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651-201-4700
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www.health.state.mn.us

ADDENDUM #1 – Added Questions 1j to 1n to application.

2023 Hydration Station Competitive Grant Program

Addendum No.:	<u>1</u>	Date of Addendum:	<u>October 6, 2023</u>
Due Date, Time:	<u>10/27/2023, 2:00 PM CST</u>	Revised Date, Time:	<u>No Change</u>
Grant Coordinator:	<u>Anita Smith</u>	Agency:	<u>MDH</u>

Title:

SCOPE OF ADDENDUM

The Application has been revised to add questions, 1j to 1n.

This addendum shall become part of the RFP and **MAY** be uploaded with the RFP.

ADDENDUM #1 – Added Questions 1j to 1n to application.

Appendix A - 2023 Hydration Station Competitive Grant Application

Notice: This application must be completed in order to score your grant request.

Applicant/Organization (name of primary applicant): _____

Grant Contact Name: _____

Grant Contact Phone No. and Extension: _____

Grant Contact E-mail address: _____

Mailing Address: _____

County: _____

Federal Tax ID #: _____

Will the Hydration Station unit be installed at the above location? (Yes/No) _____

If no, Name of Location: _____

Installation Mailing Address: _____

Person Authorized to Sign Grant Agreement on Behalf of the Organization:

Name: _____ Title: _____

TOTAL COST OF PROJECT (Amount Requested + Applicant Cost): \$ _____

Total Grant Amount Being Requested (**\$2,400 maximum**): \$ _____

Work Item (s) to be performed under this grant

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. **Work Item 1** – describe the work that will be performed: _____

1a. Applicant is ready and able to complete project by June 28, 2024: Yes ___ No ___

1b. Applicant is a non-profit organization: Yes ___ No ___

1c. Hydration station type: New ___ Replacement ___

1d. Installation site includes: Daycare ___ School attended by children ___

1e. Is over 50% of children serviced under 6 years of age: Yes _____ No _____

1f. Installation site estimated daily persons served: _____

1g. Installation site municipal community public water system source: _____

1h. Was your facility built before 1986 (lead plumbing): Yes _____ No _____

Provide documentation plumbing was installed prior to 1986.

1i. Installation site most recent drinking-water lead test result:

Date: _____ Tap Location: _____ Lead (ppm or mg/L): _____

***NOTE* 1 mg/L (ppm) = 1,000 ug/L (ppb)**

1j. Anticipated **outcomes** of performing this work item: _____

1k. A description of efforts to educate the target audience on drinking tap water. Please list key messages that you would promote: _____

1l. The organization must describe efforts to substitute water as a healthy alternative to sugar-sweetened beverage: _____

1m. The organization must describe reasons why fluoride is important to the oral health of the served population: _____

1n. A statement from the organization will be required to verify the condition of any existing hydration station(s) or drinking fountains, as well as the presence of lead in drinking water or plumbing materials. _____

Certification

I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant organization.

Signature: _____ Title: _____ Date: _____

NOTE: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Minnesota Department of Health
Environmental Health Division
Drinking Water Protection Program
651-201-4700
health.drinkingwater@state.mn.us
www.health.state.mn.us

09/2023 - To obtain this information in a different format, call: 651-201-4700.

Please complete the application and submit to the Minnesota Department of Health.

E-mail the form to:

Hydration Station Grant Coordinator
health.drinkingwater@state.mn.us

Appendix B - Definitions

Community Public Water System means the name of the utility that provides drinking water to the installation site.

Name of the Grant Contact means the name of the individual who will be responsible for managing the grant.

Telephone Number means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:00 a.m. to 4:30 p.m.).

E-mail means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

Mailing Address means the official mailing address of the applicant that shall be used for correspondence with MDH.

Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Organization means a person who has authority to administer a financial agreement between the applicant organization and the Minnesota Department of Health.

