

# **SOMALI WOMEN'S HEALTH PILOT PROGRAM**

## **Request for Proposals (RFP) Minnesota Department of Health Center for Health Equity**

### **PROJECT OVERVIEW**

Under the authority of Minnesota Laws 2015, Chapter 71, Section 3, Subdivision 2, the Commissioner of Health is authorized to award one grant to create a Somali Women's Health Pilot Program. The pilot program is intended to develop promising strategies to address the preventative and primary health care needs of, and address health inequities experienced by first-generation immigrant Somali women. Qualified applicants must consist of a consortium of at least one Federally Qualified Health Center as defined by Minnesota Statutes, section 145.9269, a nonprofit organization that helps Somali women, and the Minnesota Evaluation Studies Institute.

Grant funds must be used to:

- Develop a clinic-based patient flow process for first-generation immigrant Somali women. The patient flow process must:
  - Develop a culturally appropriate health curriculum for Somali women based on the outcomes from the report titled "Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants," and other relevant reports;
  - Address and identify clinical and cultural barriers to Somali women accessing preventative and primary care, including but not limited to cervical and breast cancer screenings; and
  - Train participating Federally Qualified Health Center providers and staff in the developed curriculum to enhance provider and staff cultural competence regarding cultural barriers, including issues related to female genital cutting.
- Develop a process which results in increased screening rates for cervical and breast cancer for Somali women and which can be replicated by other providers serving ethnic minorities.
- Provide a six-month update on the progress of the project.
- Submit a complete report documenting and evaluating the project and the outcomes achieved to the Commissioner by June 30, 2017.
- Present the report findings to the Commissioner.

### **APPLICATION PROCESS**

Interested applicants must complete the attached forms and submit documents as described in this RFP. Questions should be directed to Will Wilson at (651) 201-3842 or [will.wilson@state.mn.us](mailto:will.wilson@state.mn.us).

Applications are due to MDH by 4:00 p.m. on Friday, January 15, 2016.

Successful applicants will be required to enter into a grant agreement with the Minnesota Department of Health. Grantees may send quarterly invoices for reimbursement to MDH upon

the completion of work outlined in the contract. Throughout the funding period, grantees will be expected to submit quarterly reports showing progress toward the goals laid out in the proposal. Grantees will also be subject to periodic financial reconciliation of invoices, including the review of source documents such as payroll records, bank statements and supplier invoices. This RFP does not obligate the state to award a contract or to spend the total available funding, and the state reserves the right to cancel this solicitation in its entirety.

Upon announcement of grantees, all submitted application forms, documents, and data will become public information.

## **DURATION AND TOTAL AVAILABLE FUNDING**

Projects will be approved for the grant period of February 1, 2016 through August 31, 2017. Approximately \$100,000 has been appropriated by the Legislature. This grant is funded from a one-time appropriation.

## **SELECTION CRITERIA**

Following the submission deadline, a committee of MDH staff and other public health professionals will review qualifying proposals. Based on recommendations from the review panel, the Commissioner of Health will determine the size of any grant award. Priority will be given to proposals which:

- Include a consortium of stakeholders who serve Somali women, and who are capable of evaluating the project;
- Demonstrate the expertise and capacity to implement the required deliverables; and
- Propose innovative strategies to address the unmet health needs of first-generation Somali women.

## **PROPOSAL REQUIREMENTS**

Proposals are due no later than **4 p.m. on Friday, January 15, 2016**. Proposals must include the following elements, with all documents double-spaced and numbered in consecutive order:

1. **Grant Application Form (attached)**, including identification of the responder.
  - A. Name and mailing address of lead applicant organization.
  - B. Name, title, telephone number and email address of the contact person for questions regarding the application proposal.
  - C. Contact information for each organization in the consortium.
  - D. Role and responsibility of each organization in the consortium.
  - E. Signature from the director of the lead applicant organization.
2. **Description of the Consortium** (not to exceed 2 pages, plus attachments), which includes at least the following information:
  - A. The name of each organization in the consortium;
  - B. The name of key project personnel from each organization;
  - C. A description of the expertise each organization will bring to the project; and
  - D. Resumes for key project personnel from each organization.

