



Minnesota Innovations In Perinatal and Infant Health

Maternal and Child Health Section

Good Morning and Welcome

- All questions and answers will be uploaded into our Frequently Asked Questions document on the website. This will be updated every Friday.
- Unanswered questions will be shared back on Frequently Asked Questions.
- Purpose of Webinar is to provide guidance and clarification.
- Please hold questions until the Question and Answer timeframe.

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 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.

Agenda

| | |
|------------------|---|
| 11:00-11:05 a.m. | Introductions and MDH staff |
| 11:05- 11:20 am. | General information and Program description |
| 11:20 – 11:50 | Request for Proposal |
| 11:50-12:00 | Questions or Comments |



Overview

This funding opportunity will support two separate categories:

- **Category 1: Perinatal Health Innovations** | Innovative activities in *community engagement and communications* focused on improving perinatal health and supporting the Perinatal Health Strategic Plan.
- **Category 2: Infant Health Innovations** | Community-based programs that focus on the 4 risk factors of infant health: *reducing preterm birth, sleep-related infant deaths, congenital malformations, and address social and environmental determinants of health.*

Important Dates

- **March 1, 2024** - Request for Proposals (RFP) released
- **March 11, 2024 (today)** – Letter of Intent Due
optional
- **March 22, 2024** – Last day to submit RFP Questions
- **April 1, 2024** – Proposals due (until 11:59 p.m. CT)
- **May 15, 2024** – Estimated start date

Funding/Awards

- Source of funding for awards is state and federal funds. No match funds required.
- Competitive process.
- Final funding determinations will be communicated through award letters. Applicant will enter into a grant agreement with MDH to receive funds.
- This request for proposal will fund projects focused on two broad infant and perinatal health categories.
- Both categories are contingent on satisfactory grantee performance and funding availability.

Category 1: Perinatal Health Innovations – total 4 grant awards

- Each applicant can be awarded up to \$35,000-40,000 for year 1 and \$20,000 for year 2; a 2-year total of \$230,000
 - Year 1 total of \$150,000 (May 15, 2024 - September 29, 2024)
 - Year 2 total of \$80,000 (September 30, 2024 - September 29, 2025)

Category 2: Infant Health Innovations – total 4 grant awards

- Each applicant can be awarded up to \$250,000 per year for a 4-year total of \$1,000,000
 - Project Period: May 15, 2024 – June 30, 2028

Category 1: Perinatal Health Innovations

- 4 Grantees

Category 2: Infant Health Innovations

- 4 Grantees

Eligible Applicants & Collaboration

- Eligible applicants include but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, Tribal governments, and community clinics. 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.
- Awardees for Minnesota Partnership for Infant Health- Two Year grants (March 2024- July 2025), may apply for these opportunities, however, supplanting of funds is not allowed. Potential awardees should make best efforts to ensure that the proposal for this project does not replace or overlap any current local, state, federal, or other funding received for the same purpose.

Eligible Applicants & 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.
- 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.

