



# Community Solutions for Healthy Child Development

GRANT REQUEST FOR PROPOSALS (RFP)

## IMPORTANT DATES

January 2020	Information sessions and skill-building sessions
Wednesday, January 29, 2020	Last day to submit RFP questions (by 4:30 pm)
Friday, February 7, 2020	Proposals due by 11:59 pm Central Time
Early to mid-March 2020	Site visits conducted
Early April 2020	Applicants notified
May 2020	Grants begin

Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164-0975  
[health.equity@state.mn.us](mailto:health.equity@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

Visit the **Community Solutions RFP webpage** at [www.health.state.mn.us/communities/equity/funding/csf/index.html](http://www.health.state.mn.us/communities/equity/funding/csf/index.html) for more information.

*To obtain this information in a different format, call 651-201-5813.*

# Table of Contents

Community Solutions for Healthy Child Development.....	1
RFP Part 1: Overview .....	3
1.1 General Information .....	3
1.2 Program Description.....	3
1.3 Funding and Project Dates .....	3
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.....	8
2.3 Project Requirements.....	13
2.4 Grant Expectations and Deliverables .....	14
RFP Part 3: Application Process and Instructions .....	16
3.1 Application Deadline .....	16
3.2 Application Submission Instructions .....	16
3.3 Application Review and Selection Process.....	20
RFP Part 4: Grant Responsibilities and Provisions .....	22
4.1 Grant Management Responsibilities .....	22
4.2 Grant Provisions.....	23
RFP Part 5: Appendices .....	27
Appendix A: Application Scoring Criteria.....	27
Appendix B: Application Checklist .....	31

## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Community Solutions for Healthy Child Development grants
- Minnesota Department of Health (MDH) Program Website:  
[www.health.state.mn.us/communitysolutions](http://www.health.state.mn.us/communitysolutions)
- **Application Deadline:** Friday, February 7, 2020, by 11:59 pm Central Time

### 1.2 Program Description

The Minnesota Legislature directed the Minnesota Department of Health (MDH) to establish the Community Solutions for Healthy Child Development grant program in 2019. The purposes of the grant program are to:

- Improve child development outcomes related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families. This includes, but is not limited to, the goals outlined by the Minnesota Department of Human Services early childhood systems reform effort: early learning; health and well-being; economic security; and safe, stable, nurturing relationships and environments.
- Reduce racial disparities in children’s health and development, from prenatal to grade 3.
- Promote racial and geographic equity.

The grant program will advance these purposes by funding community-based solutions for challenges that are identified by affected communities.

The [Community Solutions Advisory Council](#), comprised of 12 members representing diverse Minnesota communities, areas of expertise and geographic locations, advises MDH on the Community Solutions for Healthy Child Development grant program. The Council informed the development of this Request for Proposals, will serve as grant application reviewers, and will advise MDH on ongoing oversight of the grant program.

This Request for Proposals provides the information, forms and instructions needed to apply for a Community Solutions for Healthy Child Development grant. Please read this material before writing your application. Pay special attention to the Application Scoring Criteria (Appendix A).

### 1.3 Funding and Project Dates

#### Funding

The Minnesota State Legislature has appropriated funding for the Community Solutions for Healthy Child Development grant program.

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

## COMMUNITY SOLUTIONS FOR HEALTHY CHILD DEVELOPMENT RFP

Funding	Estimate
Estimated Amount to Grant	\$1.5 million annually (updated 2/6/20) <sup>1</sup>
Estimated Number of Awards	5-15
Estimated Range of Awards	\$20,000-\$150,000 <sup>2</sup>

### Match Requirement

There is no match requirement for this grant program.

### Project Dates

Grants will start in May 2020, and the projected end date is April 30, 2024. The grant period will be approximately four years, contingent on satisfactory grantee performance and funding availability.

## 1.4 Eligible Applicants

Eligible applicants include:

- Community-based organizations or entities that work with communities of color and American Indian communities and/or are focused on supporting healthy child development
- Tribal nations and tribal organizations as defined in section 658P of the [Child Care and Development Block Grant Act of 1990](#)

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status. Organizations or groups that do not have state or federal recognition may apply with a fiscal agent.<sup>3</sup> 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.

Priority will be given to applications from:

- Organizations or entities led by people of color (more than 50 percent of the board, leadership and staff are people of color) and serving communities of color

---

<sup>1</sup> Amount is contingent on availability of funds.

<sup>2</sup> We anticipate that each grant award will be no less than \$20,000 per year and no greater than \$150,000 per year, depending on the strength and scope of proposals.

<sup>3</sup> A **fiscal agent** is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different entity from the operating organization (which performs the work). In a multi-entity collaboration, one entity must be designated as the fiscal agent.

- Organizations or entities led by American Indians (more than 50 percent of the board, leadership and staff are American Indians) and serving American Indians, including tribal nations and tribal organizations
- Organizations or entities located in or proposing to serve communities located in counties that are moderate to high risk according to the [Wilder Research Risk and Reach Report](#)
- Organizations or entities located in counties that have a higher proportion of [people of color](#) and/or [American Indians](#) than the state average (people of color comprise about 21 percent of Minnesota's population, and American Indians comprise over 1 percent)
- Community-based organizations that have historically served communities of color and American Indians and have not traditionally had access to state grant funding

## Collaboration

Collaborations between organizations or entities are welcome, but not required. A single application should be submitted on behalf of all partners in the collaboration.

