



Minnesota Drug Overdose Prevention Grant Program

GRANT REQUEST FOR PROPOSAL (RFP)

02/06/2024

Minnesota Department of Health
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To obtain this information in a different format, email: health.preventionrfp@state.mn.us

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Minnesota Drug Overdose Prevention Grant Program
- **Letter of Intent:** Organizations intending to submit a proposal should email a Letter of Intent by 4:30 p.m. Central Standard Time (CST) on Friday, March 1, 2024. **Letters of Intent are not required, but they are appreciated.** Letters of Intent (LOI) are used by the Minnesota Department of Health (MDH) to assist staff in planning for adequate agency resources to complete the proposal review process. Please email the Letter of Intent to the Overdose Prevention Unit at health.preventionrfp@state.mn.us.
- **Minnesota Department of Health (MDH) Program Website:** [Minnesota Drug Overdose Prevention Grant Program - MN Dept. of Health](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index>).
- **Application Deadline:** The complete application must be submitted by 4:30 p.m. (CDT) on Friday, March 15, 2024, in one email to health.preventionrfp@state.mn.us. Late or incomplete applications will not be accepted.

1.2 Program Description

The Minnesota Department of Health's, herein after MDH, Injury and Violence Prevention Section is seeking proposals to provide services for drug overdose prevention in Minnesota. Minnesota Statute 144.0528 authorizes the Commissioner of Health to award grants to support the prevention of "drug overdose and morbidity" (morbidity means health problems that people experience after inhaling, ingesting, or injecting 1. medicines in quantities that exceed prescription status; 2. medicines taken that are prescribed to a different person; 3. medicines that have been adulterated or adjusted by contaminants intentionally or unintentionally; or 4. nonprescription drugs in amounts that result in injury, death, or illness, morbidity and/or mortality).

The drug overdose epidemic continues to affect the lives of Minnesotans. In 2021, an average of nearly four Minnesotans died each day from a drug overdose, with the total number of drug overdose deaths increasing 29% from 2020. Moreover, for every one drug overdose death, there were 13 nonfatal hospital-treated drug overdoses. The continued increase in drug overdose deaths was driven by synthetic opioids and stimulants. Deaths involving synthetic opioids, including fentanyl and fentanyl analogs, increased 57% from 2020 to 2021 and were involved in 90% of all opioid-involved deaths. Over that same period, the number of deaths involving cocaine and psychostimulants increased 94% and 40%, respectively. Polysubstance use is another driving factor of the broadening epidemic in Minnesota. In 2021, 38% of drug overdose deaths involved both an opioid and a stimulant, most commonly fentanyl and methamphetamine. Toxicology testing completed on a subset of drug-related emergency department visits, including nonfatal overdose, highlight the significant role of polysubstance use in nonfatal drug-related events as well. In 2022, nearly three out of four samples included two or more substances and more than half (51%) of samples tested positive for both an opioid and a stimulant. While the epidemic reaches all corners of the state, there are communities in

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Minnesota that are disproportionately impacted by drug overdose. In 2021, the statewide rate of fatal overdose was 23.8 per 100,000 residents. The Northwest, Northeast, and Metro regions saw the most significant impact of drug overdose in Minnesota, with overdose mortality rates higher than the state rate (34.8, 27.1, and 26.5 per 100,000, respectively). Furthermore, American Indian and Black/African American Minnesotans experience the greatest burden of drug overdose in Minnesota. In 2021, American Indian residents were ten times more likely, and Black residents were more than three times as likely, to die from drug overdose than white residents. In 2021, the rate of fatal drug overdose among American Indians in Minnesota was the highest American Indian fatal overdose rate in the United States. American Indian and Black/African American communities have the highest rate of nonfatal hospital-treated drug overdose among all racial groups. Other populations in Minnesota at disproportionate risk of drug overdose include justice-involved populations, people experiencing homelessness, and intravenous drug users.

This grant opportunity aims to reduce overdose deaths and enhance overdose prevention efforts. Programs should adhere to the following best practice approaches in service delivery. Programs and activities must be:

- Trauma-informed,
- Person centered,
- Strength-based,
- Culturally responsive,
- And use harm reduction principles.

MDH is seeking proposals for the grant period June 1, 2024 – May 31, 2028. The department will award up to approximately \$2,050,000 annually.

This request for proposal will fund projects focused on four broad overdose prevention categories. **If responders apply for more than one category, they must submit a separate application for each category.** The categories and anticipated funding available for each category are as follows.

Category 1: Provide culturally specific overdose prevention programs.

Category 2: Implement Tackling Opioids With Networks (TOWN), a clinic-based model utilizing a multi-strategy approach, by increasing access to medications for opioid use disorder (MOUD) and increasing community coordination and overdose prevention efforts.

Category 3: Provide technical assistance to the TOWN primary care clinics (4-6 clinics) who are funded in **Category 2**.

Category 4: Provide low-threshold telehealth MOUD bridging services for patients of the TOWN primary care clinics (4-6 clinics) who are funded in **Category 2**.

1.3 Funding and Project Dates

Funding

The funding source for this grant program is state dollars allocated through the Minnesota Comprehensive Drug Overdose and Morbidity Prevention Act. MDH is seeking proposals for the grant period June 1, 2024 – May 31, 2028. This grant opportunity will award up to approximately \$2,050,000 annually for four years.

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.

