Minnesota Department of Health

Request for Proposals

Community-Based and Technical Assistance
Suicide Prevention
Grant Program Application

July 1, 2015 – June 30, 2019

Published: April 29, 2015
Due: June 17, 2015

http://www.health.state.mn.us/injury/topic/suicide/
## Program Summary

| Eligibility for Grant Funds | Organizations eligible to apply in this competitive process include, but are not limited to, local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations, and other interested agencies demonstrating experience and/or expertise in the areas of suicide prevention, mental health, health promotion, and/or early intervention to reduce known risk factors for suicide and promote known protective factors. |
| Total Funds Available | Approximately $320,000 is available for FY 2016, 2017, 2018 and 2019 ($80,000 per year). MDH anticipates funding three to four grantees with amounts ranging from $80,000 – 120,000 ($20,000-30,000 per year). Matching funds are not required. |
| Grant Cycle | August 1, 2015 – June 30, 2019 |
| Grant Purpose | To increase our local communities’ capacity to coordinate and implement culturally-appropriate suicide prevention activities to improve the health of its residents and decrease suicidal behavior and deaths across the lifespan, while prioritizing subpopulations with known increased risk such as middle-aged males and American Indians. |
| Application Requirements | **Application Requirements and Review Process**

- Applications must be written in 12-point Calibri font with 1.5 spacing and one-inch margins with a maximum of 15 pages for sections 1-3; Executive summary and required forms do not count in page total.
- Number all pages consecutively.
- Submit one signed unbound original and one unbound copy of the complete application.
- Application must meet deadline requirements. Late applications will not be reviewed.
- Applications must be complete and signed where noted. |
| Order for Completed Application Submission | Signed Cover Sheet (on agency letterhead)  
| | Executive Summary  
| | Table of Contents with page numbers  
| | Agency Overview (Limit 3 pages)  
| | Proposed Project (Limit 8 pages)  
| | Work Plan – Form B (Limit 4 pages)  
| | Memoranda of Agreement (if needed)  
| | Three (3) letters of Support  
| | Budget Summary – Form B  
| | Budget Detail and Justification – Form C  
| | Due Diligence Review – Form D  
| | Memorandum of Agreement (if needed)  
| | Three (3) letters of Support  
| | Budget Summary – Form B  
| | Budget Detail and Justification – Form C  
| | Due Diligence Review – Form D  
| | Copy of 501(c) 3 (if applicable)  
| | Copy of IRS 990 or Certified Financial Audit (if applicable)  
| | Incomplete applications will not be considered for review.  

| Letter of Intent | Letter of Intent needs to be emailed by 4:30 p.m., Thursday, May 14, 2015.  

| Application Deadline | All applications must be received by MDH no later than 4:30 p.m. on June 17, 2015 either hand delivered, or arrived by mail, Fed Ex or courier. Late applications, applications lost in transit by courier, faxed or emailed applications will not be reviewed.  

| Applications Sent: Delivery Address: | Melissa Heinen  
| | Minnesota Department of Health  
| | Injury and Violence Prevention Unit  
| | Golden Rule Building  
| | 85 East Seventh Place, Suite 220  
| | Saint Paul, MN 55101  
| | *Hand delivered proposals must be dropped off at the 2nd floor reception desk of the Golden Rule Building – Suite 220.  

| Applications Sent: Mailing Address: | Melissa Heinen  
| | Minnesota Department of Health  
| | Injury and Violence Prevention Unit  
| | P.O. Box 64882  
| | Saint Paul, MN 55164-0882  

| Beginning Grant Agreement Date | By August 1, 2015, once all signatures to the agreement are obtained.  


Introduction

Background Information

The Minnesota Department of Health (MDH) is charged by state statute (M.S. 145.56) to use an evidence-based public health approach to prevent suicide in Minnesota. When funds are available, MDH provides grants to organizations to provide community-based programs to provide education, outreach and advocacy services to prevent suicide.

In 2013, 678 Minnesotans died by suicide. It was the ninth leading cause of death (age-adjusted rate of 12.1).

In 2013 males 45-54 years of age had the greatest burden and rate of suicides in MN (rate of 31.1 per 100,000 and 120 suicides). From 2009-2013, American Indian youth aged 10-24 had a suicide rate of 28.0 per 100,000 (n=30), followed by White youth at 8.8 per 100,000 (n=364).