MDH recognizes the sovereignty of tribal nations. We will only fund non-tribal-led projects in tribal communities if the applicant has full support of the tribal government. If a non-tribal applicant proposes to work with a tribal government or tribal community, the applicant must be prepared to provide written verification that the tribal government approves of the project before a grant award is offered.

## 1.5 Questions and Answers

Please submit any questions regarding this RFP by email to [health.equity@state.mn.us](mailto:health.equity@state.mn.us). All answers will be posted within 7 business days on the [Community Solutions RFP Questions and Answers page](#). If you are unable to submit your question via email, please call 651-201-5813 for assistance.

Please submit questions no later than 4:30 p.m. Central Time on Wednesday, January 29, 2020.

To ensure the fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

Please note that because Community Solutions Advisory Council members will serve as grant application reviewers, they will not be able to provide feedback on draft applications or answer questions about applications.

## RFP Information and Skill-building Sessions

MDH will offer three information sessions about this RFP: one recorded webinar and two in-person sessions. At the information sessions, staff will provide some background on the Center for Health Equity and the Community Solutions grants, walk through the RFP and application requirements, and give an overview of the application review process.

## COMMUNITY SOLUTIONS FOR HEALTHY CHILD DEVELOPMENT RFP

Staff will not be able to help with the writing of applications or review of drafts, but can answer general questions about the process and requirements.

In January 2020, MDH will also offer in-person skill-building sessions on topics related to grant-writing, such as telling your organization’s story, developing a work plan and creating a budget. Details and registration information will be posted on the [Community Solutions RFP webpage](#).

Though not required, prospective applicants are encouraged to participate in at least one information session or watch the recorded webinar. Questions and answers from the in-person information sessions and materials from the skill-building sessions will be posted on the [Community Solutions RFP webpage](#) for those who are unable to attend. The recorded webinar will also be posted on the webpage.

**For up-to-date information and to register for the sessions, visit the [Community Solutions RFP webpage](#).**

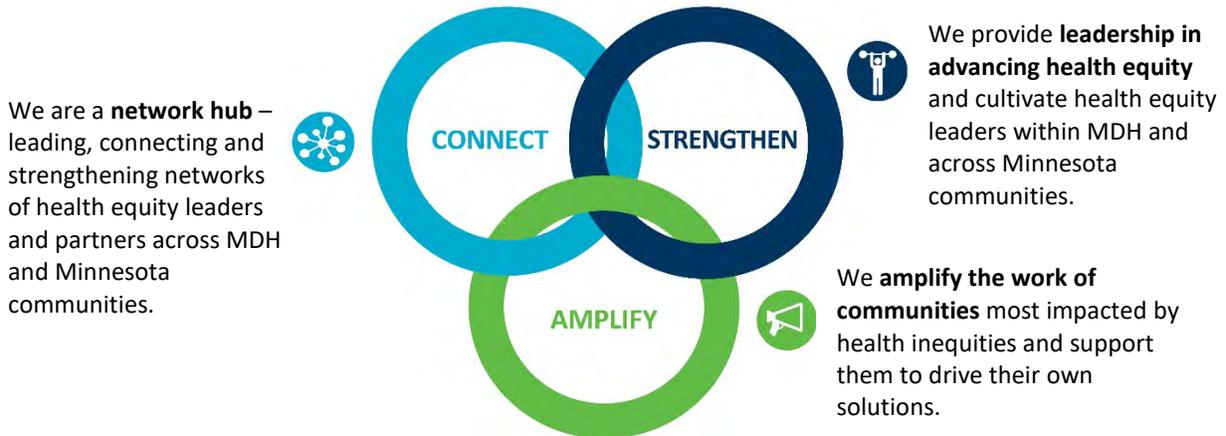
### RFP Information Sessions

Type	Date	Time	Location
Webinar (will be recorded)	Wednesday, Dec. 18, 2019	9:30-11 am	Online
In-Person	Monday, Jan. 6, 2020	3-5 pm	Hallie Q. Brown Community Center, 270 N Kent St, St Paul, MN 55102
In-Person	Tuesday, Jan. 14, 2020	6-8 pm	Hallie Q. Brown Community Center, 270 N Kent St, St Paul, MN 55102