Category 1 – Culturally-Specific Overdose Prevention Programs

Estimated Total Amount to Grant	\$1,050,000 per year; \$800,000 per year dedicated to initiatives intentionally designed to serve U.S-Born African Americans for a 4-year total of \$4,200,000/\$3,200,000
Anticipated Number of Awards	8-13

Category 2 – TOWN Program – for Communities

Estimated Total Amount to Grant	\$800,000 per year for a 4-year total of \$3,200,000
Anticipated Number of Awards	4-6; MDH will award at least one clinic in each of the following areas: Northwest MN, Northeast MN, and the Metro (as defined by the map on page 10)

Category 3 – TOWN Program – Technical Assistance

Estimated Total Amount to Grant	\$100,000 per year for a 4-year total of \$400,000
Anticipated Number of Awards	1-2

Category 4 – TOWN Program – Telehealth MOUD Bridging

Estimated Total Amount to Grant	\$100,000 per year for a 4-year total of \$400,000
Anticipated Number of Awards	1

Match Requirement

There is no match requirement for this grant program.

Project Dates

RFP published	February 6, 2024
Letter of Intent due to MDH	March 1, 2024
Grant Application due to MDH	March 15, 2024
Grant Agreements begin (est.)	June 1, 2024

The estimated grant start date is June 1, 2024, and the projected end date is May 31, 2028. The grant period will be for four years, contingent on satisfactory grantee performance and funding availability.

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 agency. Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or an active registration with the MN Secretary of State. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent. Applicants must be located 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.

Collaboration

Applicants are encouraged to apply for funding individually or in collaboration with others to develop a comprehensive proposal. Collaborative proposals must designate a lead applicant-fiscal host, ***collaboration is required for category 2***. The lead applicant should include Memoranda of Understanding (MOUs), agreements, or letters of support with collaborating agencies as part of their application.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to:
health.preventionrfp@state.mn.us

Every attempt will be made to provide answers within five business days, but no later than 4:30 p.m. Central Standard Time (CST) Friday, March 8, 2024, on the [Minnesota Drug Overdose Prevention Grant Program FAQ page](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/faq.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/faq.html>).

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 Tuesday, February 20, from 2:00 – 3:00 p.m. (CST). Information about how to join the webinar will be posted at [Minnesota Drug Overdose Prevention Grant Program - MN Dept. of Health](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index>)

1.6 Letter of Intent

Organizations intending to submit a proposal are encouraged to email a Letter of Intent by 4:30 p.m. (CST), Friday, March 1, 2024. Letters of Intent are **requested, not required**, and not used as a screening tool. There are no required components in the Letter of Intent. The content provided is determined by the applicant. There is no scoring component to the Letter of Intent. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process. Please indicate which category for which you plan to apply. Letters should be submitted via email to health.preventionrfp@state.mn.us with the subject **Opioid Grant Program Letter of Intent “insert category” “insert organization name”**. An email acknowledging the Letter of Intent was received will be emailed to the person who sent the Letter of Intent.

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 link to the MDH Center for [Health Equity at Health Equity - MN Dept. of Health \(https://www.health.state.mn.us/communities/equity/index.html\)](https://www.health.state.mn.us/communities/equity/index.html).

Reducing health inequities and disparities is a key focus and applicants are expected to use data to identify disproportionately affected populations and high burden geographic areas that will be prioritized within each prevention category.

While the epidemic reaches all corners of the state, there are communities in Minnesota that are disproportionately impacted by drug overdose. In 2021, the statewide rate of fatal overdose was 23.8 per 100,000 residents. The Northwest, Northeast, and Metro regions saw the most significant rate of drug overdose in Minnesota, with overdose mortality rates higher than the state rate (34.8, 27.1, and 26.5 per 100,000, respectively). Furthermore, American Indian/Alaskan Native and Black/African American Minnesotans experience the greatest burden of drug overdose in Minnesota.

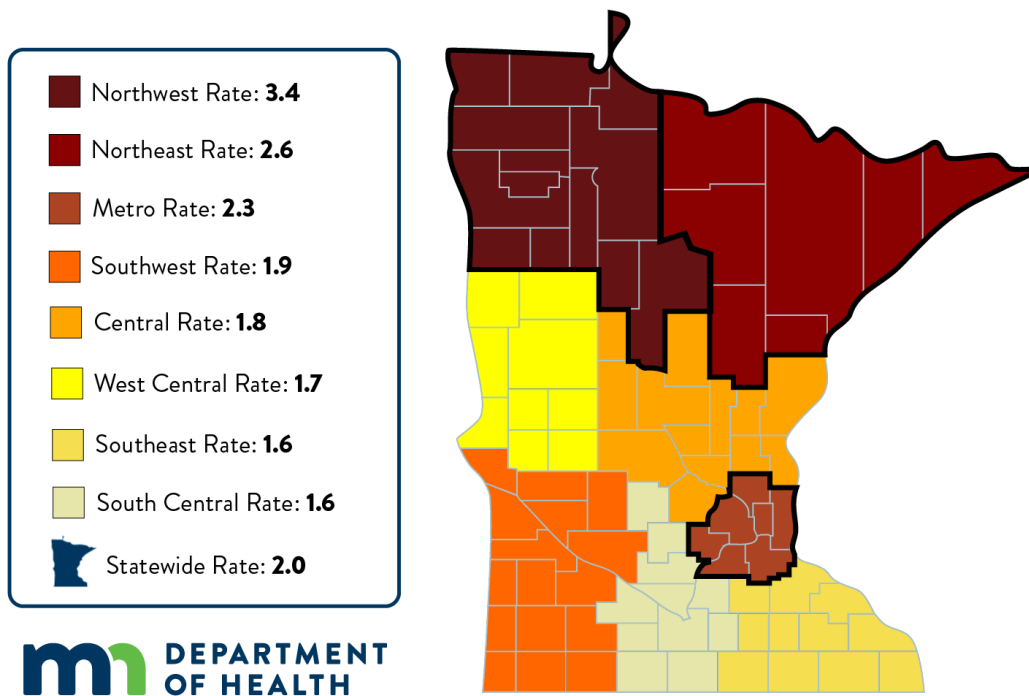
This grant program has \$800,000/year dedicated to initiatives intentionally designed to serve U.S. Born African Americans. There will be additional funding for Tribal Nations forthcoming from the Minnesota Department of Health to support overdose prevention programs. Tribal Nations/organizations are eligible to also apply for this funding.

