ -			
16						\$ -	\$ -			
17						\$ -	\$ -			
18						\$ -	\$ -			
19						\$ -	\$ -			
20						\$ -	\$ -			
21						\$ -	\$ -			
22						\$ -	\$ -			
23						\$ -	\$ -			
24						\$ -	\$ -			
25						\$ -	\$ -			
26						\$ -	\$ -			
27						\$ -	\$ -			
28						\$ -	\$ -			
29								Total for Salary & Fringe	\$ -	
30										
31	Contractual Services (Facilitators, evaluators, speakers, trainers, etc.)									
32	Subcontractor	Description of Service Provided & Timeline						Total		

Attachment G: Conflict of interest - Applicant



Applicant/Recipient Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants and recipients a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minnesota Statutes, section 16B.98, subdivision 2-3](#); Minnesota Office of Grants Management (OGM) [Grants Management Policies, Statutes, and Forms](#); and [Code of Federal Regulations, title 2, section 200.112, Conflict of Interest](#). It is helpful if the applicant/recipient explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant/recipient.

Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you as the Applicant/Recipient as it relates to this funding, obtain Applicant/Recipient signature (Applicant/Recipient to determine appropriate signer).

Notice of Confidentiality

This form is required from every applicant/recipient and is considered public data under [Minnesota Statutes, section 13.599](#).

MDH staff and external partners are required to comply with [Minnesota Statutes, section 13.599](#), which states that all information, and details, relating to an RFP (if applicable) and applications (if applicable) are non-public until grant agreements are fully executed.

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public ([Minnesota Statutes, section 43A.38, subd. 5](#)). A potential conflict of interest may exist if an

Attachment H: Due diligence form



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.

Organizational information

Organization	Information
Organization name:	
Organization address:	
Enter unique entity identifier (UEI). If no UEI, leave blank.	
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:	

- Pre-award risk assessment in accordance with federal, state and agency policies.
- Allows MDH to understand capacity of applicants and identify TA if applicant is selected.

Supplemental attachments – not scored

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 scoresheet 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 Selection – Scored up to 100 points

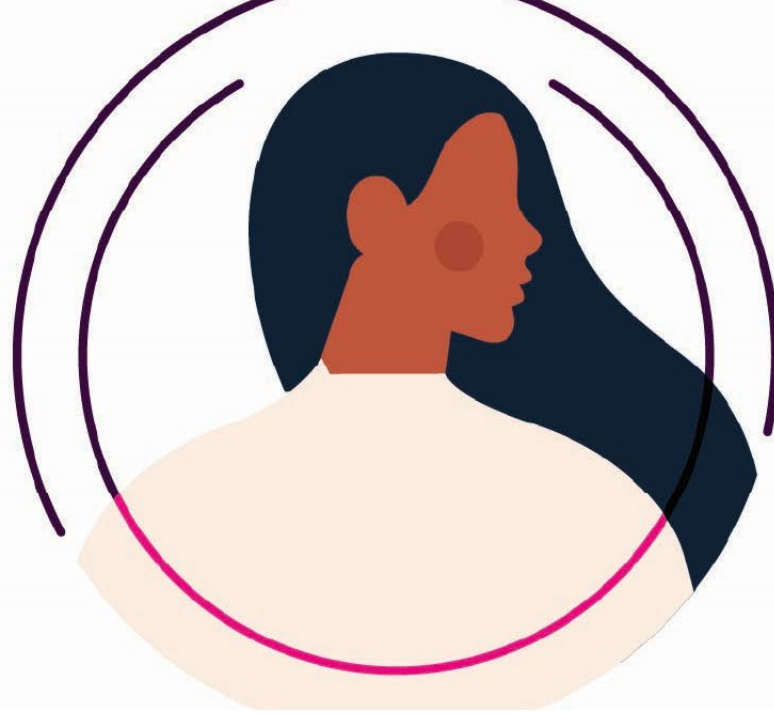
Proposal Components	Possible Points
Attachment C: Section I - Proposal Summary	5
Attachment C: Section II - Organizational Capacity	10
Attachment C: Section III – Project Goals	10
Attachment C: Section IV – Culturally Grounded Programming	40
Attachment C: Section V - Evaluation	5
Attachment D: Work Plan	20
Attachment E: Budget	10
Total	100 points



Attachment J: Background Information on Perinatal Health

Key indicators of perinatal health outcomes include but are not limited to maternal mortality, maternal health conditions such as severe maternal morbidity (SMM), substance use, and mental health, and insurance status. Many of Minnesota’s perinatal health indicators are better than national averages, but this summary information masks deep disparities between the white majority population and Black, American Indian, Latine, Asian/Pacific Islander (PI), and other communities such as rural and new immigrants.