Suicide is a complex outcome that is influenced by many factors. Individual characteristics may be important, but so are relationships with family, peers, and others, and influences from the broader social, cultural, economic, and physical environments.

Most suicide prevention efforts work to identify and reduce risk factors that make it more likely that a person will think about suicide or engage in suicidal behaviors such as prior suicide attempts, diagnosable psychiatric illness, access to lethal means (such as a firearm or poisons), barriers to health care access, substance abuse, and social isolation.

In addition to reducing risk factors, we need to also increase protective factors that support conditions that promote strength and resilience and ensure that all persons are supported and connected.

The Minnesota State Suicide Prevention Plan 2015-2020 is based on the National Strategy for Suicide Prevention and calls for a public health approach to reduce suicides in Minnesota by 10% in five years, 20% in ten years, and ultimately working towards zero deaths.
The comprehensive state suicide prevention plan will increase our local communities’ capacity to coordinate and implement culturally-appropriate suicide prevention activities to improve the health of its residents and decrease suicidal behavior and deaths across the lifespan, while prioritizing subpopulations with known increased risk such as middle-aged males and American Indians.

Goals

MDH seeks proposals from eligible responders to develop and submit plans to address any of the following goals:

a. Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

b. Increase communities’ capacity to promote resilience and wellness and other protective factors to reduce suicide and related behaviors.

c. Provide training on how to prevent and respond to suicides to community groups that have a role in the prevention of suicide and related behaviors.

d. Provide technical assistance as directed by MDH to mini-grant funded communities or organizations.

Eligibility Requirements

Organizations eligible to apply in this competitive process include, but are not limited to, local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations, and other interested agencies demonstrating experience and/or expertise in the areas of suicide prevention, mental health, health promotion, and/or early intervention to reduce known risk factors for suicide and promote known protective factors.

Duration of Funding

Applicants may apply for the entire grant period of August 1, 2015 to June 30, 2019.

Available Funding

Approximately $320,000 is available for FY 2016, 2017, 2018 and 2019 ($80,000 per year). MDH anticipates funding three to four grantees with amounts ranging from $80,000 – 120,000 ($20,000-30,000 per year). Matching funds are not required.

Successful grantees may be eligible for continuation funding beyond June 30, 2019 contingent upon available resources and the grantee's satisfactory performance, including execution and
fulfillment of proposed work plan, achievement of objectives, and appropriate use of the awarded funds. A continuation proposal will be requested prior to any contract renewals.

**Funding Restrictions**

Grant funds may be used to cover costs of personnel, supplies, grant-related travel, and other grant-related costs. Grant funds may not be used for building alterations or renovations, construction, fund raising activities, political education or lobbying.

**Scope of Work**

At least 75% of the funds must be used to implement one (or more) best practice listed on the Suicide Prevention Resource Center (www.sprc.org) and the National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov) to address any of the following goals:

a. Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care. Possible recommended strategies include, but are not limited to:
   i. Provide standard messaging around knowing the warning signs and how to connect to services.
   ii. Provide guidance to organizations on developing procedures or policies to identify and connect persons at high risk for suicide or in need of mental health support.
   iii. Promote safe messaging and media guidelines related to suicide events and prevention.
   iv. Promote and distribute existing safe messaging PSAs (such as makeitok.org) and media campaigns related to suicide and mental illness/health promotion; ideally culturally appropriate targeting American Indian youth and middle-aged adult males.

b. Increase communities’ capacity to promote resilience and wellness and other protective factors to reduce suicide and related behaviors. Possible recommended strategies include, but are not limited to:
   i. Support the formation of a local coalition or workgroup to identify suicide prevention needs and develop a coordinated approach to build capacity and collaboration.
   ii. Provide training on coping, problem-solving skills and help-seeking behaviors.
   iii. Increase community programming that promotes social connectedness (such as volunteerism and multi-generational events).
   iv. Promote policies and procedures for safe and supportive school and community environments.
b. Provide training on how to prevent and respond to suicides to community groups that have a role in the prevention of suicide and related behaviors. Possible recommended strategies include, but are not limited to:

i. Provide training on the signs and symptoms of suicidal behaviors and where to go for help (sources of support). This needs to be an evidence-based strategy listed on www.sprc.org or www.nrepp.samhsa.gov.

ii. Compile, organize and make available a master list of suicide prevention trainings and trainers.

iii. Educate and promote means restriction in time of heightened risk.

iv. Develop standard messages around risk for suicide and the importance of being alert to signs of suicidal behavior in a loved one and keeping lethal means out of the person’s reach.

v. Develop and distribute a local community action toolkit, based on what has been successful in other communities in the country.

