



Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care

GRANT REQUEST FOR PROPOSAL (RFP)

Important Dates:

- May 13, 2026: Request for Proposals Released
- May 28, 2026: Informational Webinar Session
- June 15, 2026: Last day to submit RFP Questions
- July 1, 2026: Proposals due
- Aug. 2026: Award applicants
- Oct. 1, 2026, or when grant is fully executed: Grant begins
- June 30, 2028: Grant ends

Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5000
health.diabetes@state.mn.us
www.health.state.mn.us

05/13/2026

To obtain this information in a different format, call: 651-201-5000.

Table of Contents

Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care.....	1
RFP Part 1: Overview	3
1.1 General Information	3
1.2 Program Description.....	3
1.3 Funding and Project Dates	4
1.4 Eligible Applicants.....	4
1.5 Questions and Answers	5
RFP Part 2: Program Details and Requirements	7
2.1 Background Information.....	7
2.2 Eligible Projects.....	9
2.3 Mandatory Project Requirements	11
2.4 Expenses.....	13
2.5 Review and Selection Process.....	14
RFP Part 3: Application and Submission Instructions	15
3.1 Application Deadline	15
3.2 Application Submission Instructions	15
3.3 Application Instructions.....	16
RFP Part 4: Grant Responsibilities and Provisions	17
4.1 Grant Management Responsibilities	17
4.2 Grant Provisions	18
RFP Part 5: Attachments	22
Attachment A: Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care Application Form	22
Attachment B: Grant Application Scoring Criteria.....	23
Attachment C: Work Plan template.....	26
Attachment D: Budget Summary and Narrative.....	26
Attachment E: Due Diligence Form.....	26
Attachment F: Applicant/Recipient Conflict of Interest Disclosure.....	26
References	26

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care
- **Minnesota Department of Health (MDH) Program Website:** [Minnesota Department of Health - Diabetes \(health.state.mn.us/diseases/diabetes/index.html\)](https://health.state.mn.us/diseases/diabetes/index.html)
- **Application Deadline:** July 1, 2026

1.2 Program Description

The Minnesota Department of Health (MDH)'s Diabetes Unit is requesting proposals to improve health and reduce impacts of food and nutrition insecurity for people with or at risk for diabetes or prediabetes. Project proposals will achieve outcomes from the [Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035 \(MN 2035 Plan\)](https://health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf) (health.state.mn.us/diseases/chronic/docs/mn2035plan.pdf) to support people across the lifespan with or at risk of diabetes.

This grant program seeks to support new or existing innovative models to help people impacted by structural or institutional factors reliably access high-quality nutritious foods, avoid hunger, and stay healthy. To promote sustainability, the projects should address food access at a systems or population level versus at an individual level. All projects must describe how they will pilot or expand these efforts for people with or at risk for diabetes while also increasing awareness, enrollment and retention in the evidence-based programs National Diabetes Prevention Program (National DPP) and/or Diabetes Self-Management Education and Support Program (DSMES).

This grant RFP is supported through funding [CDC-RFA-DP23-0020, A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk of Diabetes](https://www.cdc.gov/diabetes/funding-opportunity/cdc-rfa-dp-23-0020-recipients.html) (www.cdc.gov/diabetes/funding-opportunity/cdc-rfa-dp-23-0020-recipients.html) from the Centers for Disease Control and Prevention (CDC). The CDC-RFA-DP23-0020 seeks to address gaps in healthcare by reducing barriers, such as transportation to medical appointments, impacting successful access to and participation in evidence-based diabetes management and type 2 diabetes programs and services, including the National DPP lifestyle change program (LCP) and diabetes self-management and support (DSMES) services. The CDC RFA allows MDH to focus on reducing health imbalances for populations greatly affected by establishing statewide evidence-based approaches to address barriers hindering successful diabetes management and type 2 diabetes prevention.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, applicants may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

In a competitive process, all applications are judged based on criteria defined in Attachment B: Grant Application Scoring Criteria. Only the applications that best meet the criteria for funding receive funds.

