



Minnesota Innovations in Perinatal and Infant Health

GRANT REQUEST FOR PROPOSAL (RFP)

IMPORTANT DATES

March 1, 2024	Request for Proposals (RFP) released
March 11, 2024	Letter of Intent Due
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

For more information and application documents, visit the following webpage: [Minnesota Innovations in Perinatal and Infant Health RFP](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html>)

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03/01/2024

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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.

Minnesota reservations: Land cessation treaties



RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Minnesota Innovations in Perinatal and Infant Health
- **Minnesota Department of Health (MDH) Program Website:**
<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatahlhthrfp.html>;
<https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html>;
<https://www.health.state.mn.us/people/womeninfants/womenshealth/imom.html>
- **Letter of Intent:** of March 11th, 11:59 p.m. CST. Letters of Intent are not required, but they are appreciated.
- **Application Deadline:** April 1, 2024, 11:59 p.m.

1.2 Program Description

This Request for Proposals (RFP) is focused on improving infant and perinatal health outcomes for communities of color and American Indian communities. This RFP aligns two key programs within the Maternal and Child Health Section leading perinatal health innovation within communities most impacted along with investment in community-based programs addressing infant health.

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.*

Category 1: Perinatal Health Innovations is dedicated to innovative activities in community engagement and communications that address perinatal health and/or are in support of the statewide Perinatal Health Strategic Plan. This strategic plan was created by the Perinatal Subcommittee, a key part of the Innovations for Maternal Health Outcomes in Minnesota (I-MOM) program. Grant activities can be either used to support existing programming or used to create new programming.

Category 2: Infant Health Innovations seeks to create opportunities for the state to address infant mortality through the [Healthy Beginnings, Healthy Families](#) Act in 2023. Through this act, the Minnesota Partnership to Prevent Infant Mortality was established to build equitable, culturally appropriate, and inclusive systems that aim to optimize the health and well-being of young children and their families by providing grant funding to eligible entities statewide to improve infant health outcomes. The grants will fund 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 addressing social and environmental determinants of health. Grantee activities must: address the leading causes of infant mortality; identify or select strategies based on community input; focus on policy, systems, and environmental changes that support infant health; and address the drivers of poor infant health outcomes in communities that experience significant health inequities and disparities.

1.3 Funding and Project Dates

Funding

The funding sources for this RFP are state and federal funds. Category 1: Perinatal Health Innovations is federally funded by the [Health Resources and Services Administration \(HRSA\)](#) of the U.S. Department of Health and Human Services (HHS) as part of a 5-year grant cycle with a total of \$5,000,000. Category 2: Infant Health Innovations is state funded from [Minn. Stat. § 145.9574](#) (Healthy Beginning, Healthy Families Act). 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.

This request for proposal will fund projects focused on two broad infant and perinatal health categories. **If responders apply for more than one category, they must submit a separate application for each category.** The categories and anticipated funding available for each category is as follows.

Category 1: Perinatal Health Innovations

Estimated total amount to grant	\$35,000-40,000 for year 1 and \$20,000 for year 2; a 2-year total of \$230,000
Anticipated number of awards for grant/program period	4
Year 1	\$150,000 total
Year 2	\$80,000 total

Estimated grant start date May 15, 2024, and projected end date is September 29, 2024, for Year 1 and September 29, 2025, for Year 2, contingent on satisfactory grantee performance and funding availability.

Category 2: Infant Health Innovations

Estimated total amount to grant	Up to 250,000 per year for 4-year total 1,000,000
Anticipated number of awards	4

Estimated grant start date May 15, 2024, and projected end date is June 30, 2028, contingent on satisfactory grantee performance and funding availability.

Match Requirement

There is no match requirement.

1.4 Eligible Applicants

Eligible applicants may 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, 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 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.

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.

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. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the table above) than single-organization applicants.

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 [Minnesota Innovations in Perinatal and Infant Health Website](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhthrfp.html) (<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhthrfp.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 ([Minnesota Innovations in Perinatal and Infant Health](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) on March 25, 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 MDH, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

There will be one Technical Assistance (TA) session 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. The session, along with any questions from that meeting will be recorded and posted on the [Minnesota Innovations in Perinatal and Infant Health Webpage](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html).

The TA session will occur on:

Monday March 11 at 11:00 a.m. CST

- <https://minnesota.webex.com/minnesota/j.php?MTID=m4f920c7bcac577b0eec64b06b226cf63>
- Meeting number: 2488 385 9097
- Password: aYJPDQfr736

RFP Part 2: Program Details

2.1 Priorities

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.

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. Refer to [Appendix L for Background Information on Infant and Perinatal Health](#).