- Maternal mortality data shows that Black and American Indian birthing people have much higher rates of maternal death compared to white birthing people in the state (Maternal Mortality: Table 3).
- From 2011-2018 in Minnesota, the highest rates of overall SMM were among populations of color, including African born, American Indian, and U.S.-born Black populations (Maternal Health Conditions: Figure 1).
- The rates of select mental health conditions, like anxiety and depression, at time of delivery hospitalization, increased in Minnesota from 2020 to 2024 (Maternal Health Conditions: Figure 5). The 2020-2024 rates varied by Minnesota State Community Health Services Advisory Committee (SCHSAC) regions (Maternal Health Conditions: Figures 6-9).
- The percent of Latinos in Minnesota without health insurance decreased by 46.7% from 2021 to 2023, however they still had the highest percentage of people without insurance in both years (Insurance: Figure 1).



Review and selection process

Review process

Review committee selection

- Multidisciplinary committee:
 - MDH
 - Local public health
 - CBO's
 - Community members
 - Content experts

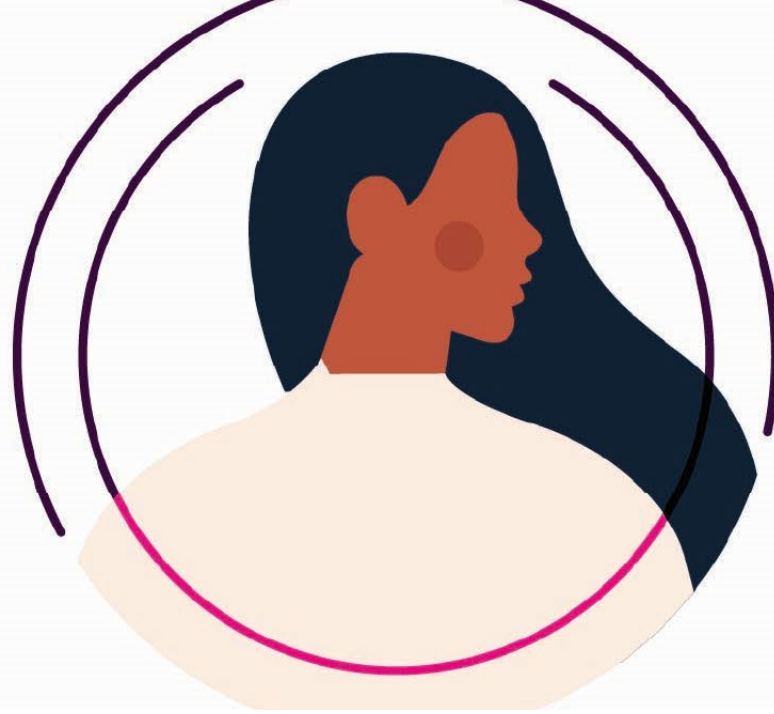
Review applications

- Review applications using the score sheet (Attachment F)
- 100-point scale
- Multiple reviewers score each application

MDH makes final decisions

- Review team scores
- Representativeness of population served
- Culturally grounded programming
- Community engagement/collaboration activities
- Geographic distribution
- Total funding available

MDH strongly encourages applicants to use the score sheet as they are creating their application



Important Dates

Key dates

March 2	RFP released
March 10	RFP Information Session
March 12	RFP TA Session on Foundant
March 13 at 5 p.m.	Optional Letter of Intent due (<i>via email</i>)
March 30	Last day to submit RFP questions (<i>via email</i>)
April 3 at 5 p.m.	Proposals due (<i>via Foundant</i>)
June 1	Estimated grant start date

Thank you!

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651-201-3772