No more than 25% of the funds may be used to serve as topic expert resource and provide technical assistance to organizations and communities as directed by MDH. MDH will fund five to nine organizations and/or communities that have identified suicide prevention as a priority and will do one of the following activities:

- Host a training, such as gatekeeper, postvention, survivor voices, media guidelines, means restriction, etc.
- Form a community suicide prevention coalition or organization workgroup
- Host a community conversation
- Develop or distribute culturally-specific suicide prevention or means restriction messaging; such as posters, brochures or public service announcements

Additional Tasks, Deliverables and Expectations

- Serve as regional expert and resource to professionals who need information on how to prevent suicides.
- Present at regional and statewide conferences.
- Provide information to community members and the general public to learn more about suicide and how to prevent it.
- Participate in invited state suicide prevention plan implementation workgroup (in person or via conference call) - no more than four times per year.
- Provide technical assistance as requested by MDH (for example, supporting MDH mini-grant funded communities or organizations; local and statewide suicide-specific advisory committees; etc.)
• Follow framework for safe messaging recommendations – www.suicidepreventionmessaging.org

Program Implementation and Monitoring Requirements

The implementation and monitoring of this program is a collaborative effort between MDH and the grantees. Below is an outline of MDH and grantee duties.

The MDH will:

• Review, revise and approve the program objectives, outcome measures and work plan after notice of grant award and before program funded work begins.
• Provide grantees with training, support, and technical assistance on suicide prevention program implementation, best practices and grant requirements.
• Contact grantees at least monthly to facilitate collaboration.
• Develop quarterly progress report and invoice template for grantees to use.

Grantees will:

• Report on a quarterly basis to MDH, in a format provided by MDH, on progress and benchmarks – including process and outcome evaluation measures included in the approved work plan.
• Produce a final report at the end of the grant cycle as directed by MDH.

Administrative and Financial

If awarded a grant, the grantee will be required to:

• Sign and comply with requirements of standard grant agreement.
• Provide most recent Certified Financial Audit or IRS 990 if grantee organization is not legally required to have a financial audit.
• Attend a grantee kick-off meeting hosted by MDH either in person or via conference call.
• Act in a fiscally-responsibly manner, including following standard accounting procedures, charging MDH grant only for the approved activities, spending grant funds responsibly, having accounting systems in place to track grant funded activities separately from activities funded from other sources, and meeting audit requirements.
• Submit invoices quarterly using the format provided by MDH. The grantee will be paid for actual documented expenses on a reimbursement basis. This means grantee will pay
for grant activity expenditures, report the expenditures to MDH and then MDH will pay the grantees.

- Grantee will be responsible for keeping documentation to support all expenditures including: payroll records, receipts for expenses, and travel logs.
- Participate in at least one site visit and a financial reconciliation if grantees meet the criteria outlined below.

Financial Reconciliation

The State of Minnesota Policy 238.01 (http://www.admin.state.mn.us/documents/grants_policy_08-10.pdf) requires a financial reconciliation of grantee expenditures be conducted at least once during the grant period on all grants of $50,000 or more. The purpose of the financial reconciliation is to ensure grant programs are in compliance with all state and federal laws and that expenses claimed are documented. Health Promotion and Chronic Disease staff will provide the grantee information related to the Financial Reconciliation prior to the review.
Letter of Intent

Organizations intending to submit a proposal should email a Letter of Intent by 4:30 p.m., Thursday, May 14, 2015. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process. Letters of Intent are not used as a screening tool.

Letters should be a paragraph on agency letterhead that provides the name of the agency and contact information for individuals who would like to receive communications related to this request for proposals. The Letter of Intent should be submitted as an attachment via email. Letters of Intent will only be accepted via email. The email subject header should read “Suicide Prevention Grant Letter of Intent.” An email acknowledging the Letter of Intent was received will be emailed to the contact person identified for the agency submitting the Letter.

Send Letters of Intent to: Melissa Heinen at Melissa.Heinen@state.mn.us.
Application Submission, Review, and Award Process

The deadline for submission of proposals is June 17, 2015. To meet the deadline, proposals must:

- Be hand delivered to the address below before 4:30p.m., June 17, 2015 or
- Arrive by mail, Fed Ex, or courier by 4:30p.m., June 17, 2015.

