Minnesota Department of Health

# Attachment A: Grant Application Youth Suicide Prevention Learning Collaborative Grant

**Includes Narrative Questions, Work Plan, Budget Summary, and Detailed Budget**

The Minnesota Department of Health (MDH) is soliciting proposals for a lead organization to participate in a monthly learning collaborative to prepare and assist grantees and their community partners to develop effective systems for identifying and responding to youth 10-24 years with a potential mental health concern or suicide risk. MDH is seeking grant proposals for the grant period September 1, 2024-August 31, 2026.

Please provide the following information below.

Organization Name:

Mailing Address:

Primary Contact Name:

Phone:

Email:

CEO/Director/Administrator Name:

Phone:

Email:

## Grant goals

This grant will provide foundation skills through monthly learning collaborative sessions to prepare communities to learn how to implement and coordinate a community wide effort to:

* Align local referral resources for mental health, mobile crisis, and the 988 Suicide and Crisis Lifeline.
* Work collaboratively with formal and informal support systems to implement best practices, to improve suicide risk identification among youth ages 10-24.
* Promote timely follow-up care for individuals experiencing a suicidal crisis.
* Increase knowledge of how to identify, support, and help those who are experiencing mental health challenges or who are having suicidal ideations.

## Grant outcomes will include:

* Community co-leads will convene meetings with the full core team to facilitate ongoing information sharing and discussion.
* Community organizations making up the core team will complete a community assessment at the outset of the cohort evaluating current practices for identifying, referring, and supporting youth at potential risk of suicide. A second community assessment will be completed at the end of the cohort evaluating progress.
* Community core team will assess current local supports and resources creating a community resource map.
* Community core team will utilize community assessment results with information gained in the learning collaborative sessions to collaborate, create, and finalize protocols for a mental health referral pathway to care documented in a format that can be distributed in the community.
* Create a suicide prevention training plan to build community member competence, confidence, and skills to identify, refer and connect youth needed supports through the referral pathway.
  + Applicants will partner with MDH to report any trainings, outreach, and activities within the defined community.

## Instructions (Application guidance for preparing your projective narrative responses, work plan, and budget)

Please use Attachment C: Application Scoring Criteria Scorecard as a guide to prepare your application. This will help ensure that all components are included in your proposal. The following are the scores and weights in which applications will be evaluated based on the following criteria:

* Section 1: Organizational Capacity: 10 points
* Section 2: Project Narrative and Work plan: 10 Points
* Section 3: Equity: 5 Points
* Section 4: Budget: 5 Points

## Youth Suicide Prevention Learning Collaborative Grant application:

* Section 1: Organizational Capacity (250-word limit)
* Section 2: Project Narrative and Work plan (1,000-word limit, does not include Work plan. Work plan may be submitted as a separate attachment)
* Section 3: Equity (250-word limit)
* Section 4: Budget Summary, Detail and Justification (Form A attachment)

Parameters: one-inch margins, size 12 font, single-spaced are required. Tables and charts may be 10-inch font, single-spaced.

## Eligible activity

**Youth Suicide Prevention Learning Collaborative Grant** – Participate in two-year learning cohort to implement and coordinate a community mental health referral pathway to care.

## Section 1: Organizational capacity (10 Points)

1. Briefly describe the applicant organizations commitment to participate in monthly learning collaborative sessions to implement and coordinate a suicide prevention community mental health referral pathway to care.
   * Describe your current staff capacity to convene a core team of individuals.
   * Share an example of how the applicant organization has collaborated with external organizations or agencies. The example can include either an on-going relationship or a specific project.

## Section 2: Project narrative and work plan (10 Points)

1. It is a requirement of this grant that the priority population be youth ages 10-24. Please share information about the priority population, youth 10-24, that you plan to serve.
2. Describe the geographic area(s) in which the project activities will take place. Describe how these areas were selected and what data was used for the analysis.
   1. Include qualitative or quantitative data to demonstrate the need in the selected geographic area, focusing on mental health and suicidal experiences.
   2. Describe any disparities or inequities of youth aged 10-24 that you uncovered from your data.
3. Describe the plan to engage a multi-sector core team to implement and coordinate community pathway to care for youth at risk of suicide. Specifically, how will you engage youth-serving organizations, educational systems, local, state, and tribal government, healthcare, behavioral health, mobile crisis response, faith based and cultural communities, civic/volunteer groups, community members including individuals with lived-experiences.
4. A sample year one work plan can be found in **Attachment A: Form C**. Please complete this work plan utilizing the sample, and make changes, if necessary. If changes to the work plan are made, please provide an overview along with justification for the changes.

## Section 3: Equity (5 Points)

1. Describe how the applicant organization will ensure that the community core team will reflect the demographics of the community.
2. If a core team is already established that will be used to move this project forward, does the membership of that group reflect the community? If not, what steps would you take to ensure the membership is reflective of the community?
   1. Describe how you will engage the priority population, youth aged 10-24 within the work and demonstrate how the workplan will ensure inclusiveness of the priority population.

## Section 4: Budget summary and budget detail and justification (5 Points)

Complete the following form:

1. **Attachment A, Form A** - Two-year budget summary based on the total grant request for all eligible activities applied for.
2. **Attachment A, Form B** - The budget detail and justification are for the first year (year one) of the grant period.

