2020 Hydration Station Competitive Grant Program Information and Materials

GRANT REQUEST FOR PROPOSAL (RFP)

AUGUST 2020

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-4700
health.drinkingwater@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: 651-201-4700. Printed on recycled paper.
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Part 1: Overview

Introduction
The Minnesota Department of Health is accepting applications for funding to provide water-bottle filling stations (hydration stations) to qualifying applicants. Local public health organizations, schools and community entities are encouraged to apply for this limited-funding opportunity.

Approved hydration stations:

- Provide drinking water containing an optimal level of fluoride to help protect teeth from tooth decay
- Do not remove fluoride from water
- Remove lead, when present, from drinking water
- Provide an additional safeguard to reduce potential lead exposure from drinking water
- Provide a healthy alternative to sugary drinks, especially in communities with limited access to healthy, affordable beverage choices

This document provides the forms and instruction you will need to complete the Hydration Station Grant application. These documents are available on the MDH Drinking Water Protection Section web site; Hydration Station Grants (https://www.health.state.mn.us/communities/environment/water/com/grants.html).

The Minnesota Department of Health (MDH) will be available to provide consultation and guidance during the application process. For assistance, please contact Anita Smith, Grants Coordinator, at 651-201-4665 or anita.smith@state.mn.us. Please note that MDH staff will not be able to help with the actual writing of the application or critique drafts.

Background
The MDH is committed to improving the health of Minnesotans by getting more people to drink more water. Filtered water units, in the form of hydration stations, provide a healthy alternative to sugary drinks, especially in communities with limited access to health, affordable beverage choices. Properly certified hydration stations remove lead and other contaminants associated with plumbing materials. They also maintain optimal fluoride levels in drinking water. Fluoridated drinking water helps prevent tooth decay through direct tooth contact and childhood consumption during tooth formation.

Funding and Work Scope
The MDH Drinking Water Protection Section is making available a total of $10,000 in assistance provided by the MDH Oral Health Program (https://www.health.state.mn.us/people/oralhealth/index.html) through a U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Minnesota Actions to Improve Oral Health Outcomes in the 21st Century federal grant.
Work Scope

Grant funds must be used for new hydration stations purchased in the grant project period. Grants, if extended, will be contingent upon the funding available and the grantee’s satisfactory performance, including execution and fulfillment of the proposed work plan, achievement of objectives, and appropriate use of the awarded funds.

Each applicant may request up to $2,000 for a hydration station.

Questions and Answers

All questions regarding this RFP must be submitted by email to; david.rindal@state.mn.us by 2:00 p.m. Central Time on Wednesday, September 16, 2020. All answers will be posted on the Drinking Water Protection Grant Information (https://www.health.state.mn.us/communities/environment/water/com/grants.html) webpage.

Part 2: Program Details

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (PDF) (https://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 experiencing inequities and/or disparities.

Hydration Station Grant Goal

The goal of the Hydration Station Grant is to promote health by making it easier for everyone to choose clean, safe tap water. The MDH seeks to assist organizations that do not have resources to update their infrastructure to maintain access to optimally fluoridated drinking water, while removing lead when present, within drinking water.

The MDH Drinking Water Protection Section will administer federal grant funds to reimburse eligible organizations for costs to purchase new drinking fountains with hydration stations.

Purpose of Hydration Station Grant Funds

Grant awards will fund the purchase of new approved drinking fountains with hydration stations, mounting hardware, and replacement filters. The grant awards may not be used for installation costs. Note: See Appendix E for approved Hydration Stations.
Applicant Eligibility Requirements

Any Minnesota organization such as schools, Head Start centers, community centers, non-profits, clinics etc. receiving water from a municipal community public water system (PWS) is eligible to apply. Furthermore, an organization must meet all of the following conditions in order to qualify for a grant:

To be considered for reimbursement, expenses must have been incurred during the grant project period:

October 15, 2020 through March 31, 2021. The grantee must not begin work until the grant agreement is fully executed and the State’s Authorized Representative has notified the grantee that work may commence.

Fund Matching

There is no in-kind or matching funds requirement.