Total Grant Amount Being Requested means the sum of the costs of the work items that are identified in the grant application (1b + 2b)

Work Item is the hydration station equipment that is to be purchased under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

Product(s) produced or anticipated outcomes of performing this work means the tangible results of performing the work that is funded by this grant.

Unit Conversion 1 mg/L (ppm) = 1,000 ug/L (ppb)

Appendix C - Estimates for Hydration Station Costs

This form is to be completed and provided with the vendor quote. It is helpful to estimate and detail the expected costs associated with a hydration station.

Hydration station equipment will include, but will not be limited to (not all items may be applicable or necessary):

Equipment	Costs
Drinking fountain with bottle filling station (hydration station)	\$
Mounting hardware (if applicable)	\$
Replacement filter(s)	\$
Plumbing costs	\$
Miscellaneous costs	\$
Total Estimated Costs	\$

Contact information of applicant (please print)

Name: _____

Phone number: _____

E-mail address: _____

Signature: _____

Title: _____

Date: _____

Appendix D - Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98](#), subd 2-3; Minnesota Office of Grants Management (OGM) [Policy 08-01, "Conflict of Interest Policy for State Grant-Making"](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, "Conflict of Interest."](#) It is helpful if the applicant explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.

Instructions

Please read the descriptions below and mark the appropriate boxes that pertain to you and your organization as it relates to this specific Request for Proposal (RFP).

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 (Minn. Stat. § 43A.38). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

MDH recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed MDH measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH must follow statutory guidance on conflicts of interest.

I. **Organizational Conflict of Interest:**

Organizational conflict of interest means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

Example of organizational conflict of interest include, but are not limited to:

Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or

positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

II. Individual Conflict of Interest

An individual conflict of interest occurs when any of the following conditions is present:

- a. An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to the Minnesota Department of Health's (MDH) time, services, facilities, equipment, supplied, prestige, or influence.
- b. 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.
- c. 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.
- d. An applicant, or any of its employees, is an employee of the MDH or is a relative of an employee of the MDH.

Examples of individual conflict of interest include, but are not limited to:

- i. Entity A offers Entity B money to not apply to an RFP that Entity A is applying to because of tight competition and limited funding.
- ii. An individual owns Entity C and also sits on the board of Entity D and both entities are applying to the same RFP.
- iii. An individual of the applicant has, in previous work for MDH, helped create the "ground rules" for this solicitation by performing work such as: writing this solicitation, or preparing evaluation criteria or evaluation guides for this solicitation.
- iv. An individual of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity for the MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "(a) an individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([29 CFR § 553.101\(a\)](#)).

Certification and Signature Required

III. Certification

Applicant Name	
RFP Title	2023 Hydration Station Competitive Grant Program
MDH Grant Program	Oral Health and Drinking Water Protection

Select ONE of the following responses below:

1. To the best of Applicant's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
2. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict:

Name of entity/individual: _____

Relationship (e.g., Volunteer, Employee, Contractor, Family Relation): _____

Description of conflict (optional): _____

**Add additional names on separate sheet as necessary.*

By signing in the space provided below, Applicant certifies the following:

- If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant's Authorized Representative