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.

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.

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.

2.2 Eligible Projects

Mandatory Project Requirements

Target Population

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.

Eligible Activities and Strategies

These two categories are described in detail below.

Category 1: Innovative activities in community engagement and communications focused on improving perinatal health and supporting the Perinatal Health Strategic Plan.

- Estimated total \$150,000 for Year 1 and \$80,000 for Year 2.
- Anticipated 4 awards.

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. **Eligible projects may include but are not limited to:**

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: Infant Health Innovations

- Estimated total of \$250,000 per year for a 4-year total of \$1,000,000.
- Anticipated 4 awards.

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.

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.

For Category 2 applications, 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. **Eligible projects may include but are not limited to:**

- 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.
- 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

- 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
- 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.

2.3 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. 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.

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.

Evaluation is a required component for several reasons:

- It helps grantees know if they are making progress toward their objectives and helps them report back to community partners.
- It helps MDH report to the state legislature, both to justify the use of public funds and to show the difference the funds make in the community.
- It helps document and spread the innovative projects and strategies grantees develop to address health issues in their community based on cultural knowledge and wisdom.

When grantees evaluate their own programs, with MDH assistance, they build their own evaluation capacity for future projects and initiatives. Grantees may use evaluation funds for internal staff time or to subcontract with external evaluation partners. All evaluation expenditures must be documented. Evaluation is expected to include, but is not limited to, developing a logic model and an evaluation plan, developing data collection tools, collecting and analyzing evaluation data and attending any in-state evaluation training and technical assistance events. Grantees are expected to share evaluation results with MDH and community partners.

MDH will provide evaluation technical assistance to grantees as needed to help grantees meet grant requirements and build grantee evaluation capacity.

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 quarterly progress reports, at most; frequency will be determined with grantees.

Key Tasks and Deliverables

Category 1: Perinatal Health Innovations

- 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: Infant Health Innovations

- 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 Monitoring

Throughout the grant period, MDH will monitor the grantee's progress and performance. Visits may occur virtually or in-person. [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

According to state policy, the purpose of a monitoring visit (often called a site visit) is to review and ensure progress against the grant's goals, address any problems or issues before the end of the grant period and build rapport between MDH and the grantee. Monitoring visits are an opportunity for MDH to meet grantee staff, learn more about grantee successes and challenges and see grantee work in action. MDH staff also view these visits as an opportunity to connect grantees with available resources, to learn how they can better support the grantee and provide technical assistance, and to receive feedback from the grantee to help improve the grant program.

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. The Grantee 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. Grantees will be notified at least 30 days prior to a financial reconciliation to allow sufficient time to gather and submit documentation. Please note that a financial reconciliation is not an audit.

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.

2.4 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 ([Equity in Procurement \(TG/ED/VO\) Directory / Minnesota Office of State Procurement \(mn.gov\)](#));
 - 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) - (iv) 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: The list of debarred vendors is available at:
<https://mn.gov/admin/osp/government/suspended-debarred/>.

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 ([Appendix G](#)) 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.

2.5 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 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 priority areas
- Representativeness of community engagement and collaboration
- 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 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. 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 **September 29, 2025, for category 1, and June 30, 2028, for category 2**, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

LETTER OF INTENT (LOI)

Applicants are strongly encouraged to submit a non-binding Letter of Intent (LOI) to apply for funding under this RFP. While prospective applicants are strongly encouraged to submit a letter of intent, it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a letter of intent; likewise, an applicant is not obligated to submit an application just because they submitted a letter of intent. 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, 2024** to the grant interface portal, [Foundant \(https://www.grantinterface.com/Home/Logon?urlkey=mdcfh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh)

If you do not receive a confirmation within two days of submission, please contact the MCH section line at 651-201-3650.

3.1 Application Deadline and Submission Instructions

All applications *must* be submitted electronically by **11:59 p.m. (CST) on April 1, 2024** to the grant interface portal, [Foundant \(https://www.grantinterface.com/Home/Logon?urlkey=mdcfh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh).

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by computer or technology problems. **MDH is not responsible for any computer or technology issues that may arise in the receipt of applications.**

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day of the due date/time. If you do not receive this acknowledgment email within one business day of the due date/time, it means MDH did not receive your application/documents. Please contact the MCH section at health.mch@state.mn.us or at 651-201-3650 immediately after the one business day for further instructions.

3.2 Application Instructions

Please submit all materials listed on the Application Checklist (Appendix A) for the application to be considered complete.

