



Harm Reduction, Health, and Housing Hubs

GRANT REQUEST FOR PROPOSALS (RFP)

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3953
health.homelessness@state.mn.us
www.health.state.mn.us

12/20/2023

To obtain this information in a different format, email health.homelessness@state.mn.us.

Table of Contents

Harm Reduction, Health, and Housing Hubs	1
RFP Part 1: Overview	3
1.1 General Information	3
1.2 Program Description.....	3
1.3 Funding and Project Dates	4
1.4 Eligible Applicants.....	5
1.5 Questions and Answers	5
RFP Part 2: Program Details.....	7
2.1 Priorities.....	7
2.2 Eligible Projects.....	9
2.3 Grant Management Responsibilities	11
2.4 Grant Provisions	13
2.5 Review and Selection Process	16
RFP Part 3: Application and Submission Instructions	18
3.1 Application Deadline	18
3.2 Application Submission Instructions	18
3.3 Application Instructions.....	18
RFP Part 4: Attachments.....	19

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:**
Harm Reduction, Health, and Housing Hubs for People Experiencing Homelessness
- **Letter of Intent:**
Organizations intending to submit a proposal should email a Letter of Intent (LOI) by Tuesday, January 16, 2024, 4:30 p.m. CST to health.homelessness@state.mn.us. Letters of Intent are not required, but they are appreciated.
- **Minnesota Department of Health (MDH) Program Website:**
[Request for Proposals: Harm Reduction, Health, and Housing Hubs \(www.health.state.mn.us/communities/homeless/coe/rfp.html\)](http://www.health.state.mn.us/communities/homeless/coe/rfp.html)
- **Application Deadline:**
The complete application must be submitted via email by Wednesday, January 31, 2024, 5:30 p.m. CST to health.homelessness@state.mn.us.
- **Late or incomplete applications will not be accepted.**
All application documents must be sent in one email to health.homelessness@state.mn.us. Items not delivered due to technical difficulties are the sole responsibility of the applicant.

1.2 Program Description

Substance use is the leading cause of death for people experiencing homelessness. According to the [Minnesota Homeless Mortality Report \(www.health.state.mn.us/communities/homeless/coe/coephmtr.pdf\)](http://www.health.state.mn.us/communities/homeless/coe/coephmtr.pdf), from 2017 to 2021 people experiencing homelessness were 10 times more likely to die from substance use than the general population. To address this disparity, the [Comprehensive Drug Overdose and Morbidity Prevention Act of 2023 \(www.revisor.mn.gov/statutes/cite/144.0528\)](http://www.revisor.mn.gov/statutes/cite/144.0528), authorized new State funding to reduce fatal overdoses and drug-related infectious disease among people experiencing homelessness. This includes:

funding for emergency and short-term housing subsidies through the homeless overdose prevention hub and expanding support for syringe services programs serving people experiencing homelessness statewide

The grants for Syringe Services Programs were covered under a separate Request for Proposals: [Increasing Access to Syringe Services Programs for People Experiencing Homelessness RFP \(www.health.state.mn.us/diseases/stds/rfp/index.html#ssp\)](http://www.health.state.mn.us/diseases/stds/rfp/index.html#ssp). This RFP is specifically for applications for funding harm reduction, health, and housing hubs. The purpose of these grants is to reduce fatal overdoses through coordinated housing, harm reduction, social and medical services. Grantees will engage with people experiencing homelessness at high risk of overdose and offer services to assist with housing stability, harm reduction, and health care.¹

¹ Homelessness is defined here as being “without a permanent place to live that is fit for human habitation.” This includes people who are couch-surfing or doubling-up with friends, family, or acquaintances. Hub grantees could also serve formerly homeless people who have recently moved into permanent housing.

All hubs will need to include a combination of housing and harm reduction services, but grantees have flexibility in determining where and how to offer services. Hubs could provide mobile services in encampments, transit stations, libraries, or other places people experiencing homelessness who use drugs might frequent. They could focus on bringing harm reduction and medical services to people using emergency shelters, victim service or safe harbor programs, day centers, or transitional or supportive housing. The hubs could be opportunities to have housing and harm reduction services co-located in treatment or health care settings. Our goal is to support organizations with the necessary experiences and expertise to effectively serve people most affected by homelessness and drug-related deaths, specifically African American and American Indian communities.