This grant program will fund organizations who have demonstrated experience providing services to one or more of the following populations disproportionately impacted by overdose:

- People who use drugs.
- People who inject drugs.
- People who live in areas disproportionately impacted by overdose (Northwest, Northeast, Metro regions of Minnesota).
 - See map below for additional information regarding overdose rates.
- American Indian/Alaskan Native, Black/African American Minnesotans.
- Justice-involved populations.
- People experiencing homelessness.

Nonfatal Overdose Rates By Region

Nonfatal Overdose Rate by Region (Age-adjusted rate per 1,000 residents)



Nonfatal Overdose Rate by Region (age-adjusted per 1,000 residents) Source: Hospital Discharge Data 2021, Injury and Violence Prevention, Minnesota Department of Health.

Northwest Rate: 3.4; Northeast Rate: 2.6; Metro Rate: 2.3; Southwest Rate: 1.9; Central Rate: 1.8; West Central Rate: 1.7; Southeast Rate: 1.6; South Central Rate: 1.6; Statewide Rate: 2.0.

2.2 Eligible Projects

MDH will grant Comprehensive Drug Overdose and Morbidity Prevention Act grant funds, as funding allows, to entities and organizations focused on preventing drug overdose and the associated negative effects of experiencing an overdose (morbidity).

This Minnesota Department of Health Drug Overdose Prevention Grant Program will fund projects focused on the following four broad categories:

These four categories are described in detail below.

Category 1: Provide culturally specific overdose prevention programs

- Estimated total of \$1,050,000 per year; of that **\$800,000 is dedicated to** initiatives intentionally designed to serve U.S.-born African Americans (4-year totals of \$4,200,000/\$3,200,000).

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- Anticipated 8-13 awards.
- Expected average annual awards:
 - Projects serving U.S. born African Americans: \$100,000.
 - Projects serving other culturally specific populations: \$25,000 - \$50,000.

This category recognizes the unique strengths and assets within cultural groups along with specific risks and underlying factors that may contribute to higher death rates and greater numbers of overdoses. The grants funded in this category will reduce overdose rates through culturally informed and community-led initiatives focused on reduction of stigma, increased awareness about overdose and prevention methods, naloxone distribution, and impact risk and protective factors for other community violence outcomes such as firearm violence and youth violence.

This category funds projects that address Opioid Use Disorder (OUD), Stimulant Use Disorder, and other polysubstance use and prevent overdose using culturally specific methods and strategies with leadership and/or input from people that identify as members of that cultural group. Funded projects may include initiatives that bring together faith leaders (including traditional healers) to work with their communities to prevent overdose, increase social connectedness, decrease cultural and intergenerational stigma around substance use and opioid use disorder, and raise awareness of culturally specific overdose education.

\$800,000/year (out of \$1,050,000/year) is dedicated to initiatives intentionally designed to serve U.S. born African Americans. The remaining \$250,000 is open to initiatives intentionally designed to serve any other culturally specific population in Minnesota. **Eligible projects may include but are not limited to:**

- Develop and/or implement culturally specific community prevention efforts such as strategic messaging campaigns about awareness, prevention resources, and stigma reduction.
- Develop and/or implement culturally specific training programs to prevent overdose (including naloxone distribution). Naloxone is an allowable expense. MDH will work with grantees to find low-cost/free options to acquire naloxone and maximize their funds.
- Develop and/or implement culturally specific supportive services for individuals experiencing OUD and/or family members and friends of individuals experiencing OUD.
- Develop and/or implement culturally specific programs and/or support for pregnant women experiencing OUD and their infants.

Category 2: Implement Tackling Opioids With Networks (TOWN), a clinic-based model utilizing a multi-strategy approach, by increasing access to medications for opioid use disorder (MOUD) and increasing community coordination and overdose prevention efforts.

- Estimated total of \$800,000 per year for a 4-year total of \$3,200,000.
- Anticipated 4-6 awards; MDH will award at least one clinic in each of the following areas: Northwest MN, Northeast MN, and the Metro (as defined by the map on page 10)
- Expected annual average awards of \$150,000 - \$200,000

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This category will fund clinic sites to implement the TOWN model for four years, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts. For more information about the TOWN Model, see here: [Tackling Overdose with Networks \(TOWN\) - MN Dept. of Health \(https://www.health.state.mn.us/communities/opioids/mnresponse/town.html\)](https://www.health.state.mn.us/communities/opioids/mnresponse/town.html).