Printed Name _____ Title _____

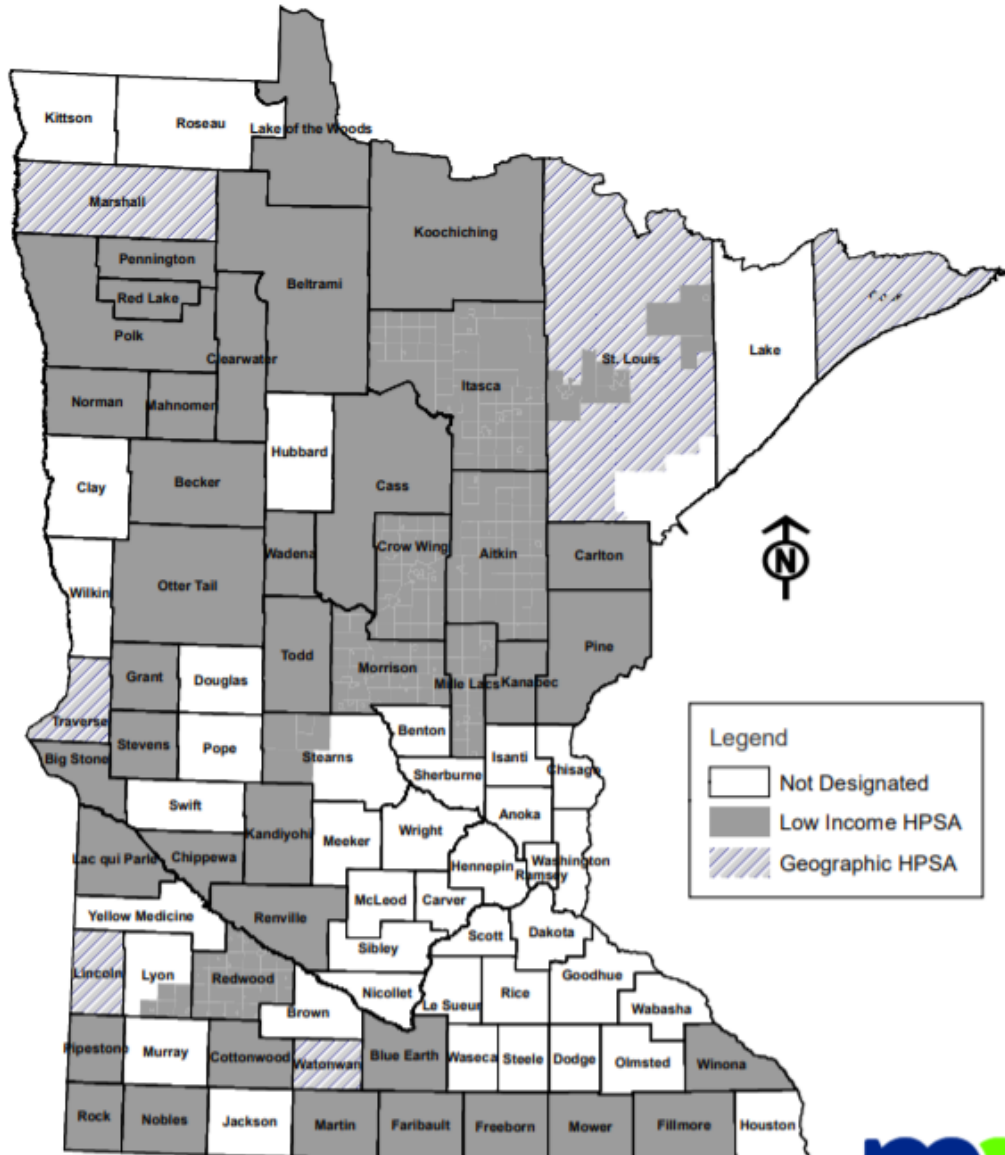
Signature: _____ Date: _____

This form is required from every grant applicant.

(This form is considered public data under Minn. Stat. § 13.599)

Appendix E - MN Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.



Source: Minnesota Department of Health
Office of Rural Health and Primary Care
State DD HPSA 2018 January



Source:
[Health Professional Shortage Areas \(PDF\)](https://www.health.state.mn.us/facilities/underserved/docs/2018hpsadental.pdf)
(<https://www.health.state.mn.us/facilities/underserved/docs/2018hpsadental.pdf>)

MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

- Applicant has no conflicts of interest(s).
- Applicant has disclosed conflict of interest(s) and appropriate MDH Program staff have reviewed the conflict(s) in accordance with MDH Policy. MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated.

(Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*)

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

Printed Name	Title
Anita Smith	Grant Coordinator
Signature	Date