Minnesota Department of Health

# Attachment A: Application Narrative (75 Points) Utilizing Navigators to Support Linkage to Substance Use Disorder (SUD) Care and Harm Reduction Services

Updated Dec. 8, 2023

## Instructions

Please complete all fields in this application. If you experience problems with the application or need the application in a different format, please email [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us). The application narrative can be up to 12 pages, using 12-point Calibri font, one-inch margins, single spaced, with page numbers. Please submit your complete application via email to[health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) with the subject line“Navigator RFP Category A or B – ‘insert organization name’”. Applications may ***not***be mailed or hand delivered to MDH.

**Remember, you must submit the following for the application to be considered complete:**

1. Application Narrative (***Attachment A*** – this form)
2. Work Plan (***Attachment B***)
3. Budget (***Attachment C***)
4. Due Diligence Review Form (***Attachment D***)
5. Applicant Conflict of Interest Disclosure Form (***Attachment E***)
6. 501 (c)(3) Financial Documentation per Due Diligence Form, if applicable

## Project Information

Is your organization applying in Category A or B:

Describe why your organization is an eligible applicant for the category you are applying in:

### Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Web Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

UEI Number\*:   
\**It is not required that an applicant have a UEI number to apply for this grant. If awarded, the applicant will need to acquire a UEI number prior to executing a grant agreement.*

Minnesota Department of Health  
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St. Paul, MN 55164  
[www.health.state.mn.us](http://www.health.state.mn.us)

12/8/2023  
To obtain this information in a different format, email: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)

### Fiscal Agent (if different from lead organization; leave blank if no fiscal agent)

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

UEI Number\*:   
\**It is not required that an applicant have a UEI number to apply for this grant. If awarded, the applicant will need to acquire a UEI number prior to executing a grant agreement.*

### Project Contact

Name:

Title:

Phone:

Email:

### Total Funding Request

|  |  |
| --- | --- |
| Total Funding Request | $ |

## Application Narrative Questions

### Executive Summary (5 points)

1. Please provide a high-level overview of the project, overall goals, the anticipated number of individuals to be served through this project, the target population and geographical area, and the intended project impact.

### Organizational Capacity (15 points)

1. Provide a brief overview of the lead organization, including history, geographical reach, the number and demographics of unduplicated clients served in 2022, and current staffing model.
2. Describe the services your organization provides. Provide a summary of agency experiences and achievements that support successful outcomes of this proposal. Describe how this proposal fits within your organization’s current programming. Describe your organization’s experience providing services to people who use drugs (PWUD).
3. Please provide an overview of key personnel with staff experiences relevant to achieving successful outcomes.

### Project Design, Implementation, and Performance Measurement (25 points)

**Responses in this section should align with and expand upon your work plan.**

1. Describe the major activities of the proposed project. Please include a general timeline for activities and objectives for the proposed project.
2. Describe how your proposed project will identify people who use drugs (PWUD). Describe how you will provide support/navigation services to PWUD.
3. Describe how your project will increase access to evidence-based SUD treatment, community resources, health services, harm reduction tools, and care for PWUD. Describe how your project will collaborate with other organizations and/or any partnerships relevant to the proposed project to support PWUD.
4. Describe the outcomes you will work to achieve at the end of the grant period (i.e., what changes among the focus population(s) do you hope to achieve?).
5. Describe the quantitative and qualitative data you will track to measure progress towards goals. What tools/resources will be used to collect and measure the data?

### Equity, Target Population, and Cultural Competence (30 points)

1. Describe the focus population and the geographical area you intend to serve.
2. Describe your organization’s skill/experience providing culturally responsive services to the priority population(s) being served or that will be served.
3. Describe how your programming is/will be designed and implemented in a way that is culturally responsive and aligned with the cultural practices and values of the intended service population.
4. Describe how your organization partners with the community to design, implement and evaluate policies, practices, and services to ensure that the services provided are culturally and linguistically appropriate.
5. Describe your organization’s ability to provide services in languages other than English. How do these languages correlate with your target population?
6. Describe how your organization has worked to identify and improve health disparities in your community. Describe how health equity fits into your organization’s mission, vision, or activities.