Evaluation is a critical component of these grants to build the evidence-base of effective programs and services for people experiencing homelessness who use drugs. Grantees will work with MDH staff on developing a logic model to inform the evaluation plan. Each grantee will be required to collect information about the people they serve, and the services provided through the hubs. We recognize that requiring detailed personal data may be a barrier to establishing trust and providing effective services. MDH will provide technical assistance to grantees on developing a data collection and analysis plan using a combination of grantee data and other sources.

1.3 Funding and Project Dates

Funding

These grants use state funding from the Comprehensive Drug Overdose and Morbidity Prevention Act. MDH has budgeted \$900,000 annually for this program and we expect to award three grants. The maximum annual budget for each grantee is \$300,000. Funding will be allocated through a competitive process. Each grant agreement will be written with flat funding of up to \$300,000 per year and is based on availability of funds.

Annual Funding	Estimate
Estimated Amount to Grant	\$900,000
Estimated Number of Awards	3
Estimated Annual Award Maximum	\$300,000

Match Requirement

None.

Project Dates

The funding cycle for this program announcement begins April 1, 2024, or later depending on when contracts are finalized, and ends on March 31, 2028. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Process Item	Timeline
RFP Published	December 20, 2023
Letter of Intent deadline	January 16, 2024
Grant application deadline	January 31, 2024
Grant start date (estimated)	April 1, 2024
Grant end date	March 31, 2028

1.4 Eligible Applicants

Eligible applicants include community-based organizations, community health centers, federally qualified health centers, tribal governments, faith-based organizations, educational institutions, county governments/community health boards, and any other public or private non-profit, not-for-profit, and for-profit organizations.

Applicants could be homelessness or housing assistance providers interested in enhancing their overdose prevention services or health care and harm reduction providers interested in expanding their housing capacity.

Collaboration

Applicants are encouraged to apply for funding individually or in collaboration with other qualified and eligible entities to develop a comprehensive proposal. Collaborative proposals must designate a lead applicant. The lead applicant should include Memoranda of Understanding (MOUs), agreements, or letters of support with collaborating agencies as part of their application.

MDH recognizes the sovereignty of Tribal nations. MDH will only fund non-Tribal projects led 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 agreement can be made final. Written verification will be requested at the time an award is offered.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email or phone to health.homelessness@state.mn.us. The subject line of the email should read “Harm Reduction, Health, and Housing Hubs RFP Question”. The deadline to submit questions related to this RFP is January 12, 2024. Answers will be posted within five business days at [Request for Proposals: Harm Reduction, Health, and Housing Hubs \(www.health.state.mn.us/communities/homeless/coe/rfp.html\)](https://www.health.state.mn.us/communities/homeless/coe/rfp.html). All questions and answers will be posted by January 19, 2024.

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

RFP Information Meeting

MDH staff will offer an opportunity for potential applicants to participate in a webinar where they can ask questions related to the RFP, its requirements and processes, and expectations of the applicants. Applicants are strongly encouraged, but not required, to participate in the webinar. The webinar will be held on Thursday, January 11, 2024, at 2:00 p.m. CST. Information about how to join the webinar will be posted at [Request for Proposals: Harm Reduction, Health, and Housing Hubs \(www.health.state.mn.us/communities/homeless/coe/rfp.html\)](http://www.health.state.mn.us/communities/homeless/coe/rfp.html). Responses to any questions asked in the session will be available on this webpage by January 19, 2024.