Question and Answers

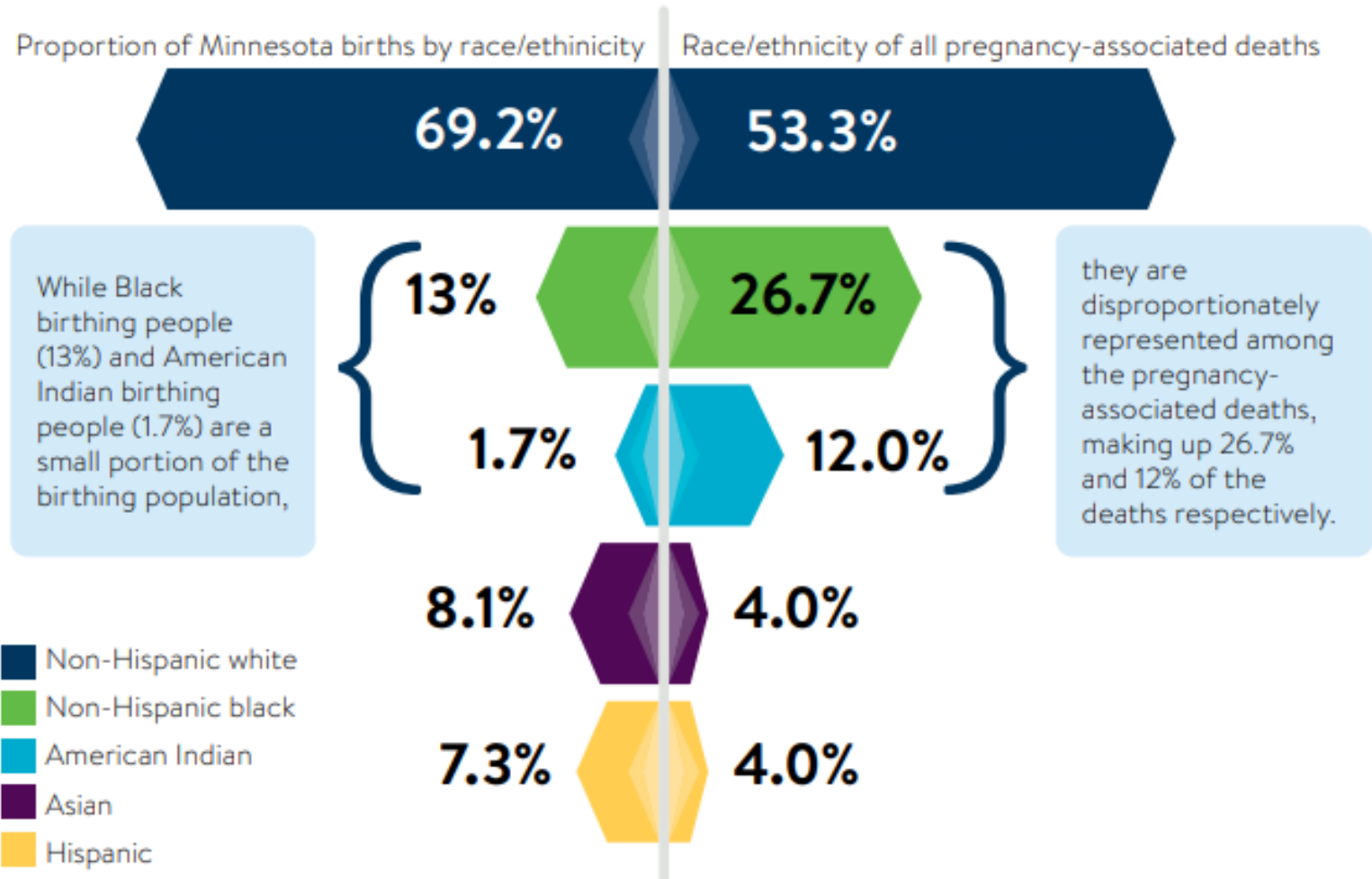
- All questions regarding this RFP must be submitted by email to health.mch@state.mn.us
- All questions and answers will be posted every Friday on the [Minnesota Innovations in Perinatal and Infant Health Website](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html)
<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html>
- Please submit questions no later than 11:59 p.m. Central Standard Time (CST), on March 22, 2024. Questions submitted after this date will not be answered. The final questions and answers will be posted to the website on March 25, 2024.
- 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 as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**