Required activities include:

- Identify a primary care clinic with documented administrative and leadership support for implementing the TOWN model.
- Identify a community organization that can increase community coordination of overdose prevention efforts and coordinate referral partnerships across systems (i.e., local jails, social services, drug court, local public health, peer recovery etc.).
- Determine which organization (either the community organization or the clinic) is the fiscal host. The fiscal host will enter into a grant agreement with MDH which will outline the activities and budgets of each organization in their budgets and workplans submitted to MDH.
- Designate a care coordinator within the primary care clinic to support patients receiving buprenorphine (facilitate referrals to peer recovery, low threshold telehealth MOUD provider, and other services as needed to address social determinants of health, etc.).
- Designate a provider champion within the clinic who can train clinicians and staff on prescribing buprenorphine and best practices.
- Increase the number of providers who prescribe buprenorphine within the clinic and/or health system.
- Increase referral pathways within hospital systems (i.e., emergency departments, surgical units, OB/GYN) and external services (i.e., jails) for patients with OUD on MOUD.
- Participate in technical assistance activities; the primary care clinic providers and care coordinator will receive ongoing technical assistance from a TA provider (chosen via Category 3).
- Develop workflows to connect patients to telehealth MOUD bridging provider (chosen via Category 4), when needed.
- Participate in program evaluation efforts, including documentation of telehealth MOUD provider pilot initiative in collaboration with the organization chosen in Category 4.

Category 3: Provide technical assistance to the TOWN primary care clinics (4-6 clinics) who are funded in Category 2.

- Estimated total of \$100,000 per year for a 4-year total of \$400,000.
- Anticipated 1-2 awards.
- Expected annual average awards of \$50,000 - \$100,000.

Required activities include:

- Provide technical assistance to four to six TOWN primary care clinic sites selected in Category 2. Technical assistance could be from a licensed Minnesota physician(s), nurse

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practitioner(s), physician's assistant(s), or an advanced practice registered nurse(s). TA will include but not be limited to: fielding clinical questions, ongoing training, coaching, academic detailing, buprenorphine initiation and maintenance, pain management, withdrawal, troubleshooting, stigma, naloxone, performance measurements and clinic protocols and procedures.

- Lead the virtual bi-weekly, one hour, TOWN care coordinator meetings.
- Provide a site visit at each of the TOWN primary care clinics per year for up to three hours to assess current overdose prevention activities, prescribing practices, policies and procedures, stigma, naloxone access, hospital protocols and referral process, and make recommendations for enhancing or improving access to MOUD within the clinic and/or health system.
- Provide ad hoc clinical support to the TOWN program and program grant manager (presentations, consultations, materials development, and review, etc.) up to six times per year.

Category 4: Provide low-threshold telehealth MOUD bridging services for patients of the TOWN primary care clinics (4-6 clinics) who are funded in Category 2.

- Estimated total of \$100,000 per year for a 4-year of \$400,000.
- Anticipated 1 award.
- Expected annual awards of \$100,000.

Required activities must include but are not limited to:

- Provide short-term low threshold telehealth access to MOUD bridging for patients of the four to six primary care clinics implementing the TOWN Model (Category 2).
- Provide low threshold access to comprehensive assessments for patients of the four to six primary care clinics implementing the TOWN Model (Category 2).
- Develop workflows to connect patients back to the TOWN primary care clinic for ongoing care.
- Participate in program evaluation efforts, including documentation of telehealth MOUD provider pilot initiative in collaboration with the organizations chosen in Category 2.

Ineligible Expenses

Ineligible expenses for all categories 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.

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 of 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 and the State's Authorized Representative has notified the grantee that work may start.

A sample grant agreement can be viewed here: [Grant Resources - MN Dept. of Health \(https://www.health.state.mn.us/about/grants/resources.html\)](https://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.

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 the terms in the grant agreement have been met.

The data will be collected in the following ways:

- Quarterly grantee reporting (at most quarterly; frequency will be determined with grantees) – Grantees will be expected to document quarterly output and outcome indicators via REDCap. Quarterly progress reports will include progress updates and outcomes that the applicant defined in their workplan, required metrics below, narrative on milestones and barriers, and potentially additional evaluation measurements developed in collaboration with MDH. Exact indicators will be finalized in partnership with grantees.
- Annual/targeted periodic qualitative data collection – Quarterly reporting will be supplemented by additional qualitative data collection led by the Unit Evaluator. This may include key informant interviews with grantees or their community partners, or other interactive reflective processes to document lessons learned, programmatic adaptations, and emergent outcomes. Exact evaluation activities will be determined in partnership with grantees.

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- Final documentation – Grantees will be expected to participate in a grant summative evaluation process. This may include an exit interview or site visit, final report or survey. Exact methods will be determined in partnership with grantees.

All funded applicants will be asked to report the following common (across all categories) measures:

- Geographical area served (counties, zip codes, cities, etc.).
- Number of people served, disaggregated by race/ethnicity, gender, and age (if appropriate).
- Description of the practices implemented by program grantees, lessons learned and emergent best practices to prevent drug overdose and associated morbidity.

Due to the wide variety of projects that will be funded through this RFP, MDH has developed the following indicators applicable to specific categories of work. MDH may develop additional indicators in partnership with grantees to successfully evaluate project outcomes. The indicators will be reported through quarterly progress reports, at most; frequency will be determined with grantees.

Category 1: Culturally Specific Prevention Programs

- MDH will work in collaboration with grantees to determine appropriate indicators to document program outcomes.
- Description of culturally relevant best practices and recommendations specific to addressing overdose prevention in historically underserved communities.

Category 2: TOWN Program – for Communities

- Number of physicians prescribing FDA-approved medications for opioid use disorder (MOUD).
- Number and aggregate description of people receiving MOUD including patient demographics, insurance status, referral source and MOUD duration (number of people who have been on MOUD for a year or longer).
- Number of people who transitioned to care from the telehealth MOUD Bridge Provider.
- Number and description of referral pathways including client referrals, new MOUs or other documentation of collaboration.
- Number and description of community coalitions and meetings.
- # of Naloxone kits distributed, if applicable.
- MDH will work with grantees to develop and implement an assessment of community and/or clinic stigma and depth of network partnerships prior to and after program implementation. MDH will also work with grantees to develop and implement an assessment of policy, system, and environment (PSE) changes during the time of the community collaboration building efforts.