## RFP Part 2: Program Details and Requirements

### 2.1 Background Information

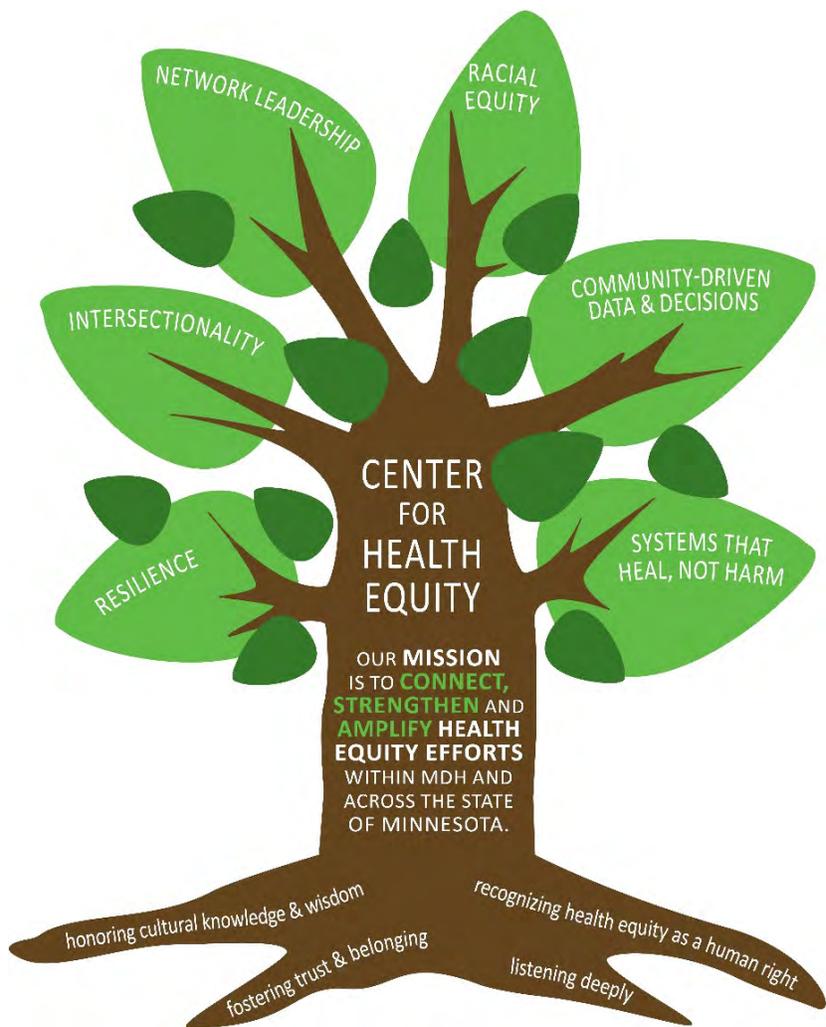
The MDH Center for Health Equity (CHE) will oversee the Community Solutions grants, in collaboration with the Community Solutions Advisory Council. The mission of CHE is to **connect, strengthen and amplify health equity efforts** across the state of Minnesota. The Community Solutions grants **amplify** the work of communities of color and American Indian communities and support them to create their own solutions through investments in their infrastructure, staff and resources. Through the Community of Practice, grantees will be **connected** to a



network of statewide leaders doing similar work in their own cultural communities and to resources, skills and knowledge within the Minnesota Department of Health and our partners across the state. Community Solutions grantees are also **strengthened** through opportunities to enhance their leadership skills, grow their networks and connect across cultures and programs.

CHE is grounded in a set of core values and approaches that shape our work. Our **values** include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Through the Community Solutions grants, we seek to promote racial and geographic equity and support the health and well-being of children of color and American Indian children. We strive to build a community of grantees that recognizes and honors everyone’s story, fosters trust between government and community, and allows grantees to define solutions for their communities.

Our work is guided by a set of **approaches**, including racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm. **Applicants are encouraged to learn more about our values and approaches through the [handouts and webinar on our website](#).**



## 2.2 Eligible Projects

Proposals must focus on promoting racial equity and healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade 3 and their families.

Please spend time reviewing **Appendix A: Application Scoring Criteria**, as there are many scoring considerations and priority areas.

### Considerations for Developing a Proposal

#### Conditions That Affect Health and Child Development

Proposals should address the social, economic and environmental conditions that affect the health of children and families. (These conditions are sometimes called “social determinants of

health.”) Some [examples of conditions that influence health and child development](#) include—but are not limited to—housing, income, transportation, racism and discrimination, education, neighborhood conditions, employment and social connectedness.

We invite you to think broadly about the conditions that affect the well-being of children and families, perpetuate racial and health inequities, and impact children’s health and development.

### Co-creation with Communities

Proposals should demonstrate understanding of community strengths and assets, and should build on communities’ capacity to promote child and family well-being. Projects should be co-created with the communities served or impacted. Applicants are encouraged to propose multigenerational approaches.

We seek projects that have the potential for far-reaching impact within communities. This could include engaging many community members and working to change policies or conditions that affect a whole community. Smaller-scale projects that have the potential for future expansion, or that can inform future work (by the applicant or others) on issues affecting the broader community, will also be considered.

### Building on Current Work and Capacity

Applicants are encouraged to propose activities that complement or build on their existing work. Applicants may receive funding to continue their existing work. Applicants may also dedicate a portion of their budget to building capacity, including professional development.

### Planning

Proposals may include a planning phase leading into, and informing, the implementation of activities. The planning period should be no longer than one year of the 4-year grant period. Applicants should propose specific planning steps that will better position them to implement their activities. Engaging relevant communities is typically an integral part of the planning process. Applicants are encouraged to create adaptable work plans and be open to revising the implementation phase based on learning and community engagement during the planning period.