Work on the grant can only start once a grant contract with MDH has been *fully executed* or agreed upon and signed by representatives from both the funded organization and MDH. Work on the grant can officially start on the *effective date*, the day the contract has been fully executed. Starting on the effective date until the end date, the funded organization can *incur eligible expenditures* or spend grant dollars for approved types of spending described in the contract and budget.

Funding	Estimate
Estimated Amount to Grant	\$75,000 annually
Estimated Number of Awards	2-3 awards
Estimated Annual Award Maximum	\$37,500
Estimated Annual Award Minimum	\$25,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is **Oct. 1, 2026**, or when the grant is fully executed, and the end date is **June 30, 2028**. The grant period will be **21 months** based on satisfactory grantee performance and funding availability. Two to three grantees will be awarded \$15,000 at a minimum annually for 21 months.

- Informational Webinar Session: May 28, 2026
- Last day to submit RFP questions: June 15, 2026
- Estimated month applicants to receive award and denial notice: August 2026

1.4 Eligible Applicants

Eligible applicants may include, but are not limited to:

- Community-based organizations
- Nonprofit organizations

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

- Faith-based organizations
- Tribal governments
- Social service organizations
- Clinics or healthcare organizations
- Local government agencies

All selected grantees will need a state vendor ID number and Unique Entity ID (UEI) in order to receive the grant award. Applicants have a vendor number if they have received a grant from MDH in the past. MDH encourages all applicants to apply now for both IDs to reduce administrative delays for awarding funding. If applicants do not have a state vendor number or are unsure what the number is, please visit the [Swift Supplier Portal \(mn.gov/mmb/accounting/swift/\)](https://mn.gov/mmb/accounting/swift/). If applicants do not have or do not know their unique entity ID, please visit the unique entity [ID registration page \(sam.gov/entity-registration\)](https://sam.gov/entity-registration).

Organizations may apply with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization as a fiscal agent. The Center for Health Promotion is dedicated to supporting organizations that serve Minnesotans most affected by diabetes. Organizations without previous health experience are still encouraged to apply.

Collaboration

Collaboration with other organizations is welcomed but not required. Organizations planning to collaborate or partner with other organizations should include this information in the application questions, but only one organization needs to apply. That organization will be the fiscal agent to receive and manage the grant funds.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.diabetes@state.mn.us. All answers will be posted within two business days at [Community-Led Solutions for Healthy Food Access and Diabetes \(health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html\)](https://health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html).

Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on June 15, 2026.

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 the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

RFP Information Meeting

MDH will provide RFP information and guidance through a virtual Information Session. Staff will not be able to help with the actual writing of applications or critiques of drafts but can answer general questions about the process and requirements.

Though not required, prospective applicants are encouraged to participate in the information session. Questions and answers from the information session and materials from the skill-building session will be posted on [Community-Led Solutions for Healthy Food Access and Diabetes \(health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html\)](https://health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html) for those who are unable to attend.

For up-to-date information on the session, visit [Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care \(health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html\)](https://health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html). If you need meeting accommodations, such as ASL services, please reach out to Georgie.Kinsman@state.mn.us by May 22, 2026.

General Information Session

Type	Date	Time	Location
Webinar (slides will be posted to the website afterwards)	May 28, 2026	11 a.m. – noon	To join the call, you may use one of the following options: Join from the Microsoft Teams meeting link: https://teams.microsoft.com/meet/290973477445437?p=xw6KBuOTI6XAV0qkH2 Meeting ID: 290 973 477 445 437 Passcode: e5vQ34Eb Dial in by phone: +1 651-395-7448 Phone conference ID: 138 802 649# Join on a video conferencing device: Tenant key: mn@m.webex.com Video ID: 113 960 787 3

RFP Part 2: Program Details and Requirements

2.1 Background Information

Diabetes and Prediabetes

Food and nutrition security is a major barrier to accessing healthy foods that can prevent and help to manage diabetes. Several clinical trials, including the National Diabetes Prevention Program (National DPP) trial, have shown that engaging in healthy lifestyle changes, including following a portion-controlled, reduced calorie diet can slow progression of prediabetes to type 2 diabetes by up to 58% over three years. The progression of type 1 and type 2 diabetes can be slowed by inclusion of an individualized, macronutrient balanced diet. Uncontrolled diabetes can cause serious health problems such as heart disease, vision loss, and kidney disease. Increasing access to healthy foods is a key priority in diabetes management and preventing diabetes-related complications.