Program Details

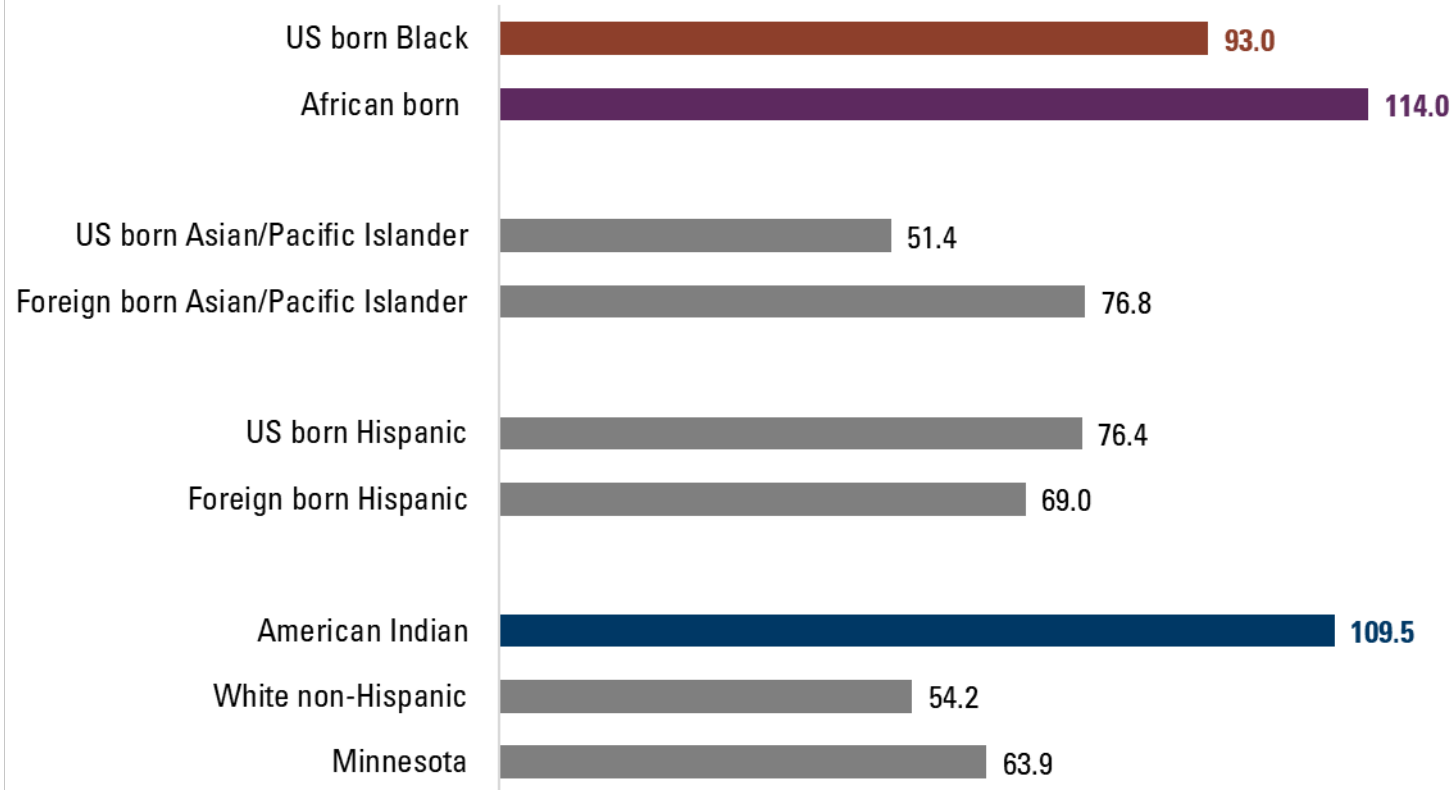
Perinatal Health Landscape

Black and American Indian birthing people are disproportionately represented more among pregnancy-associated deaths than they are in the birthing population.

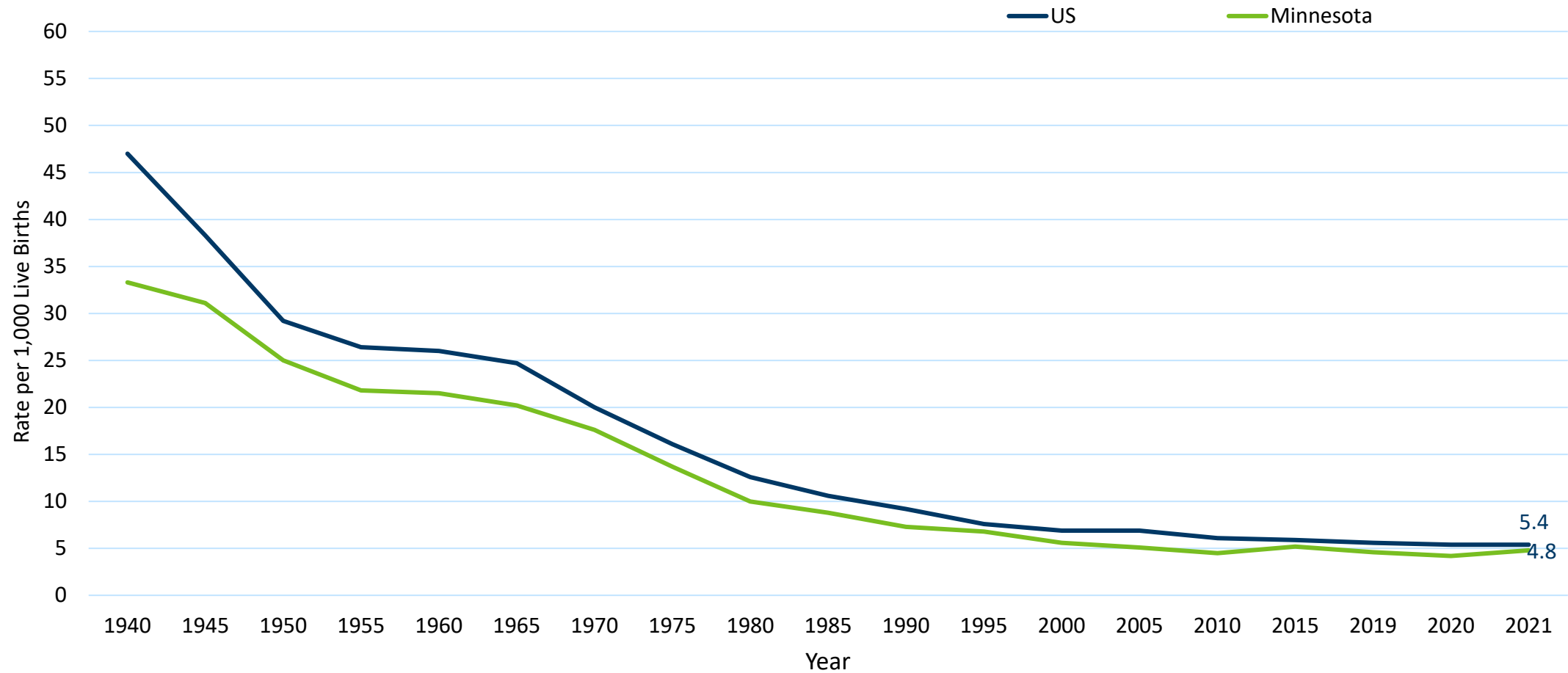


Perinatal Health Landscape

The highest rates of severe maternal morbidity (SMM), excluding transfusions, from 2011-2018 were among African born Black.