Category 3: TOWN Program – Technical Assistance

- Number and aggregate description of technical assistance (TA) provided including topics, clinics served, and time spent on TA interactions.
- Number and aggregate description of bi-weekly meetings including topics covered and meeting attendance.

- MDH will work with the grantee to determine additional measures to document the TA impact on clinician readiness, confidence, and prescribing practices for MOUD patients and the clinic's implementation of best practices.

Category 4: TOWN Program – Telehealth MOUD Bridging:

- Number and aggregate description of people receiving MOUD including patient demographics, insurance status, referral source and MOUD duration (number of people who have been on MOUD for a year or longer).
- Number of people who transition to primary clinic care, disaggregated by clinic.
- Number and description of referral pathways including client referrals, new MOUs or other documentation of collaboration.
- MDH will work with the grantee to document unique barriers, lessons learned, and adaptations for this pilot initiative.

Grant Monitoring

MDH will conduct annual monitoring visits and financial reconciliations throughout the grant period. They will be scheduled individually with each grantee. [Minn. Stat. § 16B.97 and Policy on Grant Monitoring\(<https://www.revisor.mn.gov/statutes/cite/16B.97>\)](#) 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.

Technical Assistance

MDH will provide grantee 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/Overdose Prevention Unit 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 \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20 tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20 tcm36-438962.pdf), 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.

MDH and grantee will decide upon monthly or quarterly invoices for payment prior to the executed grant agreement. Invoices for each quarter's expenses should be submitted by the end of the following month (for example, the invoice for October 2024 expenses is due by November 30, 2024).

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 \(https://www.revisor.mn.gov/statutes/cite/471.345\)](https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41 \(https://www.revisor.mn.gov/statutes/cite/177.41\)](https://www.revisor.mn.gov/statutes/cite/177.41), et. seq.

(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: [Equity in Procurement \(TG/ED/VO\) Directory / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/));
 - Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program [DBE System Directory \(https://mnucp.metc.state.mn.us/\)](https://mnucp.metc.state.mn.us/) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: [Resources | Saint Paul Minnesota \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-1\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-1).
- 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.

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- 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 Vendors / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/suspended-debarred/\)](https://mn.gov/admin/osp/government/suspended-debarred/).

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](https://www.revisor.mn.gov/statutes/cite/16B.98) (<https://www.revisor.mn.gov/statutes/cite/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 Interest Disclosure form (Attachment E) 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.

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- 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)) 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 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=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 \(https://www.revisor.mn.gov/statutes/?id=363A.02\)](https://www.revisor.mn.gov/statutes/?id=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 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/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 and make recommendations to MDH.

MDH will make final decisions on all applications and will balance the recommendations by the review teams with the total funding available. **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 on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Applicants are encouraged to score their own application using the Application Evaluation Scoring Criteria scoresheet attached as **(Attachment F)** before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

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

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Proposal Components	Possible Points
1. Attachment A - Executive Summary	5
2. Attachment A – Organizational Capacity	15
3. Attachment A – Project Design, Implementation, and Performance Measurement	25
4. Attachment A – Equity, Focus Populations, and Cultural Competence	30
5. Attachment B - Workplan	20
6. Attachment C - Budget	5
Total:	100

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 08 06 Pre-Award Risk Assessment \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf).

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. 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 effective date of the agreement will be June 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 May 31, 2028, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

Letter of Intent

Organizations intending to submit a proposal are encouraged to email a Letter of Intent by 4:30 p.m. (CST), by Friday, March 1, 2024, to health.preventionrfp@state.mn.us. Letters of Intent are requested, not required, and not used as a screening tool. There are no required components in the Letter of Intent. The content provided is determined by the applicant. There is no scoring component to the Letter of Intent. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process.

Please indicate which category you plan to apply in. Letters should be submitted via email to health.preventionrfp@state.mn.us with the subject **Opioid Grant Program Letter of Intent “insert category” “insert organization name”**. An email acknowledging the Letter of Intent was received will be emailed to the person who sent the Letter of Intent.

3.1 Application Deadline

All applications *must* be received by MDH no later than 4:30 p.m. Central Time, on Friday, March 15, 2024, and must be submitted to: health.preventionrfp@state.mn.us.

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. An email acknowledging the application was received will be emailed to the person who sent the application.

3.2 Application Submission Instructions

Complete applications must be submitted via email to: health.preventionrfp@state.mn.us with the subject **Opioid Grant Program “insert category” “insert organization name”**. An email acknowledging the application was received will be emailed to the person who sent the application. Applications may **not** be mailed or hand delivered to MDH.

3.3 Application Instructions

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

1. Application Narrative (**Attachment A**) – *PDF*
2. Work Plan (**Attachment B**) – *Excel*
3. Budget (**Attachment C**) – *Excel*
4. Due Diligence Review Form (**Attachment D**) – *PDF*
5. Applicant Conflict of Interest Disclosure Form (**Attachment E**) – *PDF*
6. Nonprofit Financial Documentation per Due Diligence Form, if applicable – *PDF*
7. For collaborative applications: MOUs or letters of support to the lead applicant from partner organizations - *PDF*

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Incomplete applications will be rejected and not evaluated. **Please submit all application documents (1-7) as indicated above in separate attachments and included in one email.**

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

4.1: Application Narrative (Attachment A)

Applicants must submit a completed Application Narrative (Attachment A), which can be found on the [Minnesota Drug Overdose Prevention Grant Program](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>). Applicants must have Microsoft Word to complete the form.