The complete application (one original unbound and one unbound copy) should be sent to:

<table>
<thead>
<tr>
<th>Street Address (hand or courier delivery)</th>
<th>US Postal Service mailing Address</th>
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</thead>
<tbody>
<tr>
<td>Melissa Heinen</td>
<td>Melissa Heinen</td>
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<tr>
<td>Minnesota Department of Health</td>
<td>Minnesota Department of Health</td>
</tr>
<tr>
<td>Injury and Violence Prevention Unit</td>
<td>Injury and Violence Prevention Unit</td>
</tr>
<tr>
<td>Golden Rule Building</td>
<td>P.O. Box 64882</td>
</tr>
<tr>
<td>85 East Seventh Place, Suite 220</td>
<td>Saint Paul, MN 55164-0882</td>
</tr>
<tr>
<td>Saint Paul, MN 55101</td>
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</tbody>
</table>

*Hand delivered proposals must be dropped off at the 2nd floor reception desk of the Golden Rule Building – Suite 220.*

Late applications, applications lost in transit by courier, faxed or emailed applications will not be reviewed.

For questions regarding this RFP, please contact Melissa Heinen, Minnesota Department of Health at 651-201-5640 or Melissa.Heinen@state.mn.us

Responses to questions about the RFP will be posted on the MDH Suicide Prevention website: http://www.health.state.mn.us/suicideprevention.

This is a competitive grant process. Only complete applications received on or before the deadline will be reviewed competitively. Submitting an application does not guarantee funding. MDH staff will first review all submissions to ensure completeness for meeting the criteria.

Application Requirements and Review Process

- Applications must be written in 12-point Calibri font with 1.5 spacing and one-inch margins with maximum of 15 pages for sections 1-3; Executive summary and required forms do not count in page total.
- Number all pages consecutively.
- Submit one signed unbound original and one unbound copy of the complete application.
- Application must meet deadline requirements. Late applications will not be reviewed.
- Applications must be complete and signed where noted.
- Faxed or emailed application will not be accepted.
• Incomplete applications will not be reviewed.

Complete proposals will be reviewed and scored according to the Scoring and Review Criteria on page 17. Reviewers may include staff from MDH and other state agencies as well as individuals from other organizations with relevant knowledge, experience, or expertise in program planning, project management, and/or grant management and/or individuals with specific knowledge about suicide or mental health. Reviewers will be required to identify any conflicts of interest and will not review a proposal if they have a direct relationship with the applicant.

MDH reserves the right to negotiate changes to budgets submitted.

Grant agreements will be entered into with those entities that are awarded grant funds. The anticipated effective date of the agreement is by August 1, 2015. No work on grant activities may begin until a fully executed grant agreement is in place.

The MDH will develop final funding recommendations based on the scores and comments from reviewers. Preference will be given to geographic areas with the highest suicide rates and/or programs serving high risk populations. Applicants will be notified of funding decisions via email by July 1, 2015.

**Minimum Requirements**

To be forwarded to competitive review, applications must be complete and build on existing suicide prevention activities.
Application Components

Required Application Components

Each application must contain the following items in the order listed:

- Signed Coversheet (on agency letterhead)
- Executive Summary (limit 1 page)
- Table of Contents with page numbers (limit 1 page)
- Agency Overview (limit 4 pages)
- Project Narrative (limit 8 pages)
- Work Plan – Form A (limit 4 pages)
- Budget Summary – Form B, page 20
- Budget Detail and Justification – Form C, page 21
- Due Diligence Review – Form D, page 23
- Copy of 501(c) 3 (if applicable)
- Copy of IRS 990 or Certified Financial Audit (if applicable)
- Letters of Support – Three (3)
- Memoranda of Agreements (if applicable)

Executive Summary (limit 1 page)

The executive summary should include:

- Applicant’s name
- Target population (geographic region or priority subpopulation)
- Statement of goals and outcome measures
- Key tasks/deliverables
- Supporting partners

Section 1. Agency Overview (limit 3 pages) – 15 points

Background Information on Applicant Agency

1. Briefly summarize your organization’s history, mission, and goals.
2. Briefly describe the administrative structure of your organization (include organizational chart if desired).
3. Briefly explain what current programs and services your organization provides, including current suicide prevention activities.
4. List and describe topic areas for which your organization is qualified to provide technical assistance to organizations and communities as directed by MDH.
5. Describe key elements that show organizational capacity to implement a suicide prevention program, including:
   - Previous experience implementing suicide prevention initiatives;
   - Capacity to serve the targeted population;
   - Capacity to collect, analyze, and utilize data to inform program development and/or evaluation;
   - Funding sources for the organization; and
   - Your readiness to implement the selected approach(es).
     - Identify staff responsible and describe their qualifications.
     - Describe any anticipated start-up time that might be involved.

