

# Addressing Diabetes Through Community Solutions for Healthy Food Access Grant Application Form

## Instructions

Before completing this application, review the Addressing Diabetes Through Community Solutions for Healthy Food Access Request for Proposals (RFP) to ensure that the applicant meets all terms and conditions.

**Please complete all fields in this application (scored and unscored).**

Applications are due by **11:59 p.m. on June 12, 2024.** Please submit this application with required attachments by email to [Health.Diabetes@state.mn.us](mailto:Health.Solutions.for.Child.Development@state.mn.us) with the subject line: *Food and Nutrition Security RFP Application* – *[insert applicant organization name]*. Refer to the RFP for additional instructions on how to submit via email.

If you experience problems with the application or need the application in a different format, please call 651-201-5000.

**Remember, you must submit all documents listed below for the application to be considered complete:**

Application Form (this form)

Work Plan (Word template)

Budget (Excel template)

Due Diligence Review Form

Applicant Conflict of Interest Disclosure Form

## Section A: General Information (unscored)

### Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN)\*:

State Vendor ID:

### Fiscal Agent (if different from lead organization; leave blank if no fiscal agent)

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN):

State Vendor ID:

### Project Contact(s)

**Contact #1 (may be the same as person listed above)**

Name:

Title:

Phone:

Email:

**Contact #2 (optional)**

Name:

Title:

Phone:

Email:

### Organization Type and Makeup of Lead Organization

**Note:** This data helps MDH track the types of grantees it funds and how grantees reflect the race/ethnicity of the populations served.

Please check all the boxes that describe your organization type:

Community-based organization or entity that works with communities of color

Community-based organization or entity that works with American Indian communities

Tribal nation or tribal organization

Community-based organization or entity focused on supporting food access

Other type. (Please specify):

## Project Information

### The project serves the following community (check all that apply):

African American

African immigrant

American Indian

Asian/Pacific Islander

Hispanic/Latino/Latina/Latine

Other. Please describe:

### The proposed project is (check all that apply):

An existing project

An expansion project

A new project

### The proposed project includes a planning period (up to 3 months):

No

Yes

Length of planning period:

### List the county (or counties) where the lead organization is located:

County Location(s):

### Geographic Area(s) served or impacted by the proposed project (check all that apply):

Central Minnesota

Northeast Minnesota

Northwest Minnesota

Southeast Minnesota

Southwest Minnesota

Twin Cities metropolitan area

### Funding Request

| **Funding Period** | **Total Funding Requested** |
| --- | --- |
| First fiscal year (this should match your budget through June 30, 2025) | $  (Maximum $25,000 per year) |
| Total funding through June 30, 2026 (budget amount listed above x 2) | $  (Maximum $50,000 total) |

### Signature Instructions

You must download this form to complete the electronic signature field. You may sign using an Adobe Digital Signature or Adobe Fill and Sign. For Chromebook users, refer to Chromebook instructions below.

### Certification

*I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the lead organization.*

Name:

Signature:

Title:

Date:

#### Chromebook Instructions

1. Save the PDF you need to sign to your Chromebook’s “Downloads” folder.
2. Open your PDF by double-tapping or double-clicking it. Once the PDF is open in Chrome, tap on the pencil icon to enter annotation mode. Select the annotation tool and pick a color and pen thickness.
3. Sign your document with your stylus or finger.
4. Tap on the down-arrow button to download and select to download with your changes. Hit save.

## Section B: Summary Information (Required and not scored)

1. Provide a brief overview of the lead organization, including history, mission, and major programming. (Required and not scored)
2. Provide a list of 3-5 goals your project aims to accomplish. (Required and not scored)

## Section C: Application Questions (Scored)

As referenced in the RFP, there are 100 total possible points. This Application has one section that will be scored: Demographics (up to 5 points), Organizational History, Values and Capacity (up to 25 points), Project Narrative (up to 15 points), and Community Engagement and Collaboration (up to 20 points), plus the Workplan and the Budget (separate documents, up to 10 points each).

### Demographics (5 total points)

1. Describe the population served by your project. *(Up to 5 points*)

### Organizational History, Values and Capacity (25 total points)

1. Describe how your organization has addressed and advanced diversity, equity, inclusion, and belonging. *(Up to 5 points*)
2. Describe how the community your organization serves is affected by food and nutrition security and if any populations are disproportionately impacted. *(Up to 5 points*)
3. How has diabetes impacted the community your organization serves? *(Up to 5 points*
4. In what ways has your organization been working to improve access to healthy, affordable, and culturally relevant foods in the community? If this is new work for your organization, please explain why your organization is equipped to implement a model to improve access to healthy, affordable, and culturally relevant foods in the community. *(Up to 5 points*)
5. Who (staff, subcontractors, etc.) will do the work? What qualifications do they have? If you are working with other organizations or coalitions, describe who they are and what role they play in the project. *(Up to 5 points*)

### Project Narrative (20 total points)

1. Provide a summary of the work you plan to do. This may include communities engaged, key activities or strategies, and anticipated outcomes. *(Up to 10 points*)
2. Describe the opportunity, challenges, issues, or need for the community(ies) that your project addresses. *(Up to 5 points*)
3. How will the activities in your project help your organization achieve the project goal(s) and the goal(s) of this funding opportunity? *(Up to 5 points*)

### Community Engagement and Collaboration (15 total points)

1. How will your organization engage the population served to ensure the project activities are effective and inclusive? *(Up to 5 points*)
2. Are there other organizations or groups that will be engaged in the design or implementation of this project? *(unscored but required*)
3. Describe how your proposed project fills an unmet need or gap in the community as related to other activities, projects, or services taking place in the population(s) served. (Up to 5 points
4. Describe how your project proposal will align with at least one of the outcomes in [Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035 (www.health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf).](https://www.health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf) *(Up to 5 points*)

### Evaluation and Impact (15 total points)

1. How will you know that your project was successful? *(Up to 5 points*)
2. Describe how many participants (in numbers) are expected to benefit from the project. (*Up to 5 points*)
3. What lasting impact do you expect as a result of this project? *(Up to 5 points*)

## Additional Application Requirements

All applicants must submit a workplan and an itemized budget. These are separate attachments that must be included with your application. Find links and scoring criteria for them below.

Workplan (separate document) – Up to 10 points.

Budget and budget narrative (separate document) – Up to 10 points.

Center for Health Promotion

Diabetes, Arthritis, and Health Behavior Unit

Minnesota Department of Health

PO Box 64882 | St. Paul, MN 55164-0975

[Health.Diabetes@state.mn.us](mailto:Health.Solutions.for.Child.Development@state.mn.us) | [www.health.state.mn.us](http://www.health.state.mn.us/)

04/2024

*To obtain this information in a different format, contact:* [*Health.Diabetes@state.mn.us*](mailto:Health.Solutions.for.Child.Development@state.mn.us)