The **Application Narrative** contains four (of the six) scored sections for a total of 75 out of 100 points.

1. **Executive Summary (5 points)**
2. **Organizational Capacity (15 points)**
3. **Project Design, Implementation, and Performance Measurement (25 points)**
4. **Equity, Focus Populations, and Cultural Competence (30 points)**

Applicants must provide answers to the application narrative questions. Applicants are *strongly encouraged* to use the Microsoft Word template provided on the Minnesota Drug Overdose Prevention Grant Program - [Minnesota Drug Overdose Prevention Grant Program](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>).

The Application Narrative (Attachment A) may not exceed 12 pages. We request that applicants use 12-point Calibri font, one-inch margins, single space, and with page numbers. **When you have finalized your responses, please save this document as a PDF for application submission.**

4.2: Workplan (Attachment B)

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the *grant (June 1, 2024 – May 31, 2028)*. **Applicants are *strongly encouraged* to use the Microsoft Excel template provided at [Minnesota Drug Overdose Prevention Grant](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>)**

To ensure that all applicants' work plans have a similar format and length for the review process, we request that applicants use 12-point Calibri font in the work plan tables.

The Workplan is a scored section for a total of 20 out of 100 points.

You will list the project goal, detail the activities and their desired outcomes, including the timeline, and staff position responsible.

Project Goal:

- One goal statement is sufficient.
- A goal is long term and not necessarily measurable, but it clearly establishes a connection between the problem/priorities and the applicant's intentions.

Project Objectives:

- Must be tangible, measurable, and achievable outcomes specific to what the proposed grant project is intending to accomplish. *Grantees will be required to report measurable results from the objectives at the end of the grant period.*
- Should be client-centered with the focus on the intended service population and not on organization activities.
- Should pertain to what will happen within the focus population, not what the organizations will “do” (which are activities within the work plan).
- Objectives contain four common elements:
 - An indicator (how the problem will change).
 - A focus (a “who” or a “what,” generally the client).
 - A time frame (when).
 - The amount of measurable change expected in the indicator, or the focus.
- Objectives must be in the following format: By (when, date), (% or # of change from a stated base) of (what population), will (indicator – do what, change how).
- For example: **By May 31, 2025, and annually thereafter, 100 clients will have completed a referral to evidence-based SUD treatment (including MOUD, CBT, contingency management, etc.), community resources, or health services.**

Project Activities:

- Each Project Activity (what the grantee will do) must include timeline and staff/role responsible for project completion.

4.3: Budget (Attachment C)

Applicants must submit a budget narrative (13-month) and four-year budget summary that provides an overview of how funds will be used during the *grant*.

Applicants are ***strongly encouraged*** to use the Microsoft Excel template provided on the MDH [Minnesota Drug Overdose Prevention Grant](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>).

There are four tabs/sheets in the Excel budget (Attachment C):

1. Instructions
2. Indirect Guidance
3. 13-Month Budget (***applicants must complete a 13-month budget narrative***)
4. 4-Year Budget Summary (auto populates from information entered in Tab 3)

13-Month Budget Narratives (Attachment C – Tab 3)

The budget narratives should provide a brief but sufficient explanation of how funds are proposed to be used over a 13-month period. The budget must be consistent with the stated objectives, planned activities and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs and other similar numeric detail sufficient for the calculation to be duplicated. **Please round to the nearest dollar.**

The Budget Narrative is a scored section for a total of 5 out of 100 points.

Applicants should organize their expenditures into the following categories:

1. Salary and Fringe Benefits

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

- Position title and FTE.
- Salary charged to grant.
- Fringe benefit rate.
- Example: MOUD Care Coordinator: 1.0 FTE x \$60,000/year + \$6,000 (.10 fringe benefit rate x \$60,000) = \$66,000.

The staff included in this section of the budget narrative should be the same as the staff included in the work plan. All salaries/fringe must be backed by time documentation. Grantees must invoice based on actual salary and fringe amounts, not on budgeted amounts.

2. Contractual Services

For any proposed subcontractors, applicants must list the following:

- Name of contractor, if known, or selection process to be used.
- Scope of work the contractor will provide.
- Length of time the services will be provided.
- 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. If grantees subcontract out grant funds, they must follow their own procurement policies/procedures. If grantees subgrant out grant funds, then the grantee will need to provide the same monitoring and oversight that MDH is obligated to provide.

3. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals. 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.

Below is an overview of the [State of Minnesota Commissioner's Plan \(https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf\)](https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf).

4. Supplies and Other Expenses

Briefly explain the expected costs for items and services you will purchase to run your program. Generally, supplies include items that are consumed during the project.

Any item over \$5,000 that has a useful life of one year or more is considered equipment and is not allowable.

Naloxone is an allowable expense. MDH will work with grantees to find low-cost/free options to acquire naloxone and maximize their funds.

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 program activities and linked to an activity in the work plan.

If the grantee is including incentives as a part of the work plan and budget, the grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee's policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the following: separation of duties, distribution of incentives, incentive tracking documentation, reconciliation, subgrantee/subcontracting oversight regarding incentives, lost or stolen incentives, and invoicing. Please see the sample grant agreement for more detailed information regarding the required procedures to implement incentives as a part of the work plan and budget.

Please be descriptive in the budget narrative for each supply line item.

5. Indirect Costs

MDH policy caps indirect costs at either a grantee's federally negotiated rate or at 10 percent, as applied to a grant's total direct costs. Grantees who wish to charge indirect at a federally negotiated rate must submit a copy of their current federal rate agreement with their application.