Project Dates

Project dates are: October 15, 2020 through March 31, 2021.

Scope of Work

Hydration Station Grant funding is to be used solely for the purchase of hydration station equipment, mounting hardware if necessary, and replacement filters. Funds may not be used for installation or other indirect costs.

A grant application must identify:

- A description of the equipment that is to be purchased;
- The entity responsible for installing the equipment;
- The cost of purchasing the equipment;
- The outcome or deliverable that will be achieved by purchasing the equipment; and
- An indication of readiness to proceed with using the grant.
- A description of efforts to educate the target audience on drinking tap water. Please list key messages that you would promote.
- The organization must describe efforts to substitute water as a healthy alternative to sugar-sweetened beverages
- The organization must describe reasons why fluoride is important to the oral health of the served population
- A statement from the organization will be required to verify the condition of any existing hydration station(s) or drinking fountains, as well as the presence of lead in drinking water or plumbing materials.

Please note that no hydration station is to be purchased or installation is to take place until a grant agreement has been signed with the MDH. Please note that only approved hydration stations may be purchase using the grant.
Application Form

You may obtain a copy of the Hydration Station Grant application form by:

- Contacting grant coordinator by telephone at 651.201.4700 or email at health.drinkingwater@state.mn.us; or
- Downloading the form that is included with this announcement or found at Drinking Water Protection Grant Information (https://www.health.state.mn.us/communities/environment/water/com/grants.html) webpage.
- Downloading the form from the Health Promotion and Chronic Disease Division, Center for Health Promotion Section, Oral Health (https://www.health.state.mn.us/people/oralhealth/index.html) webpage.

Required Application Components

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

- Signed Hydration Station Grant Application – Appendix A
- Signed Hydration Station Costs Estimates – Appendix C
- Any narrative or supplemental portions of the application must be written in 12-point font, single spaced with one-inch margins. Any supplemental pages must be numbered consecutively.

Grant Application Submittal

An eligible organization only one application. Should an organization submit multiple applications, only the last application received before the application deadline will be considered eligible for evaluation.

Applicants may submit a grant application either by mail or electronically using the form provided by the MDH. Applications must be received by 2:00 PM CST, Wednesday, September 23, 2020. Applications must be sent to:

Attention: Hydration Station Grant Coordinator

Street Address (hand or courier delivery)
Minnesota Department of Health
Drinking Water Protection Section
625 Robert Street North
Saint Paul, MN  55155-2538

U.S. Postal Service Mailing Address
Minnesota Department of Health
Drinking Water Protection Section
P.O. Box 64975
Saint Paul, MN  55164-0975

Fax
651-201-4701
Attention Grant Coordinator
Email
Hydration Station Grant Coordinator
health.drinkingwater@state.mn.us

The MDH is not responsible for grant applications that are lost in the mail or delayed in electronic transmission. Late applications and applications lost in transit by courier will not be considered for review. Incomplete applications will not be considered for review.

Upon receipt, a grant application will be assigned a time and date which will be used to prioritize applications having equivalent scores. Proposals will then be reviewed and scored. This is a competitive grant application. Funds will be awarded to applicants whose proposals receive the highest scores.

Trade Secret Information

The MDH does not anticipate that trade secret information will be compromised as a result of the information presented in a grant application nor documenting the work that is performed and reported under a grant agreement. The MDH does not anticipate a need to request trade secret information during the plan submission and review process, and will retain public data in paper and/or electronic file formats.

Part 3: Grant Management Responsibilities

Grant Agreement

Sample MDH Grant Agreement can be viewed at Drinking Water Protection Grant Information: Grant Agreement (Word) (https://www.health.state.mn.us/communities/environment/water/com/grants.html)

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.

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.

Required Grant Terms and Conditions

An organization that receives a Hydration Station Grant must report the results of each work item that is funded by providing all of the following information:

- the results of performing the work that is described in the grant application
- the total amount of grant funds that were expended to perform each work item
- a summary of the costs that are attributed to performing each work item
- a photo (and photo release form) of the installed and functioning hydration station
a copy of any article, announcement, or social media post acknowledging the MDH funding and stating its impact on people who use the hydration station

- Participate in evaluation activities such as interviews, surveys, sharing success stories etc.