Diabetes and Prediabetes in Minnesota

Diabetes is the seventh leading cause of death in Minnesota, accounting for 1,575 deaths in 2021.ⁱ Diabetes and prediabetes affect many Minnesotans and can be lifelong conditions. Estimates suggest more than one in three (1.5 million) Minnesota adults likely have prediabetes and about 500,000 have diabetes (about 9%).^{ii,iii}

The experience of both diabetes and food and/or nutrition insecurity affects different communities disproportionately.

Data shows:

- American Indian Minnesotans report having diabetes at the highest rate among all racial and ethnic groups. More than 21% of American Indian Minnesotans report having diabetes, compared to 9% of all Minnesota adults.^{iv}
- 70% of people with self-reported disabilities have at least one of these conditions—cardiovascular disease, stroke, or diabetes—compared to only 40% of people without a self-reported disability.^v
- In Minnesota, one in five households can't afford the food they need.^{vi}
- In 2024, a statewide survey found that 40% of households of color are food insecure.^{vii}
- Greater Minnesota has higher rates of diabetes than the Twin Cities.^{viii}
- Minnesota food shelves had more than 9 million visits in 2025.^{ix}
- Nationwide, adults who experience food or nutrition insecurity are 2-3 times more likely to have diabetes.^x

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

Food Insecurity

Food and nutrition play an important role in prevention and management of chronic conditions like diabetes. However, many do not have sufficient support or access to nutritious foods. The conditions in which people are born, grow, live, work and age, and the wider set of forces and systems that shape the conditions of daily life impact health.

There are many factors that influence specific groups of Minnesotans causing health imbalances leading to chronic disease and poor health.

These disparities are diverse, complex, and intertwined. They result in unequal opportunities and access to goods, services, and the resources that create good health. The lack of access to healthy, affordable foods and clean water; safe and affordable housing; stable and fairly-paid employment; quality education; easy access to nearby clinics and hospitals; safe and healthy neighborhoods with opportunities for physical activity; and social networks can also contribute to poorer outcomes for populations most affected by diabetes.

With these considerations in mind, this funding opportunity focuses on supporting and elevating community strengths to support food and nutrition security and healthy food access for management or prevention of diabetes.

Please note: For this application, the term community is inclusive and may be used for a geographic, cultural, or ethnic community or group.

Health Priorities

The vision of the Minnesota Department of Health is for all communities in Minnesota to thrive, and all people have what they need to be healthy. Achieving this means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Learn more about [health equity \(www.health.state.mn.us/communities/equity/index.html\)](http://www.health.state.mn.us/communities/equity/index.html).

It is the policy of the State of Minnesota to ensure fairness, precision, and consistency in competitive grant awards. [The Policy on Rating Criteria for Competitive Grant Review \(mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](http://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations with, or at risk for, diabetes at higher levels.

For this grant, priority will be given to applications that demonstrate an ability to work effectively in partnership with, and/or that serve communities most impacted by diabetes. This includes but is not limited to rural and low-income areas, Black and African Americans, American Indians, Asian-Pacific Islanders, Hispanic and Latino(a) communities, and people living with disabilities. Addressing intersectionality within these groups is encouraged.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

Applications from organizations whose leadership and staff reflect the communities they propose to serve are encouraged. In addition, applicants will be asked to discuss how their projects address healthcare gaps and produce measurable outcomes that will advance positive health outcomes for all populations.

Other Competitive Priorities

Applicants that describe how their project will integrate sustainability throughout and after the grant period may be given preference.

2.2 Eligible Projects

Improving access to nutritious food supports overall health and reduces chronic diseases such as diabetes. There are different ways of understanding a public health issue, each community is unique, and strategies that work in one community may not work in another. Approaches that lead with lived experience, creativity, and innovation are prioritized.

Funding is meant to be responsive to community needs. Applicants are asked to demonstrate how their systems or population-level project aligns with the needs of the focus population. Projects must include an Evidence-Based Program component to support increased access to programs for chronic disease prevention and management. Funded projects will pilot or expand innovative models that improve food and nutrition security among people disproportionately affected by prediabetes and diabetes.