### Support and Rationale for Activities/Strategies

Applicants should provide reasons and support for their proposed approaches. This may include data on the effectiveness of these methods (gathered by the applicant or from other sources). Data can include lived experiences, scholarly research, outcomes from past projects, and other sources. Applicants should address cultural considerations in explaining why they expect the project to be successful with the communities engaged and served.

## Eligible Populations

Proposals must address the needs of children of color<sup>4</sup> and American Indian children from prenatal to grade 3 and their families. Applicants should define the community or communities within this population that they propose to engage and serve. Priority will be given to proposals focused on healthy development from prenatal to *age* 3 (although the eligible population is prenatal through *grade* 3). Refer to Appendix A: Application Scoring Criteria to see how this will be scored.

## Eligible Activities

To have a meaningful impact in promoting racial equity and healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade 3 and their families, activities should address the conditions that affect health and well-being.

Activities and strategies may relate to, but are not limited to, the goals outlined by the Minnesota Department of Human Services [early childhood systems reform effort](#): early learning; health and well-being; economic security; and safe, stable, nurturing relationships and environments.

Applicants are encouraged, but not required, to consider activities and strategies that seek to change policies, systems, environments and institutions.

## Policies

Applicants may, for example, work to implement or change local, regional, tribal or state policies related to child development and health and racial equity for children of color and American Indian children. These could be policies related to early learning or other programs and services for young children. Or they could be other policies that affect the health, development and well-being of children of color and American Indian children and their families, such as policies related to economic security, housing, family living situations, neighborhood environments, or other areas of life.

## Systems

Applicants may seek to change systems that influence health, development and racial equity for children of color and American Indian children from prenatal to grade 3 and their families. For example, applicants could address the systems through which families access housing, transportation, education and services, to make these systems more racially equitable and better suited to promoting healthy child development and family well-being.

## Environments

Another area in which applicants may work is changing social and physical / built environments to better support healthy child development and racial equity for children of color and

---

<sup>4</sup> Communities of color include, but are not limited to, Africans, African Americans, Hispanics / Latinos, Asian Americans and Pacific Islanders

American Indian children. Activities could promote social environments that are conducive to racial equity, connectedness and stable, nurturing relationships, for example. Physical environments can also be modified to support racial equity, connectedness, health and safety.

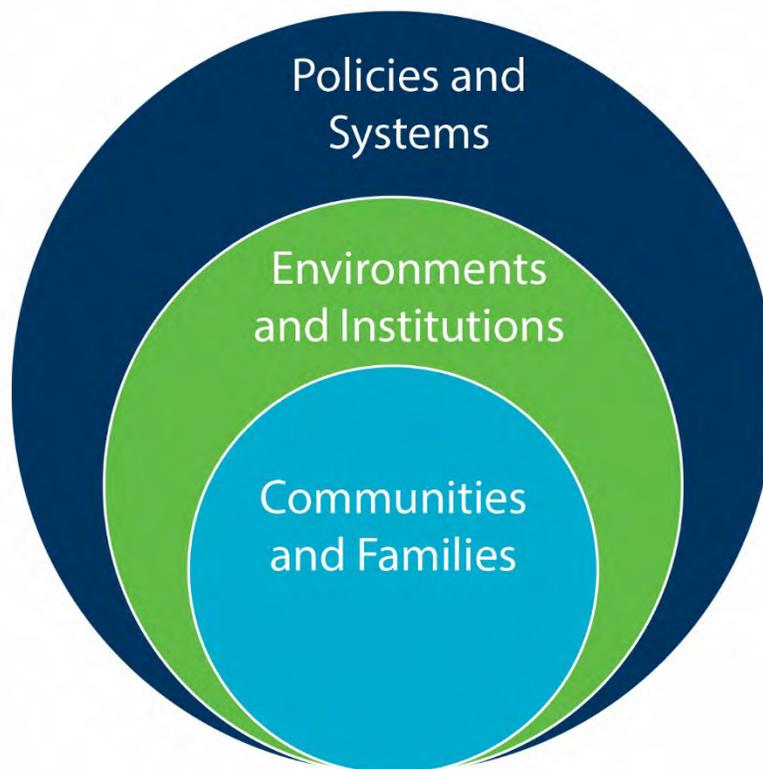
### Institutions

Applicants may work to change institutions to advance racial equity and healthy child development. Applicants could focus, for example, on institutions that provide education or services to children of color and American Indian children from prenatal to grade 3 and their families.

### Communities and Families

Applicants are welcome to propose other types of activities and strategies, as long as they contribute to improving child development outcomes and reducing health and racial disparities related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families. For example, applicants may propose work that focuses more directly on families. Work with communities often relates to policies, systems, environments and/or institutions, but applicants may choose to approach their community work in a different way.

## Eligible Activities/Strategies



*Illustration of different areas applicants may choose to work in to change the conditions that affect health and development.*

### Examples of Eligible Activities

- Engaging community members in creating and advocating for a state-level policy agenda that promotes healthy child development and racial equity for children of color and American Indian children from ages 0-3.
- Hosting a community gathering that builds cultural and social connectedness across generations.
- Launching and facilitating a community advisory board to make recommendations for change in a local government office that coordinates services to families with young children, such as nutrition support.
- Forming a new partnership between a childcare program and a day center for elders in a community of color.
- Providing a space for gathering and social support, and connecting people to resources, in a community-owned business.
- Mobilizing residents to create and participate in a lead education program for renters in a region or city where young children of color and American Indian children are at high risk of elevated lead levels.