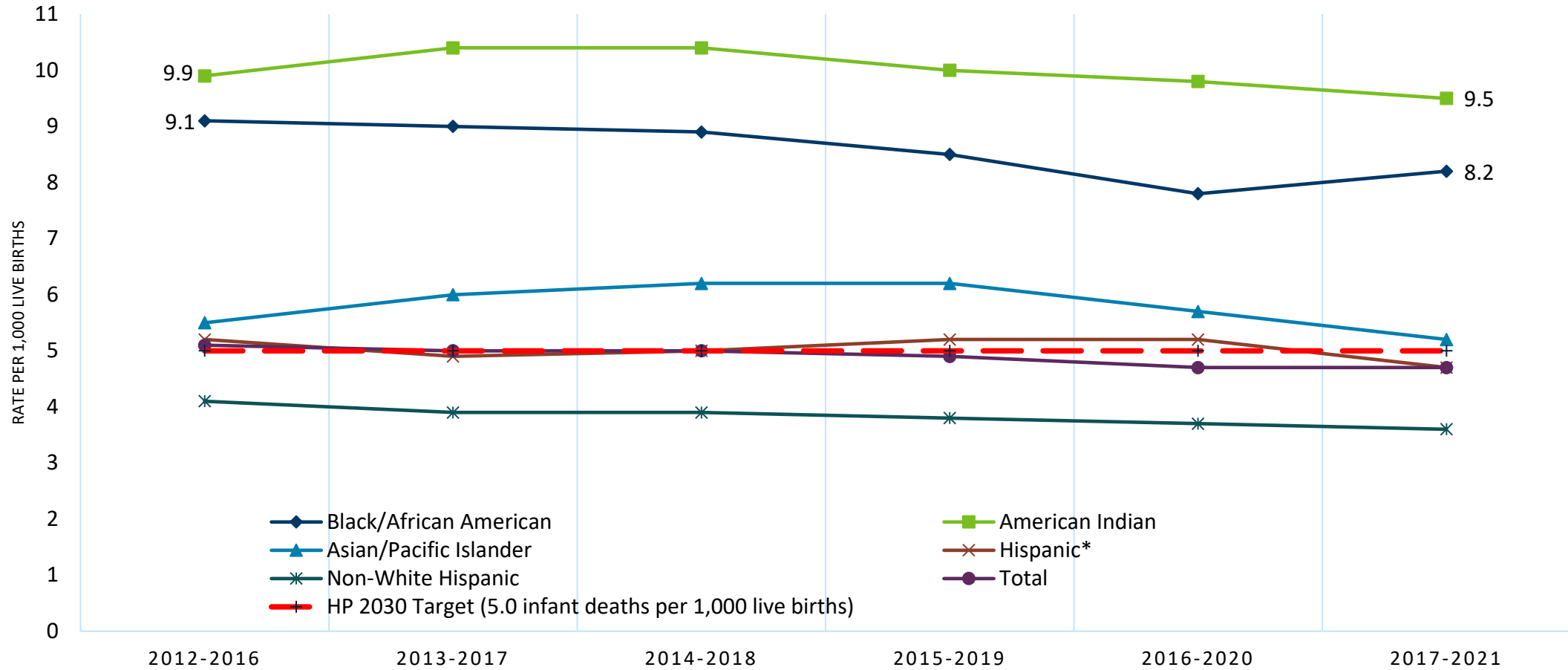


Infant Mortality Rates by Selected Years: Minnesota and U.S., 1940-2021



Source: National Center for Health Statistics & Minnesota Center for Health Statistics