If applicants do not have a federally negotiated rate, ***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 two of the budget spreadsheet.***

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.

4-Year Budget Summary (Attachment C – Tab 4)

Please complete a 4-year total budget summary. Please round to the nearest dollar.

4.4: Due Diligence (Attachment D)

The Due Diligence Review Form can be found on the [Minnesota Drug Overdose Prevention Grant](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>)

Per MDH policy, the Due Diligence Form is required for all applicants.

Please note that the Due Diligence Review Form score is not part of the 100 total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Applicants must complete the Due Diligence Form, sign, and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

4.5: Conflict of Interest Disclosure Form (Attachment E)

The Applicant Conflict of Interest Disclosure Form can be found on the [Minnesota Drug Overdose Prevention Grant Program](https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/preventionrfp/index.html>).

Applicants must complete the Applicant Conflict of Disclosure form, sign, and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

On the form it asks for the MDH Grant Program Name. The MDH Grant Program Name for this application is: Minnesota Drug Overdose and Prevention Grant.

4.6: Financial Documentation per Due Diligence Form, if applicable

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over \$25,000 (excluding formula grants).

Question 15 on the Due Diligence Review Form requires that applicants submit the documentation that corresponds with their total revenue from the most recent twelve-month accounting period:

- Less than \$50,000: The most recent Board-approved financial statement
- \$50,000 - \$750,000: The most recent IRS form 990
- More than \$750,000: The most recent certified financial audit

While all three types of documentation are distinct and different in appearance, they contain much of the same information. Failure to submit this information will result in disqualification from the review process.

4.7: MOUs or Letters of Support, if applicable.

Applicants can collaborate with other organizations 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. If applicable, please submit these documents with your application.

RFP Part 5: Evaluation Scoring Criteria

Application Evaluation Scoring Criteria (Attachment F)

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Rating Levels

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

Scoring Selection – Scored up to 100 points

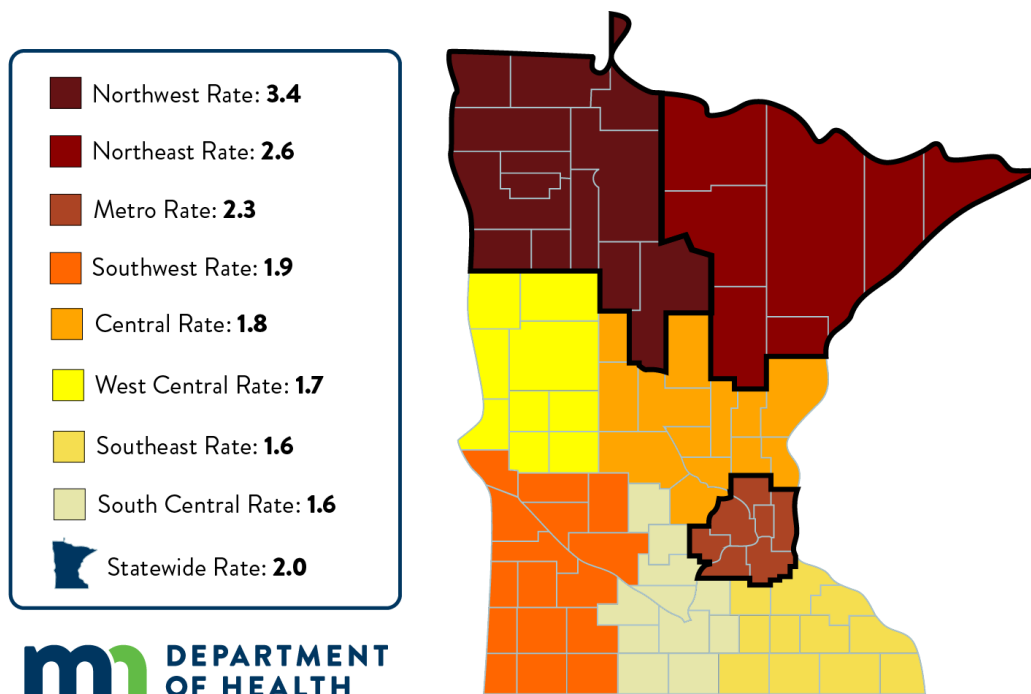
Proposal Components	Possible Points
1. Attachment A - Executive Summary	5
2. Attachment A – Organizational Capacity	15
3. Attachment A – Project Design, Implementation, and Performance Measurement	25
4. Attachment A – Equity, Focus Populations, and Cultural Competence	30
5. Attachment B – Workplan	20
6. Attachment C – Budget	5
Total:	100 points

Priority Populations/Geographical Areas:

- People who use drugs.
- People who inject drugs.
- People who live in areas disproportionately impacted by overdose (Northwest, Northeast, Metro regions of Minnesota).
 - See map below for additional information regarding overdose rates.
- American Indian/Alaskan Native, Black/African American Minnesotans.
- Justice-involved populations.
- People experiencing homelessness.

Nonfatal Overdose Rate by Region

Nonfatal Overdose Rate by Region (Age-adjusted rate per 1,000 residents)



Nonfatal Overdose Rate by Region (age-adjusted per 1,000 residents) Source: Hospital Discharge Data 2021, Injury and Violence Prevention, Minnesota Department of Health.
Northwest Rate: 3.4; Northeast Rate: 2.6; Metro Rate: 2.3; Southwest Rate: 1.9; Central Rate: 1.8; West Central Rate: 1.7; Southeast Rate: 1.6; South Central Rate: 1.6; Statewide Rate: 2.0.