Section 2. Project Narrative (limit 8 pages) – 45 points

Statement of Need (10 of 45 points)

1. Briefly describe the geographic area in which you propose to conduct suicide prevention activities.
2. Identify your target population and describe the need for a suicide prevention program for this population. Include data on suicidal behavior and any other relevant data from other sources that would support the need for a program in your area.
3. Cite sources used in developing the needs statement.

Community Readiness & Collaboration (15 of 45 points)

1. Describe how your proposed activities fit into the broader network of programs and services in your community.
2. Describe current conditions/culture/partners that support or are barriers to doing suicide prevention in the geographic area or target population.
3. Summarize your assessment of the community’s willingness/readiness to address suicide prevention in the way you have proposed in this application.
4. Describe how ongoing input from the target population will be gathered, documented and considered in program planning, implementation and evaluation.
5. Provide a rationale to demonstrate why your organization is the most appropriate organization to coordinate suicide prevention activities in your region.
6. Describe how your organization will coordinate suicide prevention activities in the identified geographic area.
   - Identify and describe your relationships with collaborative partners.
   - Describe how collaborative relationships are utilized (goals, activities) and maintained.
• Describe existing or future partnerships and referral systems in the event that participants need referral for mental health assessment or treatment.

7. Identify key staff and/or collaborative partners that will be responsible for implementing the proposed activities and their knowledge, skills, and expertise.

Project Description (20 of 45 points)

1. Describe the overall selected state plan priority goals, objectives and outcomes of the initiative and how they relate to the purpose of the funding.

2. Describe the suicide prevention activities you propose to implement, and discuss why these were selected. Provide a rationale for the cultural and developmental appropriateness of the selected approach(es).

3. Explain if prevention strategies are listed on the Suicide Prevention Resource Center (www.sprc.org), National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov) or Minnesota State Suicide Prevention Plan (http://www.health.state.mn.us/injury/topic/suicide/) and if not listed on any of these, describe the rationale for you recommending this activity.

4. Identify the risk and/or protective factors that the selected approach(es) will address and describe how the selected strategy/strategies will address them. Provide citations where appropriate.

5. Explain how you will reach the target population. Note how program participants will be identified and/or invited to participate, and how many people your organization hopes to reach.

6. Summarize what your agency hopes to achieve through implementation of your selected strategy/strategies.

Section 3. Work Plan (limit 4 pages) – 30 points

Note: The Work Plan (Form A) will be reviewed, revised and approved by MDH program manager and the final work plan will be incorporated into MDH’s contract with the grantee agency as contractor’s duties. Work Plans must be completed as directed so they can be separated easily from the rest of the application.

A. Work plan: State plan priority goal(s) (4 of 30 points)

Identify which state plan funded priority/priorities this grant application addresses:

a. Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

b. Increase communities’ capacity to promote resilience and wellness and other protective factors to reduce suicide and related behaviors.
c. Provide training on how to prevent and respond to suicides to community groups that have a role in the prevention of suicide and related behaviors.

B. Work Plan: Objectives (6 of 30 points)

Make your program objectives as specific, measurable, achievable, realistic, and timely. For example: Make sure your activities contain the following three common elements:

1. A time frame (by “when”)
2. The target population (“who”) and
3. The type and amount of measurable change expected in the target population (“what”)

Ex.: By March 30, 2015, at least 90% of trained school staff at Towson High School will report being comfortable intervening with a student exhibiting the warning signs of suicide.

C. Work Plan: Activities or Strategies (7 of 30 points)

List, in a logical sequence, the activities/strategies you will use to meet your objectives.

D. Work Plan: Timeline (6 of 30 points)

Provide an estimated timeline for completion of action steps required for each objective.