Definitions of terms:

- Food and nutrition security: having reliable access to enough high-quality food to avoid hunger and stay healthy.^{xi}
- Food sovereignty: the ability of communities to determine the quantity and quality of the food that they consume by controlling how their food is produced and distributed.^{xii}

Successful projects and activities may include, **but are not limited** to those that:

- Increase community access and knowledge of nutritious and/or traditional foods.
- Expand access to healthy, local, and/or culturally relevant foods and beverages.
- Decrease access and intake of unhealthy foods and beverages.
- Address organizational and institutional policies and practices to improve access to healthy foods and beverages, particularly in communities with limited access to high quality, culturally appropriate nutritious foods and/or with a high-density of establishments selling primarily highly processed foods and beverages that contribute to chronic diseases.
- Support culturally responsive and community centered food distribution efforts.
- Market healthy foods and/or beverages as beneficial and appealing to the consumer.
- Support community-led gardening initiatives.
- Advance Indigenous food sovereignty.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

- Implementation of healthy food and beverage guidelines in community settings such as youth sports, early childcare, community centers, vending machines, places of worship, retail, and restaurant settings.

Eligible Populations

It is the policy of the State of Minnesota to ensure fairness, precision, and consistency in competitive grant awards. The Policy on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves different populations. The purpose and goal of the grant is to support, sustain, expand, or implement innovative models to address food and nutrition insecurity. Selected organizations must primarily and intentionally serve people who experience food and nutrition insecurity, with an emphasis on reaching populations at higher risk of prediabetes or diabetes and hospitalization/morbidity risk*, including at least one of the following populations:

- U.S. born and other African American/Black communities
- American Indian communities
- Asian/Pacific Islander communities
- Hispanic/Latino/Latina/Latine communities
- People living with disabilities
- Greater Minnesota*

*Greater Minnesota refers to all areas of Minnesota outside the nine-county Twin Cities metropolitan area, encompassing rural communities, small towns, and regional economic centers.

2.3 Mandatory Project Requirements

Community Engagement

Applicants will demonstrate their ability to meaningfully involve the population they serve in decision making, or ensure activities are effective and include community voices. Community engagement means working alongside, with, or led by community members. This could include, but is not limited to:

- Co-creation of materials, health education, or initiatives.
- Actively seeking feedback or guidance from the community the project aims to serve.
- Gathering community members for listening sessions, forums, or planning purposes.
- Engaging community members as leadership or guides for project scope.
- Supporting outreach events or activities to excite, engage, or connect with community members.
- Using community health assessments, surveys, or other existing community-developed resources to guide work.

Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035 (MN 2035 Plan)

The Center for Health Promotion created the [Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035 \(MN 2035 Plan\)](http://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html) to outline shared goals and strategies for the state to activate partners from across sectors towards reducing the burden, prevalence, morbidity, and mortality of diabetes and heart-related health problems like stroke, heart disease, high cholesterol or high blood pressure. This RFP aligns with the MN 2035 Plan. Applicants should demonstrate how their project supports one or more [MN 2035 Plan outcomes and strategies](http://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html) (www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html). Reference page 20 of document.

Project Outcomes

MDH will collaborate with each grantee to co-develop meaningful evaluation measures that meets the needs of both the grantee and MDH.

Project outcomes could include, but are not limited to:

- Improved food and nutrition security among populations greatly affected.
- Decreased access of unhealthy foods and/or beverages.
- Increased collaboration to support healthy food and nutrition access.
- Increased awareness of nutrition for health and wellbeing, including for diabetes management or prevention.
- Improved policies or infrastructure to support nutrition and food security.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- Increased capacity to support food and nutrition security among organizations specifically serving U.S. born Black/African Americans, American Indians, Asian/Pacific Islander, Hispanic/Latino/Latina/Latine, people living with disabilities, or people living in Greater Minnesota.
- Increase awareness, enrollment and retention in evidence-based programming addressing diabetes prevention and management.