3. **Narrative description of the project** (not to exceed 10 pages), including all of the following elements, in this suggested order:
  - A. A description of the target population for the project, including the size and geographic area of the population;
  - B. A clear statement of the problem(s) to be addressed;
  - C. A description of the proposed activities, and how the project will address the stated problem(s);
  - D. Clear, measurable objectives that will demonstrate how the project will address the problem(s); and
  - E. A description of how the project can be replicated by other clinics and stakeholders after the grant period is complete.
  
4. **Work plan** (not to exceed 5 pages) identifying a timeline for implementation of project elements within the grant period, specific tasks to be performed, and key project personnel responsible. The Work Plan should include clear responsibility for tasks listed by organization, and an outline of outcome measures. Outcome measures must include, at a minimum, the number of Somali women to be served, the number of health care staff to be trained, and the number of FQHC and community partners contacted to replicate the screening process and program.
  
5. **Budget**, including the Budget Form, and a Budget Narrative. The budget covers the period from the project's start date to the end of the funding period.

The discussion of the budget should reflect the full cost of the project, including any non-grant funding that will be incorporated into the project – for example, funding from other sources, in-kind funding, or estimates of revenue derived from services related to the project which will be provided during the grant period.

Project grants may not be used for any expenditure or obligation made prior to the date on which a grant agreement becomes effective.

The budget must include the following components:

- A. **Budget Form (see attached)**

The budget form provides the categories to be used for calculating resources needed for project expenditures. Identify all sources of funding – including requested state funds, funding from other non-state sources such as cash, in-kind, or from another grant, and how funding will be used for each budget category.
  
- B. **Budget Narrative** (Not to exceed 3 pages)

For each of the cost items on the budget form, provide a rationale and details on how the budgeted cost items were calculated. This concise narrative should be labeled “**Budget Narrative**” and should follow the Budget Form in the application. For each line in the budget, include a detailed and, if necessary, mathematical explanation of how the amount was calculated. The following

explanations detail how to categorize funding according to the lines on the Budget Form:

- 1) **Salary and Fringe**  
Describe each position to be paid from grant funds. Provide the position title, total salary, fringe benefits, percentage of full time, and the rationale for inclusion in grant request. Include a description of the activities of each position as it relates to the project including the percent of time to be spent on project activities and the amount or percentage of salary to be funded by the project budget.
  - 2) **Travel**  
Include a detailed description of proposed travel as it relates to the project. Provide the number of miles planned for project activities as well as the rate of reimbursement per mile to be paid from the project funds. Any travel expenses for patients or clients must be detailed in full. Out-of-state travel is not an eligible grant expense.
  - 3) **Supplies and equipment**  
Include a description of supplies (useful for less than 1 year) and equipment (useful for more than 1 year) needed for the completion of the project.
  - 4) **Contracted Services**  
If the project involves additional contracts beyond the consortium – for example, interpreter or translation services – provide the name of the contractor, components or services to be provided and cost per service, client or unit. If contractors will be used, include background information about the contractors including how and why they were selected and how their experience relates to the project.
  - 5) **Other**  
Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in “Other,” include a detailed description of the specific activities as they relate to the project. If possible, include a separate line-item budget and budget narrative justification.
6. **Accounting System and Financial Capability Questionnaire form (see attached).**  
This standard MDH form is required by applicants for all grants in excess of \$50,000.
  7. **A one-page organization financial statement from the lead applicant organization**  
including total revenue and expenditures and revenue/expenditures by category for the most recent year at the organization level. This is only required by the lead applicant organization.

8. **Letters of cooperation and collaboration** from all partner organizations involved in the proposed project, indicating their commitment to carrying out clearly identified responsibilities described in grant proposal. These letters should be more than just letters of support – they should demonstrate how the organizations will work together.