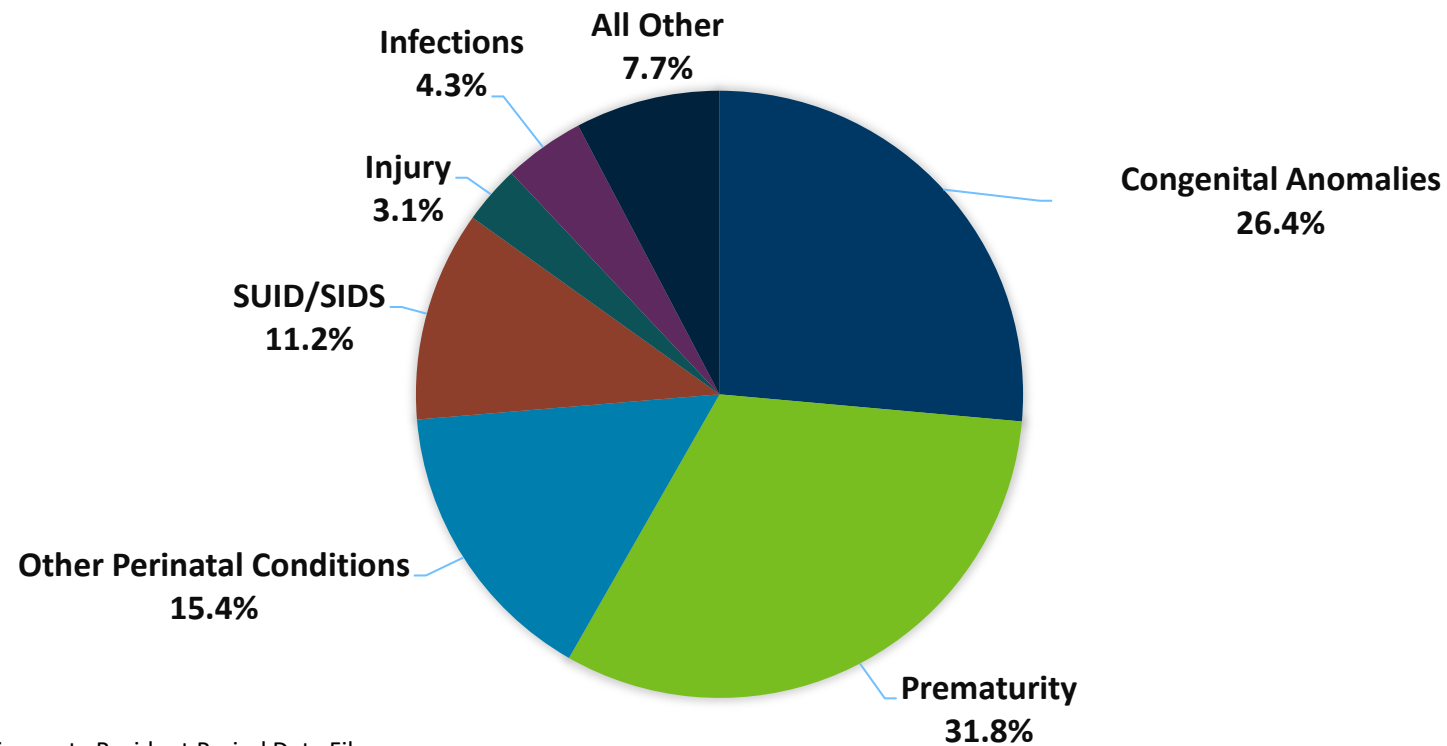
Infant Mortality Rates (five-year rolling averages) by Maternal Race/Ethnicity, Minnesota: 2012-2021



*Hispanic can be of any race

Source: Minnesota Department of Health, Linked Birth/Infant Death File

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



Source: Linked Birth-Infant Death Minnesota Resident Period Data File.

Risk and protective factors: Infant Health

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 services

Social determinants of infant health

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

- Social connections and support:
- Racism and discrimination:
- Housing: Safe, stable, and affordable housing.
- Neighborhood conditions: A safe and healthy neighborhood supports

Program goals and outcomes

The goal of these grants funds is to align and strengthen the implementation of innovative, data-driven, community-informed and supported perinatal and infant health programs to improve outcomes for communities experiencing the highest rates of disparities.

Grant outcomes will include:

- Strategies that are based off community input.
- Strategies focused on the leading causes of infant mortality.
- Strategies that address health disparities and inequities experience in the grantee's community.
- Policy, systems, and environmental changes that support perinatal and infant health.
- Increase in partnerships to support grantee organization's mission.
- Increase in staff's capacity to provide culturally specific services.

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.
- Tribal communities
- LGBTQI communities.
- Disability status.
- Rural communities.
- Geographic diversity within and across Minnesota – including Greater MN, urban/metropolitan areas.

Other Competitive Priorities

Priority will be given to applications from:

- Organizations or entities led by people of color (more than 50 percent of the board, leadership and staff are people of color) and serving communities of color.
- Organizations or entities led by American Indians (more than 50 percent of the board, leadership and staff are American Indians) and serving American Indians, including tribal nations and tribal organization.
- Community-based organizations that have historically served communities of color and American Indians and have not traditionally had access to state grant funding.
- Organizations or entities that are located/serve greater Minnesota.

Target Populations

Proposals must focus on promoting racial and geographic equity in infant and perinatal health and reducing infant and perinatal health disparities experienced by communities of color and American Indian communities.

Category 1: Eligible Activities and Strategies

This category is focused on innovative community engagement activities and/or communication activities that improve perinatal health outcomes and increase awareness of the Perinatal Health Strategic Plan. The strategic plan is estimated to be published in Spring 2024.

Main themes of this plan, include but are not limited to, advocacy, cultural recognition/sensitivity, data, mental health and substance-use disorder topic areas.

The data listed in Appendix L are key drivers in the strategic plan. Proposals for this category should incorporate both culturally responsive and data driven strategies.

Category 1: Eligible Activities and Strategies

Community Engagement

- Convene community listening sessions to gather feedback on the strategic plan.
- Host a culturally specific peer support group for pregnant and postpartum people.
- Develop partnerships with organizations working towards perinatal health outcomes.

Communications

- Develop culturally specific communications (media services may include formats like online and social media, radio, television, and print) and translations to inform community on the Perinatal Health Strategic Plan.
- Create a podcast highlighting birthing people's experiences in pregnancy.
- Implement a social media campaign focused on maternal health lived experiences with near misses and/or maternal death.

Category 2: Eligible Activities and Strategies

This category funds projects/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.

Key strategies met through program service delivery, infant health resources and/or infrastructure support that emphasize culturally responsive activities connected to improve infant health. 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.