Attachment A: Executive Summary (5 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly describes the following:</p> <ul style="list-style-type: none"> ▪ Project goal(s) ▪ Anticipated number of individuals to be served over the life of the project ▪ Focus population (score higher for priority populations) ▪ Geographical area to be served (score higher for priority areas) 	x

Attachment A: Organizational Capacity (15 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly describes the following:</p> <ul style="list-style-type: none"> ▪ History ▪ Geographical reach, i.e., county, cities, region served (score higher for priority geographical locations) ▪ Number of unduplicated people served by the applicant organization in 2023, if applicable ▪ Demographics of those served in 2023 (score higher for priority populations), if applicable ▪ The applicant demonstrates skill and experience of staff/staff roles providing the proposed services to the population of focus 	x
<p>The applicant organization currently provides similar services that are directly relatable to the activities outlined in the grant proposal. They are well positioned and experienced in providing the proposed services to the population of focus.</p>	x
<p>The applicant demonstrates past achievements in similar programming which complement and/or are a natural extension of the proposed project.</p>	x

Attachment A: Project Design, Implementation, and Performance Measurement (25 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly outlines the activities of the proposal. The activities align with the ultimate prevention of drug overdose. The applicant clearly demonstrates what services they offer internally, and which will be offered via partnerships, <i>if applicable</i>. They have or will have partnerships/collaborations in place to provide the proposed services to the identified focus population, <i>if applicable</i>.</p>	<p>X</p>
<p>The applicant organization identifies a problem related to the drug overdose epidemic and the disproportionate impact it has had on different geographical and/or racial/ethnic/cultural communities in Minnesota.</p>	<p>X</p>
<p>The applicant organization has clearly defined outcomes (objectives) that are attainable during the 4-year grant period and document an intended change(s) among the population of focus (not focused on what the organization will achieve). The outcomes are in alignment with the overall goal of reducing overdose deaths in MN.</p>	<p>X</p>
<p>The applicant has developed a plan to document qualitative and quantitative data. The applicant describes the process of how data will be collected and stored and any tools that will be used to support program data collection.</p>	<p>X</p>
<p>The applicant has clearly described how program data will be used to guide decision making throughout the project. The applicant describes how data findings will be reviewed and shared with relevant staff, community partners, and/or the impacted community.</p>	<p>X</p>

Attachment A: Equity, Focus Populations, and Cultural Competence (30 Points)

Criteria	Score (1 -5)
<p>The applicant has identified a focus population(s) and/or a geographical region at higher risk for non-fatal overdose.</p> <ul style="list-style-type: none"> ▪ People who use drugs ▪ People who inject drugs ▪ Areas of MN disproportionately impacted by overdose (Northwest, Northeast, Metro) ▪ American Indian/Alaskan Native and Black/African American Minnesotans ▪ Justice-involved Minnesotans ▪ People experiencing homelessness 	X
<p>The applicant demonstrates skills and experience providing culturally responsive services to the focus population(s) being served or that will be served.</p>	X
<p>The applicant has clearly laid out a plan to ensure culturally responsive services will be provided under this grant proposal. The applicant’s proposed activities are aligned with the cultural practices and values of the intended service population.</p>	X
<p>The applicant demonstrates that they partner (or will partner) with the community they intend to serve to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>	X
<p>The applicant has demonstrated that they can provide services in a language(s) other than English. These language skills are directly relatable to the focus population.</p>	X
<p>The applicant shows a strong history of working to eliminate health disparities and advancing health equity for the identified focus population.</p>	X

Attachment B: Work Plan (20 Points)

Criteria	Score (1 -5)
The applicant organization has provided a clearly defined long-term goal(s) which establishes a connection between the problem/priorities and the applicant’s intentions.	X
The applicant organization has clearly defined objectives which are attainable given the project design. The objectives are clear, measurable, attainable, and achievable. The objectives are focused on the focus population (not focused on what the organization will do). The objectives should pertain to what will happen within the focus population, not what the organization will “do”.	X
The applicant organization has demonstrated action steps (activities) that are comprehensive and clearly describe and how they will support the identified objectives. Included for each activity is a description of the anticipated outcome and evaluation measures (as applicable). Applicant also includes expected timeline and staff/partners who will be involved in the activity.	X
The applicant organization has embedded evaluation into the workplan to assess the impact of the proposed project and collect the required data tracking requirements.	X

Attachment C: Budget Spreadsheet (5 Points)

Criteria	Score (1 -5)
The budget detail and justification/narrative are clear and provide a description of how funds will be used for the grant period. The expenses will contribute to the project goal(s). The expenses included in the budget detail and justification support activities outlined in the work plan. The narrative detail in the budget provides detail of how the budget numbers were determined.	X

RFP Part 6: Application Checklist

All application documents must be completed, attached as separate documents, and sent in one email to health.preventionrfp@state.mn.us by **Friday, March 15, 2024, 4:30 p.m. CDT.**

Required Application Documents:

1. Application Narrative (Attachment A) – PDF
 - a. Up to 12 pages
 - b. 12-point Calibri font, one-inch margins, single spaced, add page numbers
2. Work Plan (Attachment B) - Excel
3. Budget Spreadsheet (Attachment C) – Excel
4. Due Diligence Review Form (Attachment E) – PDF
5. Applicant Conflict of Interest Disclosure Form (Attachment F) – PDF
6. Nonprofit Financial Documentation per Due Diligence Form, if applicable – PDF
7. MOUs or Letters of Support for Collaborative Applications, if applicable – PDF