- acknowledgement on all written materials: Funding for this project has been made possible through the Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) “Minnesota Actions to Improve Oral Health Outcomes in the 21st Century”

**Part 4: Review and Selection Process**

**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.

**Selection Criteria and Weight**

The Hydration Station Grant application is a competitive grant application. Only complete applications received or mailed on or before the deadline will be reviewed competitively. The MDH determines the priority of each hydration station measure that is included in a grant application using an internal grant application review team. Reviewers will determine which applications best meet the selection criteria. 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. Staff from the Environmental Health Division of the MDH will develop final funding recommendations based on the scores and comments from reviewers. These funding recommendations will be forwarded to the Commissioner of Health for final approval. The MDH uses the following methodology to score a Community Fluoridation Grant application:

Proposals will be reviewed and scored according to a 100 point system listed below. A Community Fluoridation Grant application must have a minimum score of 60 points in order to be awarded. Grant requests that achieve the minimum score to qualify will be awarded funds based upon the 1) score, 2) date placed upon the list, and 3) availability of grant funds.

**Applicant Information (10 Points)**

- Is the application attached, completed, and readable? (Appendix A) (5 Points)
- Is the applicant receiving drinking water from a Minnesota municipal community PWS? (5 Points)

**Project Need (80 Points)**

- Is the installation site located within either a geographic or low-income Dental Health Professional Shortage Area (HPSA)? (Appendix D) (10 Points)
- Is the applicant a non-profit organization? (10 Points)
- Does the installation site serve children? (5 Points)
• What is the estimated daily number of persons served by the installation site? (1 Point per 10 persons; maximum 10 Points)
• Is the installation site a school or daycare facility attended by children? (10 Points)
• Does the application include documentation of served population’s reliance on installation location for a significant portion of drinking-water needs? (5 Points)
• Does the application include lead exposure concern documentation? (10 Points)
• Does the application include a lead analysis result from the installation site? (Points for highest result at installation site: 0-5 ppb: 5 Points; 6-15 ppb: 10 Points; 16-20 ppb: 15 Points; >20 ppb; maximum 20 Points)

**Work Scope (5 Points)**

Does the request for award not exceed $2,000 for hydration station equipment? (5 Points)

**Budget (5 Points)**

• Does the application include an identified vendor and an attached vendor estimate of hydration station equipment costs? (Appendix C) (5 Points)

**Notification Process**

The MDH will provide written notification to grant applicants of the scoring results by Wednesday, September 30, 2020. Successful applicants will be informed that they will receive a grant using the $10,000 in federal CDC funds.
Appendix A - 2020 Hydration Station Competitive Grant Application

Notice: This application must be completed in order to score your grant request.

Applicant/Organization (name of primary applicant): _________________________________

Grant Contact Name: _____________________________________________________________

Grant Contact Phone No. and Extension: ____________________________________________

Grant Contact E-mail address: _____________________________________________________

Mailing Address: ________________________________________________________________

Federal Tax ID #: __________________________________________________________________

Will the water unit be installed at the above location? (Yes/No) _______________________

If no, Name of Location: _________________________________________________________

Installation Mailing Address: ______________________________________________________

Federal Tax ID #: __________________________________________________________________

Person Authorized to Sign Grant Agreement on Behalf of the Organization:

Name: __________________________________________ Title: ______________________

TOTAL COST OF PROJECT (Amount Requested + Applicant Cost): $ _________________

Total Grant Amount Being Requested ($2,000 maximum): $ _________________

Work Item(s) to be performed under this grant
For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. **Work Item 1** – describe the work that will be performed: ________________________

   1a. Applicant is ready and able to complete project by March 31, 2021: Yes _____ No _____

   1b. Applicant is a non-profit organization: ____ Yes _____ No _____

   1c. **Amount requested** for work item: $ _________________________________________

   1d. Hydration station type: New _____ Replacement _____
1e. Installation site includes: Daycare _____ School attended by children _____
1f. Installation site estimated daily persons served: ____________________________
1g. Installation site municipal community public water system source: _____________________
1h. Installation site most recent drinking-water lead test result:
   Date: ____________ Tap Location: _____________ Lead (ppm or mg/L): _____________
1i. Anticipated outcomes of performing this work item: ________________________________
                                                                                     __________________________________________