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. 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. 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.**

3.4 Application Forms

1. Grant Applicant Face Sheet (online entry; not scored)

Applicants shall complete and submit [Appendix B: Grant Applicant Face Sheet](#) 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. Project Narrative (online entry/upload; scored)

Applicants shall complete and submit [Appendix C: Project Narrative](#) as part of their application. 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. Workplan (Excel Workbook/upload; scored)

Applicants shall complete and submit [Appendix D: Workplan template](#) 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 entire grant period.

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

The workplan must also include start and completion dates for all activities.

The [Workplan template](#) is available within the RFP and can be found on the webpage: [Minnesota Innovations in Perinatal and Infant Health](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html>)

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

Applicants shall complete and submit [Appendix E: 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: [Minnesota Innovations in Perinatal and Infant Health](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html>)

- 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 (not scored)

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

- Applicant Conflict of Interest Form ([Appendix G](#))
- Due Diligence Form ([Appendix H](#))
- Indirect Cost Questionnaire ([Appendix I](#))

RFP Part 4: Appendices

- [Appendix A: Application Checklist](#)
- [Appendix B: Grant Applicant Face Sheet](#)
- [Appendix C: Project Narrative](#)
- [Appendix D: Work Plan Template](#)
- [Appendix E: Budget Details and Justification](#)
- [Appendix F: Application Score Sheet](#)
- [Appendix G: Conflict of Interest Form](#)
- [Appendix H: Due Diligence Form](#)
- [Appendix I: Indirect Cost Questionnaire](#)
- [Appendix J: Glossary of Terms](#)
- [Appendix K: Selected Resources](#)
- [Appendix L: Background Information on Infant and Perinatal Health](#)

Appendix A: Application Checklist

- Letter of Intent due by 11:59 p.m. (CST) on March 11, 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 / Minnesota Management and Budget \(MMB\) \(mn.gov\) SWIFT Vendor Resources](https://mn.gov/mmb/accounting/swift/vendor-resources/) (https://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
- Conflict of Interest- Applicant (see Appendix G)
- Due Diligence Form (see Appendix H)
- Indirect Cost Questionnaire (see Appendix I)
- Application due by 11:59 p.m. (CST) on April 1, 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 _____

Additional Information

Information to be entered into Foundant to provide detail on communities of service.

Select the communities you intend to serve (select all that apply):

- African American
- African immigrant
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino/Latina/Latine
- LGBTQIA+ communities
- People living with disabilities
- Faith-based communities
- Other – please describe below
 - Description of ‘other’ community served (optional)

Geographic area(s) served (select all that apply):

- Central Minnesota
- Northeast Minnesota
- Northwest Minnesota
- Southeast Minnesota
- Southwest Minnesota
- Twin Cities metropolitan area
- Other- please describe below
 - Description of “other” geographic area served (optional):

Appendix C: Project Narrative

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. (1,000-character limit, including spaces).

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 below 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 the demographics page for more information.

	Total Number	Number of People of Color and/or American Indians	Percentage of people of Color and/or American Indians
Staff on Project			
Leadership			
Board			

Definitions:

People of color and American Indians may include anyone who identifies as a person of color or American Indian. If an organization has a predetermined definition, they may use that to determine the numbers above.

Leadership includes all senior leadership positions within lead organization, which may include president, vice president, executive director, assistant executive director, chief executive officer, chief financial officer, chief operating operator, directors, managers and/or supervisors.

Board refers to board of directors for nonprofit applicants. If the lead organization does not have a board, include the makeup of the board of directors for the fiscal agent. For tribal government applicants, please include the makeup of Tribal Council.

3. Describe the organization's relevant experience working with the community/communities served, addressing health disparities, and conducting activities related to the proposed project (1,000-character limit, including spaces).
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 (1,000-character limit, including spaces).
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 (1,000-character limit, including spaces).

Section III - Statement of Need

6. Explain how the proposed project will address perinatal and/or infant health disparities in the target community/communities (1,000-character limit, including spaces).
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 (2,000-character limit, including spaces).

Section IV – Project Description

8. Summarize the overall goals and objectives of the proposed project (1,000-character limit, including spaces).
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. (1,000-character limit, including spaces).
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 (2,000-character limit, including spaces).
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 (2,000-character limit, including spaces).

Appendix D: Work Plan Template

The work plan template is available as a separate word document Appendix, Appendix D: Work Plan Template, found on the grant webpage: [Minnesota Innovations in Perinatal and Infant Health\(https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatahlthrfp.html\)](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatahlthrfp.html).

Please complete your work plan on this document and submit it as part of your application. Please note that for both categories, the workplan timeline is for the entire grant period.