Expectations

With support and technical assistance from MDH, grantees will be required to:

- Work with MDH to revise and finalize the work plan and budget before the grant start date.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.
- Participate in monthly check-ins with assigned grant manager for the first three months of the grant to receive tailored grant management support; after three months, MDH will review grantee performance including invoicing, reporting, and timeliness of communications to determine at what frequency the one-on-one check-ins must continue, if appropriate.
- Participate in a progress and support call every month, or as determined by MDH and grantee organization.
- Collaborate with MDH evaluator to identify feasible measures and outcomes for the project.
- Collect data relevant for evaluation.
- Submit -monthly progress reports on grant activities, outputs, and outcomes. Reports will include status updates on project objectives, challenges experienced, and lessons learned.
- Share project progress and evaluation results with community stakeholders on a regular basis.
- Collaborate with MDH staff and relevant experts to align project activities with existing food and nutrition national guidelines:
 - [Food Service Guidelines | Nutrition | CDC \(https://www.cdc.gov/nutrition/php/food-service-guidelines/\)](https://www.cdc.gov/nutrition/php/food-service-guidelines/)
 - [Dietary Guidelines for Americans \(www.dietaryguidelines.gov/\)](http://www.dietaryguidelines.gov/)
 - [Dietary Guidelines for Americans, 2020 - 2025 \(www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary Guidelines for Americans 2020-2025.pdf\)](http://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary%20Guidelines%20for%20Americans%202020-2025.pdf)
- Grantees will be expected to follow an invoicing schedule and produce documentation of purchases.
- A site visit by MDH will be required during the grant period.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

- A final, written report of work conducted during the grant cycle will be required by June 20, 2028.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH Diabetes staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH will also support grantees in identifying appropriate and feasible measures, outcomes for their projects and provide general evaluation technical assistance. MDH will also provide technical assistance relating to equity concerns. Grantees are encouraged to seek support and learn from other grantees throughout the grant period. Grantees will be expected to collaborate with MDH to ensure activities align with national food and nutrition recommendations.

2.4 Expenses

Expenses should be aligned with project goals and activities (subject to final approval from MDH and CDC). Funding to address social needs cannot exceed a monetary value of \$80 per person.

Ineligible Expenses

Ineligible expenses include, but are not limited to:

- Direct patient care
- Building new data systems for the collection and monitoring of participant data for assessing and tracking referrals/receipt of services for SDOH needs
- Paying incentives to healthcare systems, physician practices, or community sources for referrals
- Food directly given to participants
- Medical equipment
- Construction
- Any costs not related to the grant
- Any expenses that do not directly contribute to the activities or deliverables in the work plan
- Cash assistance paid directly to individuals to meet their personal or family needs
- Costs incurred prior to or after the grant award (unless otherwise indicated)
- Gifts or bonuses for staff
- Goods or services for staff personal use
- Grant writing
- Research
- Sponsorships of events, trainings or advertisements that are not directly related to the grant
- Staff meals (except during approved travel)

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

If applicants are unsure if an expense is eligible or ineligible, please send questions to MDH by the Q&A deadline as outlined in the Question-and-Answer section.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing MDH content specialists and community members. 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

The review committee will be reviewing 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 found in **Attachment B: Grant Application Scoring Criteria**. Applicants are encouraged to review this form to ensure applications address the items in the scoring criteria.

The review committee will then meet to discuss applications as a team. Reviewers will be able to modify their individual scores based on the discussion at the review meeting. The review committee will then submit final scores and make recommendations to the Diabetes Unit staff based on the criteria and discussion.

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.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with the policy [Preaward Risk Assessment of Potential Grantees](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf

Notification

MDH anticipates notifying all applicants of funding decisions via email by August 2026.

All notices of award and non-award will be sent via email to the contact person listed on the application. 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 organization being awarded the funds. The effective date of the agreement is estimated to be on Oct. 1, 2026, or the date on which all signatures for the agreement are obtained, whichever is later. **The grant agreement will be in effect until June 30, 2028** contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 11:59 p.m. Central Time, on July 1, 2026.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by computer or technology problems.

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of the application within one business day of the receipt of an application. If the applicant does not receive an acknowledgement email within that time frame from when the application was submitted, it means MDH did not receive the application/documents. Please contact Georgie Kinsman, georgie.kinsman@state.mn.us, 651-201-5482 after that timeframe for further instructions.