2. Work Item 2 – describe the work that will be performed: ___________________________
                                                                                     __________________________________________
2a. Applicant is ready and able to complete project by March 31, 2021: Yes _____ No _____
2b. Applicant is a non-profit organization: Yes _____ No _____
2c. Amount requested for work item: $ ____________________________
2d. Hydration station type: New _____ Replacement _____
2e. Installation site includes: Daycare _____ School attended by children _____
2f. Installation site estimated daily persons served: ____________________________
2g. Installation site municipal community public water system source: _____________________
2h. Installation site most recent drinking-water lead test result:
   Date: ____________ Tap Location: _____________ Lead (ppm or mg/L): _____________
2i. Anticipated outcomes of performing this work item: ________________________________
                                                                                     __________________________________________

Certification: I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant organization.

Signature: _____________________________ Title: ____________________ Date: _________

NOTE: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement and grantee receives a signed copy of the grant agreement.

Minnesota Department of Health
Drinking Water Protection Program
651-201-4700
health.drinkingwater@state.mn.us
www.health.state.mn.us

08/2020 To obtain this information in a different format, call: 651-201-4700. Printed on recycled paper.
Appendix A
Instructions

You may complete this form manually or electronically. Please print the information if you opt to do this manually. Once you are finished, you have three options for submitting the application form to the Minnesota Department of Health:

**Option 1** - Mail the form to:
Minnesota Department of Health
Drinking Water Protection Program
Hydration Station Grant Coordinator
P.O. Box 64975
St. Paul, Minnesota  55164-0975

**Option 2** - Fax the form to:
Hydration Station Grant Coordinator
651-201-4701

**Option 3** - E-mail the form to:
Hydration Station Grant Coordinator
health.drinkingwater@state.mn.us
Appendix B - Definitions

**Community Public Water System** means the name of the utility that provides drinking water to the installation site.

**Name of the Grant Contact** means the name of the individual who will be responsible for managing the grant.

**Telephone Number** means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:00 a.m. to 4:30 p.m.).

**E-mail** means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

**Mailing Address** means the official mailing address of the applicant that shall be used for correspondence with MDH.

**Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Organization** means a person who has authority to administer a financial agreement between the applicant organization and the Minnesota Department of Health.

**Total Grant Amount Being Requested** means the sum of the costs of the work items that are identified in the grant application (1b + 2b).

**Work Item** is the hydration station equipment that is to be purchased under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

**Amount requested for performing this work** means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

**Product(s) produced or anticipated outcomes of performing this work** means the tangible results of performing the work that is funded by this grant.
Appendix C - Estimates for Hydration Station Costs

It is helpful to estimate and detail the expected costs associated with a hydration station. Hydration station equipment will include, but will not be limited to (not all items may be applicable or necessary):

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking fountain with bottle filling station (hydration station)</td>
<td>$</td>
</tr>
<tr>
<td>Mounting hardware (if applicable)</td>
<td>$</td>
</tr>
<tr>
<td>Replacement filter(s)</td>
<td>$</td>
</tr>
<tr>
<td>Plumbing costs</td>
<td>$</td>
</tr>
<tr>
<td>Miscellaneous costs</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Estimated Costs** $ 

**Contact information of applicant** (please print)

Name: ________________________________________________________________________

Phone number: ________________________________________________________________________

E-mail address: ________________________________________________________________________

Signature: ________________________________________________________________________

Title: ________________________________________________________________________

Date: ________________________________________________________________________
Appendix D - Minnesota Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.

Source: Health Professional Shortage Areas
(https://www.health.state.mn.us/facilities/underserved/docs/2018hpsadental.pdf)
Appendix E - Hydration Station Acceptable Examples

**Example 1**


Model: LZSG8WSLK

Cost: $1,901 (per Elkay website)

**Example 2**


Model: THB-HACG8SS-WF

Cost: $1,967 (per Halsey Taylor website)