## Attachment A: Form A – two-year budget summary

Applicants are required to submit a two-year budget summary based on the total grant request amount for all eligible activities applied. This will be followed by the first-year detailed budget that includes year one of the grant period for all eligible activities. In the table below, remove the dollar sign in column two of each row and fill in the appropriate dollar amount requested.

Grant application information

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Budget Period:** | **September 1, 2024 – August 31, 2026** |
| **Annual Award Amount:** | $ Enter dollar amount |
| **Budget Contact Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

Budget summary (2-year grant budget summary)

|  |  |
| --- | --- |
| **Budget by Line Item** | **September 1, 2024 – August 31, 2026** |
| Salaries and Fringe | $ Enter dollar amount |
| Contractual Services | $ Enter dollar amount |
| Travel Expenses | $ Enter dollar amount |
| Supplies and Expenses | $ Enter dollar amount |
| **Subtotal** | $ **Enter dollar amount** |
| Administrative Costs | $ Enter dollar amount |
| **GRANT FUNDS TOTAL** | $ Enter dollar amount |

## Attachment A: Form B -year one budget detail and justification

Instructions: Applicants are required to submit a year one budget. The budget detail and justification should include all anticipated expenses in the first year of the grant period. Each budget category should be completed. If you do not anticipate expenses in one or more budget categories, please list the total amount as $0.00. Awarded grant recipients will be required to submit an annual budget.

Grant application information

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Budget Period:** | September 1, 2024 – August 31, 2026 |
| **Annual Award Amount:** | $Enter dollar amount |
| **Budget Contact Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

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|  |  |
| --- | --- |
| **Revision #:** | Click or tap here to enter text. |

Salary and fringe

*For each funded position, list the title, position justification including expected rate of pay, full-time equivalent, and fringe percent. Additional rows can be added or deleted, if needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Position Justification** | **FTE** | **Fringe %** | **Total (dollars)** |
| Position Title | Click or tap here to enter text. | FTE | Fringe | $ Enter amount |
| Position Title | Click or tap here to enter text. | FTE | Fringe | $ Enter amount |
| Position Title | Click or tap here to enter text. | FTE | Fringe | $ Enter amount |
| Position Title | Click or tap here to enter text. | FTE | Fringe | $ Enter amount |
| **Annual Salary and Fringe Total:** | | | | $ Enter Amount | |

Contractual services

*List the services you expect to contract out, the contractor’s or consultant’s name, whether the contractor is non-profit or for-profit, the length of time the services will be provided and the total amount you expect to pay. Supplies and travel should be included, if applicable. Itemize equipment rented or leased for the project. Additional rows can be added or deleted, if needed.*

|  |  |  |
| --- | --- | --- |
| **Contractor** | **Description of Service** | **Total (dollars)** |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| **Annual Contractual Services Total:** | | $ Enter Amount |

Travel

*Explain your expected instate travel costs, including mileage, hotel, and meals. If program staff will travel, itemize the costs, frequency, and the nature of the travel. Please add $200 for annual grantee conference.  Additional rows can be added or deleted, as needed.*

|  |  |
| --- | --- |
| **Description of Travel** | **Total (dollars)** |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Annual Travel Total: | $ Enter Amount |
| **Annual Travel Total:** | $ Enter Amount | |

## Supplies and expenses

*Briefly explain the expected costs for items and services you will purchase to run your program. Include telephone expenses that are part of your proposal. Estimate postage if it is part of the project. List any printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the course of the project, equipment and items such as additional rent for program space, participant transportation, participant training and other direct costs as needed. Additional rows can be added or deleted, if needed.*

|  |  |
| --- | --- |
| **Description of Supplies and Expenses** | **Total (dollars)** |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| **Annual Travel Total:** | $ Enter Amount | |

Subtotal

*Enter the subtotal of expenses from all budget categories.*

|  |  |
| --- | --- |
| **Salary and Fringe:** | $ Enter Amount |
| **Contractual Services:** | $ Enter Amount |
| **Travel:** | $ Enter Amount |
| **Supplies and Expenses:** | $ Enter Amount |
| **Subtotal:** | $ Enter Amount |

Administrative costs

*Administrative costs are defined as “costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function or activity but are necessary for the general operation of the organization and the conduct of activities it performs.” Examples of such expenses include accounting, administrative, and costs to operate and maintain facilities, not to exceed 10% of overall budget, unless you have an approved federal rate that is higher. Explain in just a sentence or two how you arrived at this percentage or how the calculations were derived.*

|  |  |
| --- | --- |
| **Administrative Cost:** | $ Enter Amount |

Award funds total

|  |  |
| --- | --- |
| **Subtotal:** | $ Enter Amount |
| **Administrative Cost:** | $ Enter Amount |
| **Grant Total:**  **(Subtotal + Administrative Cost)** | $ Enter Amount |

Minnesota Department of Health   
Suicide Prevention Unit   
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PO Box 64975   
St. Paul, MN 55164-0975   
651-201-5400   
[health.suicideprev.mdh@state.mn.us](mailto:health.suicideprev.mdh@state.mn.us)   
[www.health.state.mn.us](http://www.health.state.mn.us/)

4/23/2024

*To obtain this information in a different format, call: 651-201-5400*