Category 2: Eligible Activities and Strategies

- Proposals for category 2 must comply with Minn. Stat. § 145.9574: to convey thoroughness and clarity in describing the infant health issues and intention of funding request, their likelihood to achieve the grants purpose of addressing infant mortality, and a description of the population demographics and service area of the proposed project.
- This must be described with evidence of effectiveness gained through collaborative efforts. Project narratives, workplans, and budgets must be succinct, data driven, and make a clear connection to evidence-based practice/research or promising practices.

Category 2: Eligible Activities and Strategies

Projects must address all 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.

Category 2: Eligible Activities and Strategies

Culturally responsive program service delivery led by individuals who represent community receiving services to improve infant health outcomes such as:

- family home visiting (see section 1.4, no supplanting),
- community health worker model,
- community programming (examples: baby showers, grief and loss support, peer support),
- peer recovery services,
- postpartum doula,
- interconception care models,
- postpartum dyad support.

Category 2: Eligible Activities and Strategies

Infant health resources to provide training and/or education that increase community awareness of infant health such as:

- Preterm birth prevention
- Safe sleep
- Breastfeeding / nutrition services
- Birth defects prevention

Category 2: Eligible Activities and Strategies

Infrastructure support that addresses one or more elements of social and environmental determinants of health via program supports to improve infant health.

Examples to consider but not limited to: transportation, housing, education, food access, and employment.

Category 2: Eligible Activities and Strategies

Implement data-driven activities to address congenital syphilis utilizing a multi-strategy approach, by increasing ability to screen during pregnancy, increase access to testing, recommendations, and increase coordination of care for positive screening.

- Activities can include: implementation of pregnancy syphilis screening and treatment guide, increase the number of healthcare staff trained to screen for syphilis in pregnancy, educational materials for pregnant individuals to receive up to three syphilis screening during pregnancy, or referral pathways for pregnant and postpartum individuals to seek care after a positive syphilis screening.

Ineligible Expenses

Ineligible Expenses include but are not limited to:

- Activities currently funded by other MDH grants, such as family home visiting,
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Expenses not directly related to the approved work plan and not in the approved budget.
- Expenses incurred prior to receiving grant agreement.
- Any individual piece of equipment that costs more than \$5,000.
- Capital improvements or alterations.
- Cash assistance paid directly to individuals to meet their personal or family need.
- Ongoing medical care or treatment of disease(s) or disability.
- Purchase of vehicle(s) for program use.
- Land acquisition.
- Corporate formation (startup costs).

Community Engagement and Collaboration

- Community engagement is a process through which community members are involved in issue identification, problem-solving and decision-making. Applicant projects must be rooted in and driven by the community served.
- Grantees should authentically engage and work in partnership with community members experiencing inequities in perinatal and infant health to ensure activities and strategies are co-created, appropriate and welcomed by the community.
- Applicant projects should also be designed to complement and build on other related activities or initiatives in the community. Community engagement and partnership-building should be ongoing throughout the grant period.

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 of 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.

Grant Management Responsibilities

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.

All funded applicants will be asked to report the following common (across all categories) measures:

- Geographical area served (counties, zip codes, cities, etc.).
- Number of people served, disaggregated by race/ethnicity, gender, and age (if appropriate).
- Description of the practices implemented by program grantees, lessons learned and emergent best practices for improving perinatal/infant health outcomes.

Key Tasks and Deliverables

Due to the range of projects that will be funded through this RFP, MDH has developed the following key tasks and deliverables applicable to specific categories of work.

MDH may develop additional tasks and deliverables in partnership with grantees to successfully evaluate project outcomes.

Progress on these items will be reported through progress reports; frequency will be determined with grantees.

Category 1: Key Tasks and Deliverables

- Work with MDH to revise the work plan and budget before the grant start date. This may include incorporating /modifying activities related to refine goal to address the Perinatal Health Strategic Plan within the first 4 months of grant.
- Create and submit an evaluation plan within two months of the grant start date.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.
- Provide regular updates to assigned MDH grant manager. This schedule will be determined after grant agreements are fully executed.
- Participate in a Kick-off and Closing grantee gathering and other grantee meetings as determined by the MDH grant manager.
- Provide grant summary information at the end of the grant period.

Category 2: Key Tasks and Deliverables

- Develop a budget and work plan for the entirety of the grant period (4 years). Work with MDH to revise as needed.
- Grantees will be required to use part of their grant award on evaluating their project. Within the **first six months**, grantees are required to submit a logic model and an evaluation plan.
- Three mid-year updates by video call or in-person. Grantees will also submit three annual (end of year) reports. The reporting schedule will be provided to grantees upon execution of the grant agreement.
- Participate in grantee gathering(s) and other grantee meetings as determined by the MDH grant manager. This can include gatherings with programs associated with the [Minnesota Partnership to Prevent Infant Mortality](#).
- Description of the practices implemented by program grantees, lessons learned and emergent best practices to improve infant health grants.
- MDH will also work with grantees to develop and implement an assessment of policy, system, and environment (PSE) changes during the time of the community collaboration building efforts.
- MDH will work with the grantee to document unique barriers, lessons learned, and adaptations for this pilot.