### Lobbying vs. Advocacy

Grantees may lead or participate in advocacy work but may not engage in activities that are considered “lobbying.”

Projects may involve advocating for change in local, regional, tribal or state policy. Because grantees will be receiving state funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to support them in navigating the line between advocacy and lobbying.

Grant funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, **grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy**. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders and the general community. Lobbying restrictions do not apply to informal or private policies.<sup>5</sup>

Grantees may make educational materials available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use

---

<sup>5</sup> **Informal or private policies**, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies.

grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or tribal government, in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

### **Ineligible Expenses**

Ineligible expenses include but are not limited to:

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

## **2.3 Project Requirements**

### **Community Engagement and Collaboration**

Community engagement is a process through which community members are involved in issue identification, problem-solving and decision-making. Grant projects must be rooted in and driven by the community served. One of our guiding approaches at the MDH Center for Health Equity is network leadership; we believe that leadership comes from within and across communities and that we are stronger when we bridge differences and unite around commonalities. We believe that effective leadership is adaptive, collaborative and inclusive.

**Grantees should authentically engage and work in partnership with community members experiencing inequities to ensure activities and strategies are co-created, appropriate and welcomed by the community.**

Projects should also be designed to complement and build on other related activities or initiatives in the community. To pursue their project goals, grantees should work together in partnership with relevant stakeholders, which may include other community organizations, local public health, businesses, other government agencies or health systems. Grantees are also encouraged to form and/or strengthen cross-sector partnerships as appropriate. Community engagement and partnership-building should be ongoing throughout the grant period.

### **Evaluation**

Evaluation is a required component for several reasons:

- It helps grantees know if they are making progress toward their goals and helps them report back to community partners and stakeholders. (“Who is better off, and how will we know?”)

- It helps grantees know how they can improve their project.
- It helps MDH report to the state legislature, both to justify the use of public funds and to show the difference the funds make in the community.
- It helps document and spread the innovative projects and strategies grantees develop to address issues in their community based on cultural knowledge and wisdom.
- When grantees evaluate their own programs, with MDH assistance, they build their own evaluation capacity for future projects and initiatives.

Grantees may use funds for staff to work on evaluation or may subcontract with external evaluation partners. Evaluation may include, but is not limited to, developing an evaluation plan, developing data collection tools, collecting and analyzing evaluation data and attending in-state evaluation training and technical assistance events. Grantees are encouraged to consider opportunities for co-creating evaluation approaches with communities. Grantees are expected to share evaluation results with MDH, community partners and project stakeholders.

MDH will provide evaluation technical assistance to grantees as needed to help grantees meet grant requirements and build grantee evaluation capacity. See the Technical Assistance section below for more information.

## 2.4 Grant Expectations and Deliverables

### Grant Outcome Expectations

Community issues require community solutions, and grant projects will be culturally specific and unique to each community served. Therefore, **each funded grantee will specify its own outcomes**. Outcomes should advance the Community Solutions goals of increasing racial equity and healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to grade 3 and their families.

### Key Tasks and Deliverables

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

- Work with MDH to revise 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.
- Meet with the evaluation technical assistance provider (see below) and/or MDH staff within the first six months of the grant to discuss evaluation goals and strategies.
- Report twice per year on successes, challenges, needs and impact. Mid-year updates can take place by phone or in person; end-of-year reports will be written.
- Participate in grantee gatherings twice a year and other occasional grantee trainings and technical assistance activities.
- Participate in the grantees' Community of Practice, which may take place at grantee gatherings, through additional in-person meetings and/or through online networking and sharing. Grantees are strongly encouraged to share with and learn from other grantees; however, each grantee may choose the extent to which they participate.

- Develop a budget and work plan for years 3 and 4 of the grant period and work with MDH to revise as needed.
- Provide updates and/or grant summary information upon request to be included in MDH reports.
- Share project progress and evaluation results with community stakeholders on a regular basis.

### **Technical Assistance**

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation and other effective practices. MDH will also provide grantees with access to data to assist in establishing and implementing effective community-led solutions. Grantees are encouraged to seek support and learn from other grantees through the Community of Practice. MDH will also provide for a third-party evaluation capacity-building team to support grantees in identifying appropriate and feasible measures and outcomes for their projects and provide general evaluation technical assistance. The evaluation capacity-building team will be led by people of color and American Indians and will have experience providing culturally relevant technical assistance. The team will help to evaluate the success of the grant program and build the evidence base for effective community solutions.

MDH and the evaluation capacity-building team will pay special attention to providing technical assistance and program development support for grantees working in Greater Minnesota or areas where fewer services to reduce health inequities have been established.

## RFP Part 3: Application Process and Instructions

### 3.1 Application Deadline

All applications **must** be received by MDH no later than 11:59 p.m. Central Time on Friday, February 7, 2020.