E. Work Plan: Evaluation (7 of 30 points)

In the Evaluation column of the Work Plan, clearly state outcome measures that you will use to evaluate progress toward meeting each of your stated objectives. Describe how those measures will be monitored.

- Establish quantitative standards by which a project activity’s success can be assessed (e.g., “90% of participants in the educational programs will score 75% or more correct on the post test.”)
- Determine how the measure will be made. How will the data be collected to evaluate if the objective was met?

Brief quarterly report forms will be required that will include both narrative and quantitative components.

Budget Summary and Detail and Justification (Forms B and D) – 5 points

Narrative including personnel, payroll taxes and fringe, travel, training, equipment, office expenses, program expenses and other expenses, limiting administrative costs to 10 percent.
## Scoring

Reviewers will determine which applications best meet the criteria and receive the highest points as outlined below and should be recommended for funding.

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
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<tbody>
<tr>
<td>Agency Overview - Organizational Experience and capacity</td>
<td>15</td>
</tr>
<tr>
<td>Project Narrative</td>
<td>45</td>
</tr>
<tr>
<td>Work Plan</td>
<td>30</td>
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<tr>
<td>Budget</td>
<td>5</td>
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<tr>
<td>Letters of Support - Collaborations and Partnerships</td>
<td>5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
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MDH reserves the right to cancel this solicitation if it is considered to be in the best interest of the State. The State reserves the right to negotiate modifications to the application or reject any and all applications received as a result of the Request for Proposals.

## Review Criteria

- **Organizational Experience and Capacity (15 points)**
  - How clear is agency mission and history described?
  - How much experience do they have working in suicide prevention?
  - Are key staff identified? Do key staff have appropriate qualifications or experience?
  - Clear ability to serve identified target population?
  - Does the organization have the overall capacity to do the proposed work?

- **Statement of Need (10 points)**
  - Is the need for geographical area and target population clearly described?
  - Are data sources cited?

- **Community Readiness and Collaboration (15 points)**
The current conditions and supporting partners are clear and appropriate?
Are current and future partners’ roles clearly stated?
Are there any key partners missing?
Are current barriers to doing proposed work identified and addressed?
Is the community willing and ready to address suicide prevention as proposed?
Target audience’s input will be included.

- Project description (20 points)
  - How well do the goals and objectives address the purpose of the funding?
  - Does the rationale for activities selected logical?
  - Are the strategies selected evidence-based? Are they culturally appropriate?
  - Are the risk and protective factors the program will address identified and appropriate?
  - Is the overall proposed project clear?

- Work plan (35 points)
  - Are the state plan priority goal(s) clearly identified?
  - Are the objectives are specific, measureable, achievable, realistic and timely?
  - Are the activities and strategies listed in a logical sequence? Are they appropriate for target population and reasonable given the funding and resources available?
  - Is the timeline of activities is documented for the grant period funded and realistic?
  - Are outcome measures clearly written and is it easy to understand how the data will be collected and monitored?

- Budget (5 points)
  - Do budget items sufficiently support activities listed in narrative and work plan?
  - Are all expenses itemized and directly chargeable to the grant?
  - Are budgets items clearly linked to the project design and work plan?

- All forms attached and signed?

**Additional Required Documents**

Budget Summary – Form B, page 20
Budget Detail and Justification – Form C, page 21
Due Diligence Review– Form D, page 23
Copy of 501(c) 3 (if applicable)
Copy of IRS 990 or Certified Financial Audit (if applicable)
Letters of Support – Three (3)
## Form A
### Work Plan Template

**State priority goal:**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity or Strategy</th>
<th>Timeline</th>
<th>Evaluation measurement</th>
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# Form B

## Budget Summary Sheet

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<td>Contact Person for further information</td>
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<tr>
<td>Phone:</td>
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<td>Email Address:</td>
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**Grant Funds Requested**

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<th>Budget by Line Item</th>
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<td>Salaries and Fringe</td>
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<tr>
<td>Contractual Services</td>
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<td>Travel Expenses</td>
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<td>Supplies and Expenses</td>
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<td>Other Expenses</td>
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<td><strong>Subtotal</strong></td>
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<tr>
<td>Administrative Costs</td>
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<td><strong>GRANT FUNDS TOTAL</strong></td>
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Form C
Budget Detail and Justification

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<th>Name of Applicant Agency:</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact Person for Budget:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>E-mail:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Budget Period: (The project period will be for four years; however, there should be an annual budget period. The first budget year will be 11 months long; the subsequent three years will each be 12 months in length.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1, 2015 to June 30, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revision # (MDH use only)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>a) SALARY AND FRINGE BENEFITS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each proposed funded position, list the title, the full time equivalent, the expected rate of pay, and the total amount you expect to pay the position.</td>
</tr>
<tr>
<td>Budget Justification:</td>
</tr>
<tr>
<td>Total Salary and Fringe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) CONTRACTUAL SERVICES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Budget Justification:</td>
</tr>
<tr>
<td>Total Contractual Services:</td>
</tr>
</tbody>
</table>

21 | P a g e
c) 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.  