- Category 1 (May 2024 – September 2025)

- Category 2 (May 2024 – June 2028)

The workplan should include the following:

- Description of each activity
- Timeline for each activity
- Key staff and partners involved for each activity
- Estimated number of people reached through each activity

Appendix E: Budget Details and Justification

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.

For both category applicants, the budget narratives should provide a brief but sufficient explanation of how funds are proposed over grant period.

Applicants are strongly encouraged to use the Microsoft Excel template provided on the grant webpage: [Minnesota Innovations in Perinatal and Infant Health](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html) (<https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html>).

The Budget Template and Justification is a scored section for a total of 10 out of 100 points

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 \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp).

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 (<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 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
Appendix C: Section I - Proposal Summary	5
Appendix C: Section II - Organization Capacity	25
Appendix C: Section III - Statement of Need	10
Appendix C: Section IV - Project Description	30
Appendix D: Work Plan	20

MINNESOTA INNOVATIONS IN PERINATAL AND INFANT HEALTH

Proposal Components	Possible Points
Appendix E: Budget	10
Total	100 points

Scoring Sections

APPENDIX C: SECTION I. PROPOSAL SUMMARY (5 POINTS)

Criteria	Score (1-5)
1. The proposal summary is clear and concise and includes category number, communities engaged, key activities or strategies, and anticipated outcomes.	

APPENDIX C: SECTION II. ORGANIZATIONAL CAPACITY (25 POINTS)

Criteria	Score (1-5)
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)?* <input type="checkbox"/> Yes (5 points) <input type="checkbox"/> No (0 points)	X 2
3. The applicant describes the organization’s relevant experience working with the community/communities served, addressing health disparities, and conducting activities related to the proposed project.	
4. The applicant describes 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. The applicant demonstrated organization’s previous experience working with the State of Minnesota, including agencies, activities completed, length of time, and amount of money awarded	
Total score points for this section:	

APPENDIX C: SECTION III. STATEMENT OF NEED (10 POINTS)

Criteria	Score (1-5)
6. The applicant clearly explains how their project will address health disparities in one or more perinatal health topics in the target community/communities.	
7. The applicant clearly identifies how their project will fulfill a gap in services and/or resources in the target community.	
Total score points for this section:	

APPENDIX C: SECTION IV. PROJECT DESCRIPTION (30 POINTS)

Criteria	Score (1-5)
8. The project goals and objectives are clear, measurable, feasible and appropriate for the target population(s).	x 2
9. The applicant clearly explains how their project will engage and/or share power and decision-making with communities of color, American Indians, disability communities, and/or LGBTQ communities.	
10. The applicant clearly demonstrates 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. The applicant states the strategies and activities of implementation, provides clear description of evidence-based or promising practice and ability to monitor/evaluate impact during the grant period.	X2
Total score points for this section:	

APPENDIX D: WORK PLAN (20 POINTS)

Criteria	Score (1-5)
1. The work plan as a whole provides a clear picture of the scope and timeline of the proposed project.	
2. The activities are clear and comprehensive and will achieve the identified objectives and strategies.	
3. The work plan outlines each activity that includes the staff involved; external partners involved; expected timeline; an estimate of the number of people reached by the activity; and outputs.	

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Criteria	Score (1-5)
4. The work plan project goals and objectives are tangible, measurable, and achievable, must connect to the project narrative. Objectives should address the key activities and strategies of the category, in a feasible timeframe.	
Total score points for this section:	

APPENDIX E: 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.	
2. The budget narrative includes a clear and reasonable description of how funds will be used. 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:	

Appendix G: Conflict of Interest Form

Refer to <https://www.health.state.mn.us/about/grants/coiapplicant.pdf> for Conflict-of-Interest form.

Appendix H: Due Diligence Form

Refer to <https://www.health.state.mn.us/about/grants/duediligence.pdf> for due diligence form.

Appendix I: Indirect Cost Questionnaire

Refer to <https://www.health.state.mn.us/people/womeninfants/womenshealth/attachhindqst.pdf> for indirect cost questionnaire.

Appendix J: Glossary of Terms

Refer to grant webpage ([Minnesota Innovations in Perinatal and Infant Health \(https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html\)](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html)) for Appendix J: Glossary of Terms.

Appendix K: Selected Resources

Refer to grant webpage ([Minnesota Innovations in Perinatal and Infant Health \(https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html\)](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html)) for Appendix K: Selected Resources.

Appendix L: Background Information on Perinatal and Infant Health

Refer to grant webpage ([Minnesota Innovations in Perinatal and Infant Health \(https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html\)](https://www.health.state.mn.us/people/womeninfants/womenshealth/perinatalhlthrfp.html)) for Appendix L: Background Information on Perinatal and Infant Health.