**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.

### 3.2 Application Submission Instructions

Applicants are **strongly encouraged** to submit applications via email to [health.equity@state.mn.us](mailto:health.equity@state.mn.us) with the subject line Community Solutions RFP Application – [insert applicant organization name].

Applicants who are unable to submit via email may submit their application via mail. If submitting by mail, please submit a single printed copy bound with a paper clip (do not staple). Applications submitted by mail should be sent to:

Minnesota Department of Health  
Center for Health Equity  
PO Box 64975  
St. Paul, MN 55164-0975

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

1. Application Form
2. Work Plan
3. Budget
4. Due Diligence Review Form

**Incomplete applications will not be considered or 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 not to consider 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.

### Part 1: Application Form

Applicants must submit a completed Application Form, which can be found on the [Community Solutions RFP webpage](#). Please submit the Application form as a Word document (do **not** save as a PDF). Prior to submitting, please check to ensure your entire application form (including instructions and general information pages) does not exceed the 30 page limit prior to submitting your application. Any text that exceeds the section limits will be removed prior to scoring.

### Part 2: Work Plan

Applicants must submit a work plan covering the **first two years of the grant (May 2020-June 2022)**. Find a work plan template on the [Community Solutions RFP webpage](#). Please include all of the information in this template, but you may choose to format your work plan differently. We recognize that a different work plan format may be more suitable for holistic, circular styles of learning and doing in American Indian communities, for example.

Your work plan can be revised during the grant period, in consultation with MDH and the evaluation capacity-building team.

### Part 3: Budget

Applicants must submit a budget narrative and budget summary that provides an overview of how funds will be used during the **first two years of the grant (May 2020-June 2022)**.

Applicants are strongly encouraged to use the template on the [Community Solutions RFP webpage](#). Please contact [health.equity@state.mn.us](mailto:health.equity@state.mn.us) or 651-201-5813 if you have questions about how to use the budget template. Applicants who are unable to use this template may submit their budget in another format that provides the same information below.

There are five tabs/sheets in the Excel budget template:

1. Budget Template Instructions
2. MDH Policy and Guidance on Indirect Costs
3. Year 1 Budget Narrative (applicants must complete this sheet)
4. Year 2 Budget Narrative (applicants must complete this sheet)
5. Budget Summary (auto-fills once applicants complete Tabs 3 and 4)

#### Budget Narratives

In the budget narratives, provide a brief explanation of how funds will be used. Your budget should be consistent with your work plan, so it is clear how each of the activities / strategies will be funded. If you are estimating costs, please show your calculations by including quantities, unit costs and other details.

Please round expenditures to the nearest dollar and enter the total for each line item at the top of each section.

Applicants should organize their expenditures into the following categories:

#### I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known
- b. Full-time equivalent (FTE) to be charged to the grant (for example, 1 FTE would be one full-time staff person’s time, and 0.5 FTE would be half of a full-time staff person’s time)
- c. Actual or expected rate of pay
- d. Fringe benefits
- e. Total amount expected to be paid for the staff person

The staff included in this section of the budget narrative should be the same as the staff included in the work plan.

**II. Contractual Services**

For any proposed subcontractors, applicants must list the following:

- a. Name of contractor, if known, or selection process to be used
- b. Scope of work the contractor will provide
- c. Length of time the services will be provided
- d. Total amount you expect to pay the contractor

Grant funds may be used for small contracts – such as facilitators, speakers or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

**III. Travel**

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals. This line item may also include bus cards or other travel for participants. Grant funds may be used for related professional development and trainings, but funds cannot be used for out-of-state travel without prior written approval from MDH.

In addition to travel for program activities and relevant professional development activities, applicants should include expenses related to two annual, all-day grantee gatherings in the Twin Cities metropolitan area.

Below is an overview of the [State of Minnesota Commissioner’s Plan](#), which outlines limits for allowable travel expenses. Use the following reimbursement rates to estimate travel expenses.

**Reimbursement Rates**

Expense	Rate (non-tribes)	Rate (tribes)
Mileage	Current IRS rate (\$0.58/mile as of Dec 2019)	Current IRS rate (\$0.58/mile as of Dec 2019)
Parking	Actual parking fees	Actual parking fees

Expense	Rate (non-tribes)	Rate (tribes)
Breakfast	\$9.00 maximum	Refer to <a href="#">current GSA Rate</a>
Lunch	\$11.00 maximum	Refer to <a href="#">current GSA Rate</a>
Dinner	\$16.00 maximum	Refer to <a href="#">current GSA Rate</a>
Lodging	Actual cost (charges should be reasonable and consistent with the facilities available)	Refer to <a href="#">current GSA Rate</a>

**IV. Supplies**

These costs may include office supplies, postage or mailing, duplication or copies, phone service and equipment and computer or internet expenses. Other expenses may include food or snacks for programming/events or program supplies.

**V. Other**

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the grant project and linked to an activity / strategy in the work plan. Examples include staff training, media expenses, childcare for participants during programming/events, participant incentives or stipends.

**VI. Indirect Costs**

MDH policy caps indirect costs at either a grantee’s federally negotiated rate or at 10 percent of the grant’s direct costs. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in your organization’s indirect cost pool. For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to Tab 2 of the budget template.