<table>
<thead>
<tr>
<th>REQUESTED DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Justification:</td>
</tr>
<tr>
<td>Total In State Travel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTED DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>d) SUPPLIES AND EXPENSES:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Budget Justification:</td>
</tr>
<tr>
<td>Total Supplies and Expenses:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTED DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) OTHER EXPENSES:</td>
</tr>
<tr>
<td>Briefly describe any expenses that do not fit in any other category. Include computers, printers and other hardware necessary to accomplish your work.</td>
</tr>
<tr>
<td>Budget Justification:</td>
</tr>
<tr>
<td>Other Expenses Total:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTED DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>f) ADMINISTRATIVE COSTS:</td>
</tr>
<tr>
<td>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. Explain in just a sentence or two how you arrived at this percentage or how the calculations were derived.</td>
</tr>
<tr>
<td>Administrative Total:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTED DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRANT FUNDS TOTAL:</td>
</tr>
</tbody>
</table>
### Form D, Accounting System & Financial Capability Questionnaire

#### Due Diligence Review Form

**Organization Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How long has your organization been doing business?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your organization have a current 501(c)3 status from the IRS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle Yes or No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How many employees does your organization have (both part time and full time)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has your organization done business under any other name(s) within the last five years? Circle Yes or No. If yes, list name(s) used.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Is your organization affiliated with or managed by any other organizations, such as a regional or national office? Circle Yes or No. If yes, provide details.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Does your organization receive management or financial assistance from any other organizations? Circle Yes or No. If yes, provide details.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. What was your organization's total revenue in the most recent 12-month accounting period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How many different funding sources does the total revenue come from?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you been a grantee of the Minnesota Department of Health within the last five years? Circle Yes or No. If yes, from which division(s)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Does your organization have written policies and procedures for accounting processes? Circle Yes or No. If yes, please attach a copy of the table of contents.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Does your organization have written policies and procedures for purchasing processes? Circle Yes or No. If yes, please attach a copy of the table of contents.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Does your organization have written policies and procedures for payroll processes? Circle Yes or No. If yes, please attach a copy of the table of contents.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Which of the following best describes your organization's accounting system? Circle one response.</td>
<td>Manual</td>
<td>Automated</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? Circle one response.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. If your organization has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? Circle one response.</td>
<td>Yes or Not applicable</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>16. Are time studies conducted for employees who receive funding from multiple sources? Circle one response.</td>
<td>Yes or Not applicable</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>17. Does the accounting system have a way to identify overspending of grant funds? Circle one response.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>18. If grant funds are mixed with other funds, can the grant expenses be easily identified? Circle one response.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>19. Are the officials of the organization bonded? Circle one response.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>20. Did an independent certified public accountant (CPA) ever examine the organization's financial statements? Circle one response.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>21. Has any debt been incurred in the last six months? Circle Yes or No. If yes, what was the reason for the new debt? What is the funding source for paying back the new debt?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>22. What is the current amount of unrestricted funds compared to total revenues?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Are there any current or pending lawsuits against the organization? Circle Yes or No.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>24. If yes, could there be an impact on the organization's financial position? Circle one response.</td>
<td>Yes</td>
<td>No or Not applicable</td>
<td></td>
</tr>
<tr>
<td>25. Has the organization lost any funding due to accountability issues, misuse, or fraud? Circle Yes or No. If yes, please describe the situation, including when it occurred and whether issues have been corrected.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Documentation Requirements**

- Non-governmental organization **with annual income under $25,000**: Submit your most recent board-reviewed financial statement.

- Non-governmental organization **with annual income between $25,000 and $750,000**: Submit your most recent IRS Form 990.

- Non-governmental organization **with annual income over $750,000**: Submit your most recent certified financial audit.