Grant Management Responsibilities

Grant Monitoring

- 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.

Grant Management Responsibilities

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.

- Contracts and Bidding Requirements
- Conflicts of Interest
- Public Data and Trade Secret Materials
- Audits
- Affirmative Action and Non-Discrimination Requirements for all Grantees

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

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. 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 priority areas
- Representativeness of community engagement and collaboration
- Geographic distribution of services
- Total funding available

Review and Selection Process

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 \$50,000 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 May 1, 2024.
- 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 **September 29, 2025, for category 1, and June 30, 2028, for category 2**, contingent on satisfactory grantee performance and funding availability.



Application and Submission Instructions

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
- Categories planning to apply for (if planning to submit for more than one category, a LOI must be submitted separately for each category)
- Brief description of the proposed communities and/or priority populations to be served.
- Brief description of the geographic area to be served.
- The anticipated approaches to be funded through this RFP
- 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 March 11 to the grant interface portal, Foundant (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

Is a letter of intent required for this application?

- No, letter is encouraged but not required. In order to apply for the proposal you must acknowledge the LOI portion of Foundant, by completing steps identified in question 2.

I am unable to view the application in Foundant, how can a respondent get to the application submission environment?

- Due to the upload of the application as a new practice at MDH, applicants will need to submit a blank LOI. For this submission, please include organization name, address, and anticipated funding request.

An example for an applicant to submit if they are not formally sending a letter:

- Applicant Legal Name: Minnesota Department of Health
- Applicants Business: 625 Robert Street.
- Categories planning to apply for (if planning to submit for more than one category, a LOI must be submitted separately for each category): n/a
- Communities and/or priority populations served: n/a
- Geographic area: n/a
- Approaches to be funded: n/a
- Anticipated funding request: \$100

Application and Submission Instructions

Application Deadline

- **All applications must be received by MDH no later than 11:59 p.m. Central Time, on April 1, 2024. Late applications will not be accepted**

Application Submission Instructions

- 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.

Application Instructions

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.

Application Instructions

- 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. Dependent upon the category of application:

- Category 1: Minnesota Innovations Perinatal Health (May 2024- September 2025) application.
- Category 2: Minnesota Innovations Infant Health (May 2024- June 2028) application

Upon applying, please verify the submission is to the correct track. Application will be reviewed in the track they are submitted. If applicant applies for both, please submit necessary documentation for each proposal.

Application Forms

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

Grant Applicant Face Sheet, essential organization information

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

The project narrative describes community needs, gaps in services, and community-driven approaches to improve perinatal and/or infant health outcomes experienced by communities

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

- Category 1 Grant Period: May 2024 – September 2025
- Category 2 Grant Period: May 2024 – June 2028

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

- Category 1: Perinatal Health Innovations grant period is May 2024– September 2025.
- Category 2: Infant Health Innovations grant period is May 2024 – June 2028.

5. Supplemental Documents

Due Diligence, conflict of interest form, indirect cost questionnaire.

Application Checklist

- Letter of Intent due by 11:59 p.m. (CST) on March 11, 2024. Submit via Foundant
- Go to [SWIFT \(http://mn.gov/supplier\)](http://mn.gov/supplier) and login and confirm that your organization's name, address, phone numbers, and other contact information is correct.
- Grant Applicant Face Sheet – Current grantees: the information you put on the Face Sheet must match what is in SWIFT
- Project Narrative
- Work Plan
- Budget Details and Justification
- Conflict of Interest Form – Located on Grant Resources webpage <https://www.health.state.mn.us/about/grants/resources.html>)
- MDH Due Diligence (not-for-profit applicants only) – Located on Grant Resources webpage <https://www.health.state.mn.us/about/grants/resources.html>
- MDH Indirect Cost Questionnaire
- Application due by 11:59 p.m. (CST) on April 1, 2024. Submit via Foundant.

Section I – Proposal Summary

1. Provide a summary of your proposal. This should include category number, communities engaged, key activities or strategies, and anticipated outcomes.

Section II – Organizational Capacity

2. Is your organization led by people of color, American Indians, LGBTQIA+ or people living with disabilities (i.e., more than 50% of board and leadership identify as such)?
 - Yes, more than 50% of lead organization's board and leadership identify as people of color or American Indian or LGBTQIA+ or people living with disabilities.
 - No

Please complete the table in form by indicating the number of staff, leadership, and board members at your organization and whether they identify as people of color and/or American Indian. Refer to the definitions on RFP for more information.

Section II – Organizational Capacity (continued)

3. Describe the organization's relevant experience working with the community/communities served, addressing health disparities, and conducting activities related to the proposed project.
4. 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.
5. 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 III – Statement of Need

6. Explain how the proposed project will address perinatal and/or infant health disparities in the target community/communities.
7. Describe any gaps in services and/or resources that the project will fulfill to improve perinatal and/or infant health outcomes experienced by communities.