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant. Grantees must maintain records that verify all grant expenses, including those categorized as indirect costs.

**Budget Summary**

Line-item totals in the budget narrative tabs (Tabs 3 and 4) will automatically fill the budget summary tab (Tab 5). After completing Tabs 3 and 4, please make sure the information on Tab 5 is accurate.

## Part 4: Due Diligence

The Due Diligence Review Form can be found on the [Community Solutions RFP webpage](#). If you are applying with a fiscal agent, the fiscal agent should complete the form.

### 3.3 Application Review and Selection Process

#### Review Process

Funding will be allocated through a competitive process with review by a committee including members of the Community Solutions Advisory Council and MDH employees. 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 being disqualified or having their score reduced for lack of information.

#### Selection Criteria and Weight

The review committee will review each application on a 300-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

Please refer to Appendix A, the scoring sheet that the review committee will use to score applications.

After scoring applications and conducting site visits, reviewers will participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting, reviewers will make recommendations to MDH based on the scoring criteria and discussion.

MDH leadership will make final decisions on all applications and will balance the recommendations by the review team with other factors including, but not limited to:

- Reviewer scores
- Priority organizations, including those led by and serving people of color and those led by and serving American Indians, as well as organizations that have not previously received state grant funding

- Geographic distribution of grantees, prioritizing counties with higher risk to healthy child development and counties with higher proportions of American Indians and people of color
- Total funding available

### **Grantee Past Performance and Due Diligence Review Process**

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them. State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](#).

MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

### **Site Visits as Part of Application Review**

The Community Solutions team, including members of the Community Solutions Advisory Council and MDH staff, will conduct site visits as part of the application review. The top tier of applicants based on the scoring of written applications will receive a site visit in March.

The purpose of the site visit is to create a more equitable application review process by giving applicants an additional opportunity to share their work. The review team hopes to get to know applicants and learn more about their work while imposing as little burden as possible on applicants.

### **Notification**

**MDH anticipates notifying all applicants of funding decisions via email by early April 2020.** 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 agency being awarded the funds. The anticipated effective date of the agreement will be in May 2020, on the date on which all signatures for the agreement are obtained. The grant agreement will be in effect until April 30, 2024, contingent on satisfactory grantee performance and funding availability.

## 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. 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.

Please find a sample grant agreement on the [Community Solutions RFP webpage](#). Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

#### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

Community Solutions grantees will provide mid-year updates by phone or in person. Annual (end-of-year) reports will be written. A final grant summary report in May 2024 will take the place of that year's annual report.

#### Grant Monitoring

Minn. Stat. §16B.97 and Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all state grants over \$50,000
- Annual monitoring visits during the grant period on all grants over \$250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

The anticipated award range is \$20,000-150,000 annually. At least one monitoring visit will be conducted with all grantees awarded more than \$50,000. If any awards over \$250,000 are made, those grantees will receive annual monitoring visits.

The Community Solutions grant period will be roughly four years, contingent on satisfactory grantee performance and funding availability. According to state policy, the purpose of a

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

The purpose of the **financial reconciliation** is to ensure that grant projects are in compliance with all state and federal laws and that expenses are allowable, appropriate, reasonable for the grant program and adequately verifiable by supporting documentation. The reconciliation involves a review of expenses included on a selected invoice and the relevant supporting documentation. Grantees will be notified at least 30 days prior to a financial reconciliation to allow sufficient time to gather and submit documentation. Please note that a financial reconciliation is not an audit.

## Grant Payments

Per [State Policy on Grant Payments](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

State policy allows advance payments to be made to grantees only in certain exceptional situations. If a grantee requires advance payment to start up a program, negotiations will be made after a grant award is offered but before a grant agreement is executed.

Grantees will submit monthly invoices for payment. Invoices for each month's expenses should be submitted by the end of the following month (for example, the invoice for May 2020 expenses is due by June 30, 2020).

## 4.2 Grant Provisions

### Health Equity Priorities

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Achieving health equity 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. Find more information on health equity on the [Center for Health Equity website](#).

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve children of color and American Indian children from prenatal to grade 3 and their families. Aims of this funding include promoting racial and geographic equity and reducing racial disparities in children's health and development from prenatal to grade 3.

### **Conflicts of Interest**

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. §16B.98](#) and [Conflict of Interest Policy for State Grant-Making](#).

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, 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 Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and

- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) 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](#) Subdivision 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

### **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. §363A.02](#). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon

their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part [5000.3500](#)

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: Appendices

### Appendix A: Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used, along with site visits, to develop funding recommendations.

Applicants are encouraged to score their own application using this scoring sheet before submitting their application. This step is not required, but may help ensure applications address the criteria reviewers will use to score applications.

#### Rating Levels

Rating or Score	Description
Excellent (5)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good (4)	Substantial response; meets in all aspects, and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good (3)	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal (2)	Lack of essential information; low probability for success; significant weaknesses.
Unsatisfactory (1)	Fails to meet minimum requirements; needs major revision to make it acceptable.