3.2 Application Submission Instructions

Applications must be submitted to the following email: health.diabetes@state.mn.us **no later than 11:59 p.m. Central Time, on July 1, 2026.**

Applicants may *not* hand-deliver applications to MDH.

3.3 Application Instructions

REQUIRED: Applicants must submit the following in order for the application to be considered complete:

- Application Form
- Applicant Conflict of Interest (COI) Disclosure Form
- Due Diligence Review Form
- Work Plan
- Budget (Excel template)

All application materials and instructions are attached and can be found online at [MDH Diabetes Resources and Opportunities \(www.health.state.mn.us/diseases/diabetes/resources/index.html\)](http://www.health.state.mn.us/diseases/diabetes/resources/index.html)

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: Grant Responsibilities and Provisions

4.1 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 monthly progress reports and an annual summary after Year 1 and at the close of the grant until all grant funds have been expended and all of the terms in the grant agreement have been met. The reporting schedule will be:

Due Date	Report Type
June 30, 2027	Year 1 Annual Report
June 30, 2028	Year 2 Annual Report/Final Report

Grant Monitoring

The funding period will be 21 months, based on satisfactory grantee performance and funding availability. **Refer to section 2.3: Mandatory Project Requirements** for grant monitoring expectations.

Technical Assistance

Technical assistance provided is the same as described in section 2.3.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), 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: On a quarterly basis. Invoices must be submitted in a timely fashion and are due 30 days after the end of each quarter. The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

4.2 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 \(https://www.revisor.mn.gov/statutes/cite/471.345\)](https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41 \(www.revisor.mn.gov/statutes/cite/177.41\)](https://www.revisor.mn.gov/statutes/cite/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 \(mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/\)](https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/));
 - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program \(mnuccp.metc.state.mn.us/\)](https://mnuccp.metc.state.mn.us/) or

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- 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.
- v. 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.
- vi. 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.
- vii. 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.
- viii. Grantee must not contract with vendors who are suspended or debarred in MN. Learn more at [Susended/Debarred Vendors / Minnesota Office of State Procurement](http://mn.gov/admin/osp/government/suspended-debarred/index2.jsp) (mn.gov/admin/osp/government/suspended-debarred/index2.jsp)

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](http://www.revisor.mn.gov/statutes/?id=16B.98) (www.revisor.mn.gov/statutes/?id=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 (Attachment F) 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:

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- 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 \(www.revisor.mn.gov/statutes/cite/13.599\)](http://www.revisor.mn.gov/statutes/cite/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 \(www.revisor.mn.gov/statutes/cite/13.37\)](http://www.revisor.mn.gov/statutes/cite/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 \(www.revisor.mn.gov/statutes/cite/13.599\)](http://www.revisor.mn.gov/statutes/cite/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 \(www.revisor.mn.gov/statutes/cite/13.37\)](http://www.revisor.mn.gov/statutes/cite/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.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- 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 \(www.revisor.mn.gov/statutes/cite/13/full\)](http://www.revisor.mn.gov/statutes/cite/13/full)) 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 \(www.revisor.mn.gov/statutes/?id=16B.98\)](http://www.revisor.mn.gov/statutes/?id=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 \(www.revisor.mn.gov/statutes/?id=363A.02\)](http://www.revisor.mn.gov/statutes/?id=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.

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES PREVENTION AND CARE

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 \(www.revisor.mn.gov/rules/5000.3550/\)](http://www.revisor.mn.gov/rules/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.

RFP Part 5: Attachments

All documents can be done on the RFP webpage: [Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care \(health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html\)](http://health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html).