RFP Part 2: Program Details

2.1 Priorities

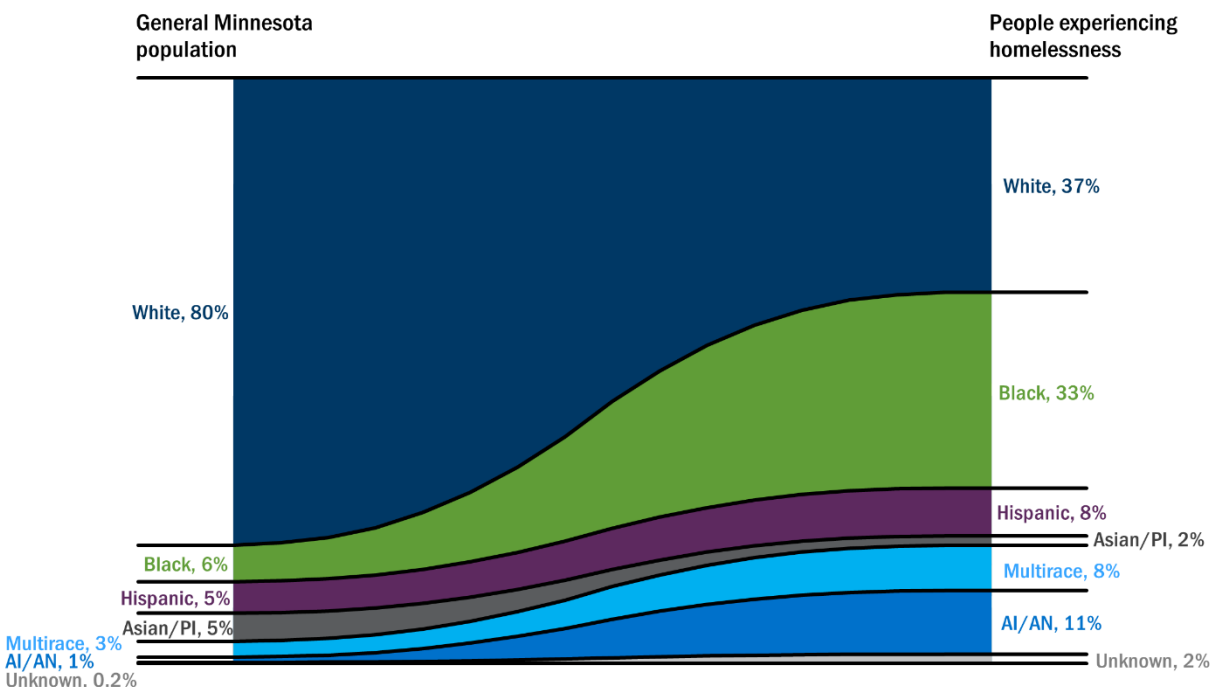
Health Equity Priorities

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 \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](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.

The vision of MDH 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 can attain their highest possible level of health. For more information on health equity, please refer to the MDH Center for [Health Equity \(www.health.state.mn.us/communities/equity/index.html\)](http://www.health.state.mn.us/communities/equity/index.html).

Homelessness and housing instability are major barriers to health for many Minnesotans. Historical and ongoing racism in the education, employment, legal system, and housing markets have led communities of color to experience homelessness at higher rates than white Minnesotans. As shown in Figure 1, 80% of the general Minnesota population identified as white, compared to 37% of the population experiencing homelessness. By contrast, six percent of the general population identified as black or African American compared to 33% of the unhoused population. One percent of the general population identified as American Indian or Alaskan Native compared to 11% of the unhoused population.

Figure 1. Minnesotans of color are more likely to experience homelessness than white Minnesotans



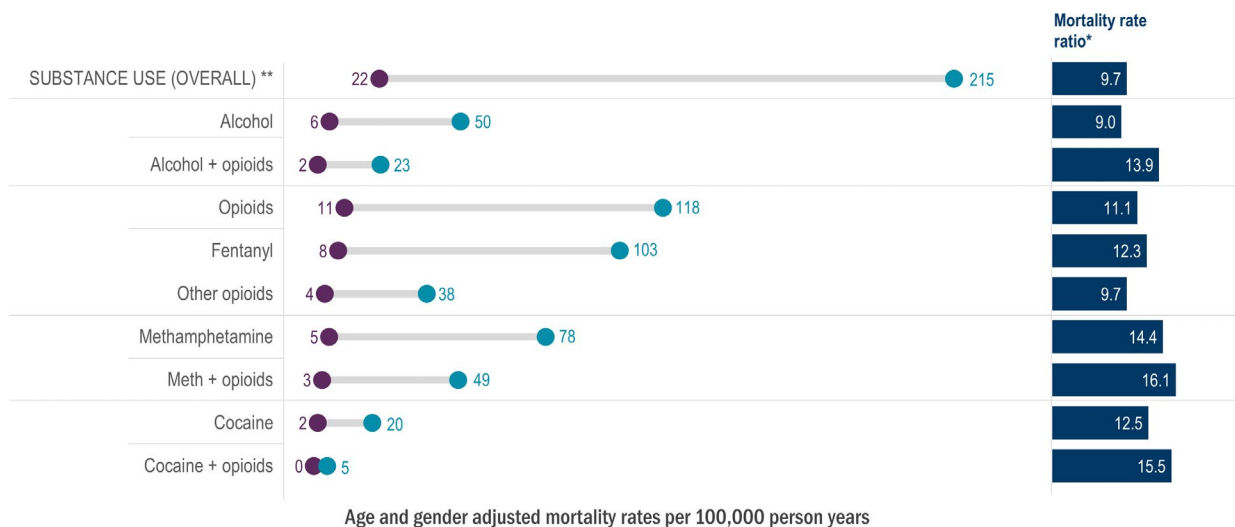
Data Source: MDH Data Visualization based on data from Minnesota Homeless Mortality Report, 2017-2021