#### Scoring Sections

##### I. COVER SHEET DEMOGRAPHICS (95 POINTS; 32%<sup>6</sup> OF TOTAL POINTS)

Criteria	
1. Organization or entity is led by and serves people of color, or is led by and serves American Indians. <i>(More than 50% of board, leadership, and staff identify as people of color or American Indian.)</i>	Yes = 50 points No = 0 points
2. Organization is located in and/or proposes to serve a county or counties identified as moderate- to high-risk in the Wilder Research Risk and Reach Report.	High-risk = 10 points Moderate-risk = 5 points No = 0 points
3. Organization is located in a county with a higher proportion of American Indians and/or people of color than the state average.	Yes = 10 points No = 0 points
4. Organization is located in and serves Greater Minnesota (outside the 7-county Twin Cities metropolitan area).	Yes = 5 points No = 0 points

<sup>6</sup> Percentages are rounded.

COMMUNITY SOLUTIONS FOR HEALTHY CHILD DEVELOPMENT RFP

Criteria	
5. Proposal focuses on prenatal to <i>age</i> 3 (though projects focusing on prenatal through <i>grade</i> 3 are eligible).	1-5 points x 4 =
Total score points for this section:	

II. ORGANIZATIONAL CAPACITY (45 POINTS; 15% OF TOTAL POINTS)

Criteria	Score (1-5)
6. Organization has a strong history of working to promote healthy child development and/or family well-being for American Indian children and/or children of color.	
7. Organization has a strong history of working to advance racial equity.	
8. Organization has not received state grant funding in the past, or has received only minimal state grant funding as a subcontractor to another organization.	x 4 =
9. The Community Solutions grant complements and/or builds on the organization’s current work.	
10. Organization has a parent / caregiver advisory board or another way for parents and caregivers to co-create programming.	
11. Organization demonstrates that it values the many identities and lived experiences of the population(s) served (e.g., people of color and American Indians who identify as LGBTQ, have a disability, live in rural areas and/or have low incomes) and cultivates a welcoming environment where people can be their full selves.	
Total score points for this section:	

III. PROJECT NARRATIVE (95 POINTS; 32% OF TOTAL POINTS)

Criteria	Score (1-5)
12. Proposal defines the community/communities that will be engaged and served through project activities / strategies.	
13. Proposal demonstrates an understanding of social, economic and/or environmental conditions affecting children’s health and development, family well-being, and/or racial and geographic equity, and the proposed activities / strategies address those conditions.	x 4 =
14. Proposal demonstrates an understanding and valuing of community strengths and assets, and shows how the activities build on those strengths and assets.	
15. Proposal was co-created with the community served and/or the community will co-create the project moving forward.	x 4 =

COMMUNITY SOLUTIONS FOR HEALTHY CHILD DEVELOPMENT RFP

Criteria	Score (1-5)
16. Proposed activities / strategies are multi-generational and include opportunities for sharing knowledge, skills and wisdom across generations.	x 2 =
17. Proposal provides reasons and support for the proposed activities / strategies, including lived experiences, scholarly research, outcomes from past projects, and/or other sources.	
18. Applicant addresses cultural considerations in explaining why they expect the project to be successful with the communities engaged and served.	
19. Applicant describes how they will collaborate with other stakeholders working in this area, such as community organizations, businesses and government agencies.	
20. Proposal has a clear and strong focus on promoting racial equity and improving healthy child development outcomes related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families.	x 4 =
Total score points for this section:	

IV. WORK PLAN (45 POINTS; 15% OF TOTAL POINTS)

Criteria	Score (1-5)
21. For each activity / strategy, work plan includes: goal(s) advanced; a brief description of the activity / strategy; lead person, staff participants and external partners; purpose; how the applicant will demonstrate that the purpose has been achieved; and timeline.	
22. Activities / strategies are clear and feasible.	
23. Timelines are feasible.	
24. Activities / strategies will contribute to improving child development outcomes related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families.	
25. Activities / strategies will contribute to reducing racial disparities in children’s health and development, from prenatal to grade 3.	
26. Activities / strategies will promote racial equity.	
27. Activities / strategies will promote geographic equity.	
28. Activities / strategies have potential for far-reaching impact: either a larger-scale project affecting many community members or a smaller-scale project that could be expanded or inform other work in future.	

COMMUNITY SOLUTIONS FOR HEALTHY CHILD DEVELOPMENT RFP

Criteria	Score (1-5)
29. Work plan as a whole provides a clear picture of the scope and timeline of the proposed project (for the first two years of the grant).	
Total score points for this section:	

V. BUDGET (20 POINTS; 7% OF TOTAL POINTS)

Criteria	Score (1-5)
30. Requested level of funding is reasonable and justified for the proposed scope of activities / strategies.	
31. Budget narrative includes a clear and reasonable description of how funds will be used for the first two years of the grant.	
32. Budget devotes adequate staff time to 1) carrying out project activities / strategies and 2) meeting grant requirements, such as evaluation and reporting.	
33. Budget supports community partners / co-creators.	
Total score points for this section:	

TOTAL OVERALL SCORE: \_\_\_\_\_/300

## Appendix B: Application Checklist

Please find all of these required application materials on the [Community Solutions RFP webpage](#).

- Application Form
- Work Plan
- Budget
- Due Diligence Review Form