Required attachments:

- Attachment A: Application Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care.docx (Word)
- Attachment B: Grant Application Scoring Criteria (Word)
- Attachment C: Work Plan Template (Word)
- Attachment D: Budget Summary and Narrative (Excel)
- Attachment E: [Due Diligence Form \(health.state.mn.us/about/grants/duediligence.pdf\)](http://health.state.mn.us/about/grants/duediligence.pdf) (PDF)
- Attachment F: [Applicant Conflict of Interest Disclosure Form \(health.state.mn.us/about/grants/coiapplicant.pdf\)](http://health.state.mn.us/about/grants/coiapplicant.pdf) (PDF)

Attachment A: Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care Application Form

Applicants are strongly encouraged to download and complete the Application Form (Microsoft Word document) provided on the [Community-Led Solutions for Healthy Food Access and Diabetes Prevention and Care \(health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html\)](http://health.state.mn.us/diseases/diabetes/resources/diabetesrfp/index.html).

To ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 12-point Calibri font. Applicants do not need to include the prompts in their response if they indicate the section and question before their response (e.g., "C1").

Attachment B: Grant Application Scoring Criteria

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 Table

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
Good or 3	Generally, meets minimum requirements; probability of success; 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; little likelihood of success; needs major revision to make it acceptable.
Blank/did not answer (0)	Did not answer the question or offered no response

Demographics – (5 points)

Evaluation Criteria	Score
Applicant clearly describes the population(s) addressed by the proposed project, including relevant demographic make-up including race/ethnicity and geographic area(s) targeted.	/5
Total points for this section	/5

Organizational History, Values and Capacity – (25 points)

Evaluation Criteria	Score
Applicant clearly describes the population(s) served by the organization.	/5
Applicant shows an understanding of how food and nutrition insecurity has impacted the population(s) the organization serves.	/5
Applicant shows an understanding how prediabetes and/or diabetes has impacted the population(s) the organization serves.	/5

**COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE**

Evaluation Criteria	Score
Applicant describes organization’s existing work to address healthy, affordable, and culturally relevant food access in the community OR describes why the organization is equipped to implement a model to improve healthy, affordable, and culturally relevant food access, if new area of work.	/5
Applicant has the capacity to address the proposed project plan. Describes who will do the work and qualifications. Provides detail about working with other organizations, if applicable.	/5
Total points for this section	/25

Project Narrative – (20 points)

Evaluation Criteria	Score
Applicant clearly describes partners engaged, key activities or strategies highlighted from their work plan, and anticipated outcomes.	/10
Applicant describes how the proposed project addresses opportunities, challenges, issues, or need for the community(ies) served.	/5
Applicant describes how the activities in the proposed project will help achieve the project goal(s) and goal(s) of this funding opportunity.	/5
Total points for this section	/20

Community Engagement and Collaboration (15 points)

Evaluation Criteria	Score
The focus population(s) is/are involved in decision making and/or there’s evidence of effective and inclusive engagement with community members.	/5
Applicant demonstrates how the proposed project fills an unmet need in the community.	/5
Applicant describes how the proposed project aligns with at least one of the outcomes in Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035.	/5
Total points for this section	/15

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

Evaluation and Impact (15 points)

Evaluation Criteria	Score
<p>Applicant demonstrates how they know the project is successful.</p> <p>Provides evidence of understanding goal outcomes including but not limited to:</p> <ul style="list-style-type: none"> • Improved food and nutrition security among priority communities. • Decreased access of unhealthy foods and/or beverages. • Increased collaboration to support healthy food and nutrition access. • Increased awareness of nutrition for health and well-being, including for diabetes management and prevention. • Improved policies or infrastructure to support nutrition and food insecurity. • Increased capacity to support food and nutrition security among organization 	/5
<p>The number of participants expected to benefit from the proposed project:</p> <ul style="list-style-type: none"> • aligns with the scope of work in the project narrative, and • demonstrates an understanding of participant reach among related activities, projects, or services in the community 	/5
<p>The applicant provides a convincing rationale that the proposed project will result in lasting impact.</p>	/5
Total points for this section	/15

Work Plan (10 points)

Evaluation Criteria	Score
<p>Activities listed are feasible, appropriate, and likely to contribute to measurable success.</p>	/5
<p>Includes SMART objectives, activities, deliverables, responsible person, timeline.</p>	/5
Total points for this section	/10

Budget and Budget Justification (10 points)

Evaluation Criteria	Score
<p>The requested level of funding is reasonable and justified for the proposed scope of activities.</p>	/5
<p>Budget narrative is consistent with the proposed activities and objectives.</p>	/5
Total points for this section	/10

Attachment C: Work Plan template

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the first fiscal year of the grant (October 2026 – June 2027), including all planning, needs assessment, and implementation activities. Funded grantees will develop a separate work plan for the last two fiscal years of the grant later in coordination with their MDH Grant Manager. A grantee’s work plan may be revised during the grant period in consultation with MDH and the evaluation team.