Racial disparities in who experiences homelessness contribute to racial inequities in health. From 2017 to 2021, people experiencing homelessness were three times more likely to die than the general Minnesota population. Homelessness can negatively impact a person’s health in many ways, from diet to sleep to chronic stress to an inability to receive preventative care or needed prescriptions. The leading cause of death for people experiencing homelessness, by a large margin, is substance use. Read more at [Minnesota Homeless Mortality Report \(www.health.state.mn.us/communities/homeless/coe/coephmnr.pdf\)](http://www.health.state.mn.us/communities/homeless/coe/coephmnr.pdf).

Not everyone who experiences homelessness uses drugs, but homelessness can cause people to use drugs more frequently or in more chaotic ways. For example, people experiencing homelessness report of using stimulants to stay awake or to reduce appetite or using opiates or alcohol to fall asleep or manage pain, or to trade for shelter or other necessities. Homelessness can also make it more difficult to fill prescriptions, leading people to rely on street drugs as substitutes. For example, purchasing methamphetamines on the street because you can’t fill a prescription for ADHD medications, or purchasing fentanyl pills to manage pain.

Figure 2 shows substance use mortality rates for people experiencing homelessness in Minnesota compared to the general population. It shows that people experiencing homelessness are nearly ten times more likely to die from substance use than the general Minnesota population. Fentanyl is the most frequent primary cause of these deaths followed by methamphetamines.

Figure 2. Substance-Use Related Mortality Rates (purple=general MN population, blue=unhoused)



Data Source: MDH Data Visualization based on data from Minnesota Homeless Mortality Report, 2017-2021

An analysis by the Hennepin County Public Health Informatics Team identified 220 opioid-related fatalities among people who used an emergency shelter in Hennepin County between 2019 and 2022. Nearly half of those deaths (45%) occurred within a year of the person using an emergency shelter. Read more at [Opioid-related death cross-sector evaluation \(https://mys.mapyourshow.com/mys_shared/naccho2023/handouts/Opioid-related%20death%20cross-sector%20evaluation.pdf\)](https://mys.mapyourshow.com/mys_shared/naccho2023/handouts/Opioid-related%20death%20cross-sector%20evaluation.pdf).

These grants are dedicated to organizations who have the experience to provide coordinated housing and harm reduction services to people experiencing homelessness in one or more of the following populations:

- People living outside of Hennepin and Ramsey counties.
- American Indian or African American populations at greatest risk of overdose
- People who are pregnant

MDH is committed to having at least one American Indian focused organization awarded through this opportunity.

2.2 Eligible Projects

This RFP will fund projects that address the intersecting issues of homelessness and overdose risk. The hubs should offer services in locations where people experiencing homelessness who use drugs are likely to spend time (e.g., day centers, homeless shelters, safe harbor programs, encampments, public libraries, or transit stations). The locations do not need to be spaces exclusively for people experiencing homelessness, but they should be spaces where many people are likely to be homeless. The hubs can also support formerly homeless people in supportive housing.

Our intention is that the hubs provide culturally responsive services that people experiencing homelessness who use drugs will want to engage with. Grantees will need to offer one or more of the housing and harm reduction services listed below. Grantees can also offer additional services designed to meet the needs of their population of focus.

Eligible Housing Services

Grantees are required to offer participants support with finding or maintaining housing. Grantees can use grant funds to cover housing expenses up to and including:

- Up to six months of rental assistance (monthly housing assistance payments cannot exceed 110% of the applicable fair market rent in the area where the hub is located: [HUD: Fair Market Rents \[www.huduser.gov/portal/datasets/fmr.html\]](https://www.huduser.gov/portal/datasets/fmr.html))
- Rental application fees and security deposits
- Furnishings (e.g., air mattresses, chairs, desks) and other move-in expenses
- Utility assistance
- Housing navigation services to help participants access other housing assistance programs not funded through this grant (e.g., Housing Supports, Housing Choice Vouchers).
- Making modifications or using technology (e.g., [Brave \(www.brave.coop\)](https://www.brave.coop) buttons and sensors) to prevent and respond to overdoses in shelter and housing facilities
- Providing legal assistance to help tenants at-risk of homelessness maintain their housing and avoid eviction.
- Staffing required to plan, deliver, and monitor the housing assistance provided.