Section IV – Project Description

8. Summarize the overall goals and objectives of the proposed project.
9. Explain how your project will engage and/or share power and decision-making with communities of color, American Indians, disability communities, and/or LGBTQ communities.
10. Demonstrate how the proposed project represents a community-driven approach to addressing perinatal and/or infant health disparities. Include information about how activities reflect community priorities and cultural considerations, and how community members will participate in implementation of the project.
11. Describe how the proposed strategies and implementation activities are evidence-based and/or using promising practices. Briefly explain how grant activities will be monitored/evaluated for impact during the grant period.

Instructions: Add or delete objectives, strategies, tables, and rows in tables as needed according to the proposed project. The proposed project must include objectives, strategies, and activities addressing at least one of the target risk factors for preventing infant mortality. Delete the placeholders in each cell of the table and fill in the relevant information.

Project Objectives

For each target risk factor for the project, list the project objectives. **Objectives are major steps the program will take to reach its goal of reducing disparities in the risk factor(s) chosen.** Make each objective SMART:

- **Specific:** concrete and well-defined
- **Measurable:** can determine what changed and how much it changed
- **Achievable:** feasible to put into action
- **Realistic:** considers constraints such as resources, personnel, cost, and time frame
- **Time-Bound:** time frame for the objective

One way to create an objective is, “By (date), (amount of change) of (what population) will (action of change).” For example: By June 30, 2023, 20% of people living in Duluth who smoke will attempt to quit.”

Project Strategies

For each objective, specify strategies. **Strategies are general approaches to meet an objective.** Think of strategies as the “how” of the project while activities are the “what.”

For example: Provider education on smoking cessation programs and treatment

Project Activities –Work Plan Tables

The work plan tables must include all activities planned for the duration of the grant. **Activities are “what” of the project will do to meet the “how” of the strategies.** For each activity, include the: activity, staff and community partners involved, start and end date, and outputs (such as 20 participants will complete the program).

For example: Create handouts with information about various smoking cessation treatment plans.

Budget Details and Justification

Budget Summary and Justification Instructions

Please read these instructions carefully. There are 4 tabs on this workbook (refer to the bottom of the spreadsheet to identify the different tabs).

Tab 1: Instructions (this tab)

Tab 2: MDH Policy and Guidance on Indirect Costs

Tab 3: Itemized Budget (complete this tab)

Tab 4: Budget Summary (this tab automatically fills information from tab 3)

Tab 3 Instructions: Please complete all white cells with anticipated expenses over the grant period. Shaded cells will auto calculate. Each budget category should include all anticipated expenses over the grant period (through July 31, 2025).

This budget should represent your best anticipation of needed expenses at this time. However, budgets may be revised (with approval from your grant manager) at a later date if anticipated expenses change.

Per MDH policy, grantees may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantees must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantees must obtain prior written approval from MDH for line-item modifications greater than 10 percent. A grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both.

Frequently Asked Questions

- Will post questions posed during session on MDH Website by end of day Friday

1. Is a letter of intent required for this application?

1. No, letter is encouraged but not required. To apply for the proposal you must acknowledge the LOI portion of Foundant, by completing steps identified in question 2

Frequently Asked Questions

- 1. 1. Is a letter of intent required for this application?**
 1. No, letter is encouraged but not required. In order to apply for the proposal you must acknowledge the LOI portion of Foundant, by completing steps identified in question 2.
- 2. I am unable to view the application in Foundant, how can a respondent get to the application submission environment?**
 1. Due to the upload of the application as a new practice at MDH, applicants will need to submit a blank LOI. For this submission, please include organization name, address, and anticipated funding request. An example for an applicant to submit if they are not formally sending a letter:
 1. Applicant Legal Name: *Minnesota Department of Health*
 2. Applicants Business: *625 Robert Street.*
 3. Key activities and strategies: *n/a*
 4. Geographic area: *n/a*
 5. Communities and/or priority populations served: *n/a*
 6. Anticipated funding request: *\$100*
- 3. Application states character limits. Is this a word count or character count?**
 1. Applicants will have a word count limit. Foundant notes this is characters, this has been updated to reflect word count for narrative writing.

Frequently Asked Questions

1. Can proposals be emailed as a form of submission.

- a. No, all applicants must submit to Foundant by application deadline.

2. Can I discuss the grant application questions I have over the phone?

- a. Per RFP: 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.

3. Where can I find the RFP posting?

- a. The RFP is available at:

<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.htm>

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Frequently Asked Questions

- 1. Question regarding the Infrastructure Fund Innovation Projects RFP. We are currently a grantee and are planning to apply to continue funding for that project. Are we able to also apply for a new project? If we are able to submit more than one application, is it permissible to be funding for both an existing and new project?**
 - a. Page 6 of RFP states: “Awardees for Minnesota Partnership for Infant Health- Two Year grants (March 2024- July 2025), may apply for these opportunities, however, supplanting of funds is not allowed. Potential awardees should make best efforts to ensure that the proposal for this project does not replace or overlap any current local, state, federal, or other funding received for the same purpose”. If funded by other grants, these funding requests are not opportunities for continued funding of existing state grants.
 - b. Submitted goals and objectives for proposal must address the category applicant is applying.

Thank You!

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