Attachment D: Budget Summary and Narrative

Applicants must submit a budget that details how funds will be used during the first fiscal year of the grant. Funded grantees will develop a separate budget for the last two fiscal years of the grant later in coordination with their MDH Grant Manager and in alignment with their work plan. A grantee’s budget may be revised during the grant period in consultation with MDH and the evaluation team.

Attachment E: Due Diligence Form

Applicants must complete the [Due Diligence Form](#) (www.health.state.mn.us/about/grants/duediligence.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the Adobe Acrobat website.

Please note that the Due Diligence Review Form score is not part of the total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Attachment F: Applicant/Recipient Conflict of Interest Disclosure

Applicants must complete the [Applicant/Recipient Conflict of Interest Disclosure \(PDF\)](#) (www.health.state.mn.us/about/grants/coiapplicant.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

References

ⁱ Minnesota Department of Health. [2021 Minnesota Health Statistics Annual Summary](#). (<https://www.health.state.mn.us/data/mchs/genstats/annsum/annsum2021.pdf>)

ⁱⁱ Minnesota Department of Health. [Prediabetes in Minnesota](#) (<https://www.health.state.mn.us/diseases/diabetes/data/prediabetesfacts.html>)

COMMUNITY-LED SOLUTIONS FOR HEALTHY FOOD ACCESS AND DIABETES
PREVENTION AND CARE

- ⁱⁱⁱ Minnesota Electronic Health Record Consortium. Health Trends Across Communities in Minnesota. (<https://mnehrconsortium.org/explore-our-findings/health-trends-across-communities-in-mn/>)
- ^{iv} Minnesota Department of Health. [Cardiovascular Health and Diabetes Prevalence in Minnesota](https://www.health.state.mn.us/diseases/chronic/cdprevdata.html) (<https://www.health.state.mn.us/diseases/chronic/cdprevdata.html>)
- ^v Benavidez GA, Zahnd WE, Hung P, Eberth JM. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area. *Prev Chronic Dis* 2024; 21:230267. DOI: <http://dx.doi.org/10.5888/pcd21.230267>
- ^{vi} Second Harvest Heartland. Measuring Food Insecurity in Minnesota. (https://www.2harvest.org/sites/default/files/2025-01/mhh_2024-statewidehungerstudy_0.pdf)
- ^{vii} Second Harvest Heartland Measuring Food Insecurity in Minnesota (https://www.2harvest.org/sites/default/files/2025-01/mhh_2024-statewidehungerstudy_0.pdf)
- ^{viii} Minnesota Compass. [Adults Diagnosed with Diabetes.](https://www.mncompass.org/chart/k190/diabetes#1-2182-g) (<https://www.mncompass.org/chart/k190/diabetes#1-2182-g>)
- ^{ix} The Food Group. 2025 Minnesota Food Shelf Visits (<https://www.thefoodgroupmn.org/wp-content/uploads/2026/03/Food-Shelf-Visits-2025-Report-FINAL-31326.pdf>)
- ^x Centers for Disease Control and Prevention (CDC). Diabetes and Food Insecurity (https://www.cdc.gov/diabetes/healthy-eating/diabetes-food-insecurity.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/library/features/diabetes-and-food-insecurity.htm)
- ^{xi} Center for Disease Control and Prevention (CDC). Food and Nutrition Security: NCCDPHP's Program Successes (<https://www.cdc.gov/chronicdisease/healthequity/sdoh-and-chronic-disease/nccdphp-and-social-determinants-of-health/food-and-nutrition-security.htm>)
- ^{xii} U.S. Department of Interior: Indian Affairs. [Why Food Sovereignty Matters](https://www.bia.gov/service/indigenous-tourism/why-food-sovereignty-matters) (<https://www.bia.gov/service/indigenous-tourism/why-food-sovereignty-matters>)