Housing is expensive and these funds are limited, so grant funds should be used to supplement, rather than supplant, other forms of housing assistance.

Eligible Harm Reduction and Other Services

Grantees must provide harm reduction services to reduce participants' risk of fatal drug overdose and other drug-related harms. These services should include one or more of the following activities:

- Naloxone purchasing, distribution, and training
- Supporting community-based drug testing including the purchase and distribution of fentanyl and xylazine test strips
- Syringe exchange and purchase and distribution of other safer use supplies including safer smoking and snorting kits
- Developing and sharing drug user educational materials for people experiencing homelessness
- Developing and implementing overdose response protocols in shelter and housing facilities
- Providing grief counseling and mental health services to people affected by overdose
- Providing or connecting participants with traditional medicines and traditional healers
- Helping participants start or maintain medications for opioid use disorder and/or drug treatment programs
- Staffing required to plan, deliver, and monitor services provided

Applicants can also propose additional harm reduction services not listed above. We encourage applicants to be innovative in what services they propose and how they would be integrated with housing assistance. Attachment A provides a summary of some innovative overdose prevention services for grantees to consider.

Grant funding can also be used to provide other critical services for people experiencing homelessness who use drugs. This could include health care services such as infectious disease prevention, testing, and linkage to care; family planning and prenatal services (e.g., pregnancy tests, Plan B, multivitamins) and wound care; as well as basic supplies such as hygiene kits, storage spaces, mobile showers, bathrooms, or handwashing stations. Grantees can also offer other services, such as support increasing income through work or benefits, food assistance, transportation, or supporting social and cultural connections.

If awarded, each grantee will be required to develop a logic model, with MDH's assistance, within six months of the award start date. The logic model should describe, in detail, testable mechanisms for how the grantee plans to reduce fatal overdoses and improve housing stability. Grant funds can be used to cover staffing costs for project management, data collection, and evaluation (including developing and testing the logic model). Grant funds can also be used to pay for small incentives for participants to support data collection. Up to 10% of grant funds can be used to support indirect costs for grant administration.

Questions about what constitutes an eligible expense should be sent to health.homelessness@state.mn.us with the subject: "Harm Reduction, Health, and Housing Hubs RFP Question".

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 fees, finance charges, or contingency funds
- Land or property acquisition

2.3 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. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

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

Sample grant agreements can be viewed at [MDH Grant Resources \(www.health.state.mn.us/about/grants/resources.html\)](http://www.health.state.mn.us/about/grants/resources.html). 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.

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

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

Accountability and Reporting Requirements

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

We anticipate that the quarterly progress reports will include the following data elements:

- Number of unique/unduplicated participants who utilize the hub during the reporting period. (Resources can be provided around tracking this count using unique client codes while preserving anonymity)
- Number of new participants enrolled during the reporting period.
- Race and gender demographics (optional, participants can decline to provide this information and still receive services)
- Numbers of participants receiving housing assistance by type of assistance provided.
- Number of participants newly housed during reporting period.
- Number of participants receiving overdose prevention services by type of service provided.
- Number of participants receiving other services by type of service provided.
- Number of participants with repeat visits during the grant period
- Number of participants receiving multiple services during the reporting period
- Number of participants referred to services through word of mouth during the reporting period

MDH will work with grantees on integrating data collecting into workflow so that it does not pose a barrier to engaging clients in services. In addition to these data elements, quarterly progress reports should also include narrative on project milestones and barriers.

Grant Monitoring

MDH will conduct annual monitoring visits and financial reconciliations throughout the grant period. They will be scheduled individually with each grantee. Funded applicants will also participate in quarterly grantee calls with MDH.

[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
- Financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

Technical Assistance

MDH will provide grantees with ongoing technical assistance, including review of specific project materials such as work plans, evaluation plans, logic models, training materials, etc. If there is a need for additional technical assistance during the grant period, applicants are welcome to request further support. MDH staff will establish a schedule (typically monthly) and process for ongoing check-ins with grantee during the grant period.