### **APPLICATION SUBMITTAL**

A signed original and two copies of the application are due by **4 p.m., Friday, January 15, 2016** to:

#### **Mailing Address:**

Will Wilson  
Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882

#### **Courier Address**

Will Wilson  
Minnesota Department of Health  
85 E. 7<sup>th</sup> Street, Suite 220  
St. Paul, MN 55101

### **APPLICATION SUBMITTAL CHECKLIST**

1. Grant Application Form (enclosed).
2. Description of the Consortium (2 pages max, plus attachments).
3. Project Narrative (10 pages max).
4. Work plan (5 pages max).
5. Budget Form (enclosed).
6. Budget Narrative (3 pages max).
7. Accounting System Financial Capability Questionnaire form (enclosed).
8. One-page financial statement for the lead applicant organization, from the most recent year.
9. Letters of cooperation and commitment from all collaborating organizations.

**Somali Women's Health Pilot Program  
State of Minnesota  
Center for Health Equity**

**GRANT APPLICATION FORM**

1. Lead Applicant Organization (with which grant contract is to be executed)

Legal Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Federal ID Number \_\_\_\_\_ State Tax ID Number \_\_\_\_\_

2. Director of Lead Applicant Organization

Name/Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

3. Fiscal Management Officer of Lead Applicant Organization

Name/Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

4. Other applicant organizations applying to this program

Name/Location \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Name/Location \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

5. Contact person for further information on application (if different from # 2)

Name/Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

6. Grant Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

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

Signature of Lead  
Applicant Representative \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**Somali Women’s Health Pilot Program  
State of Minnesota  
Center for Health Equity**

**BUDGET FORM**

Categories	State Funding Requested	Funding from Other Sources	Total Project Cost
Salary			
Fringe			
Travel			
Supplies and Equipment			
Contracted Services			
Other			
<b>TOTAL</b>			

Notes:

- 1) One budget form should be prepared for the entire time period for which funds are being sought.
- 2) The budget must be accompanied by a budget justification narrative that explains each line item.
- 3) Subcontractors must be identified, if known.
- 4) If contractors have not yet been identified, explain the selection process to be used.
- 5) Indirect cost rate recovery **is not** an eligible expense.
- 6) Identify all sources and proposed uses of funds (cash and in-kind) in addition to the state grant funding requested and include a description in the budget narrative.



## ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

This is the standard form to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated in the Office of Legislative Auditor's report "State Grants to Nonprofit Organizations," January 2007.

This form should be used for applicant agencies that: are requesting, or will receive, more than \$50,000; are new to state granting; are recently incorporated (five years or less); had previous unfavorable financial performance with federal and/or state funds; had significant audit findings; or for any applicant whose financial capacity is unknown or questionable.

**No applicants will be excluded from receiving funding based solely on the answers to these questions.**

### SECTION A: APPLICANT INFORMATION

1. Organization Name and Address	2. Employer Identification Number	3. Number of Employees Full Time:                      Part Time:
4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?		
5. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details:  5b. Does the applicant receive management or financial assistance from any other organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details:		6a. Total revenue in most recent accounting period (12 months).  6b. How many different funding sources does the total revenue come from?
7. Does the applicant have written policies and procedures for the following business processes? a. Accounting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure    If yes please attach a copy of the table of contents b. Purchasing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure    If yes please attach a copy of the table of contents c. Payroll <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure    If yes please attach a copy of the table of contents		

### SECTION B: ACCOUNTING SYSTEM

1. Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection, identification and allocation of costs for grants <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If a financial review occurred within the past three years, omit Questions 2 – 6 of this Section and 1-3 of Section C.</i>	
a. If yes, provide the name and address of the reviewing agency:	b. Attach a copy of the latest review and any subsequent documents.
2. Which of the following best describes the accounting system? <input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination	
3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Applicable	
5. Are time studies conducted for an employee(s) who receives funding from multiple sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> No Multiple Sources	
6. Does the accounting system have a way to identify over spending of grant funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	

### SECTION C: FUND CONTROL

1. Is a separate bank account maintained for grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
2. If grant funds are mixed with other funds, can the grants expenses be easily identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3. Are the officials of the organization bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

### SECTION D: FINANCIAL STATEMENTS

1. Did an independent certified public accountant (CPA) ever examine the organization's financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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### SECTION E: CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.	
1. Signature	2. Date                      /                      /
3. Title	