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.

The invoicing and payment schedule will be monthly.

2.4 Grant Provisions

Contracting and Bidding Requirements

- a. **Municipalities** A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345](#). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](#), et. seq.
- b. **(b) Non-municipalities** Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:
 - i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
 - ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
 - iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
 - iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - Minnesota Department of Administration’s [Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](#)
 - Metropolitan Council’s Targeted Vendor list: [Minnesota Unified Certification Program \(https://mnuccp.metc.state.mn.us/\)](#) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: [Central Certification Program \(www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program\)](#)
 - v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
 - vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
 - vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.

- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at [Suspended/Debarred Vendor Detailed Information \(https://mn.gov/admin/osp/government/suspended-debarred/index2.jsp\)](https://mn.gov/admin/osp/government/suspended-debarred/index2.jsp).

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. § 16B.98](#) and the Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.”

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

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice
- A grantee’s or applicant’s objectivity in performing the grant work is or might be otherwise impaired
- A grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH’s time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), 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 [Minn. Stat. § 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 ([Ch. 13 MN Statutes](#)) 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](#), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from

the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. § 363A.02](#). 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. Minn. Rules, part [5000.3550](#).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee comprised of diverse external and internal reviewers. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will be reviewing each applicant using a standardized scoring system on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be evaluated under are as follows:

Criteria	Total Points
Organizational capacity	15
Population of focus	15
Service plan	30
Budget and budget justification	10
Health Equity	20
Evaluation	10
Total	100

Please refer to Attachment B for more information about the specific scoring considerations for each criteria.

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.

Notification

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. Awarded applicants can register in SWIFT using the [Register as Supplier Quick Reference Guide \(https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-register-as-supplier.pdf\)](https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-register-as-supplier.pdf).

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 effective date of the agreement will be April 1, 2024, or the date in which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2027, contingent on satisfactory grantee performance and funding availability. Grantees will have the option to renew their grants subject to continued funding and satisfactory performance.

RFP Part 3: Application and Submission Instructions

LETTER OF INTENT

Applicants are strongly encouraged to submit a non-binding letter of intent by Tuesday, January 16, 2024, at 4:30 p.m. CST to health.homelessness@state.mn.us. The subject line of the email should read “Harm Reduction, Health, and Housing Hubs Letter of Intent.” While prospective applicants are strongly encouraged to submit a letter of intent, it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a letter of intent; likewise, an applicant is not obligated to submit an application just because they submitted a letter of intent.

3.1 Application Deadline

All applications MUST be received by MDH no later than 5:30 p.m. CST on January 31, 2024.

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 mail, delivery, computer, or technology problems.

3.2 Application Submission Instructions

All application documents must be sent in one email to health.homelessness@state.mn.us. Please submit attachment(s) in PDF format. Items not delivered due to technical difficulties are the sole responsibility of the applicant.

3.3 Application Instructions

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

- [Attachment C: Harm Reduction, Health, and Housing Hubs - Project Narrative \(www.health.state.mn.us/communities/homeless/coe/rfpc.docx\)](http://www.health.state.mn.us/communities/homeless/coe/rfpc.docx)
- [Attachment D: Harm Reduction, Health, and Housing Hubs - Project Budget and Justification \(www.health.state.mn.us/communities/homeless/coe/rfpd.docx\)](http://www.health.state.mn.us/communities/homeless/coe/rfpd.docx)
- [Applicant Conflict of Interest Disclosure Form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](http://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- [Due Diligence Review Form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](http://www.health.state.mn.us/about/grants/duediligence.pdf)
- For collaborative applications, MOUs or letters of support to the lead applicant from partner organizations

Incomplete applications will be rejected and not evaluated.

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

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

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

RFP Part 4: Attachments

- Attachment A: Sample Approaches to Overdose Prevention for People Experiencing Homelessness
- Attachment B: Harm Reduction, Health, and Housing Hubs – Score Sheet
- Attachment C: Harm Reduction, Health, and Housing Hubs – Project Narrative
- Attachment D: Harm Reduction, Health, and Housing Hubs – Project Budget and Justification

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3953
health.homelessness@state.mn.us
www.health.state.mn.us

12/20/2023

To obtain this information in a different format, call: 651-201-3953.