



Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grant

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
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January 16, 2024

To obtain this information in a different format, call: 218-332-5167

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grant Request for Proposal
- **Minnesota Department of Health (MDH) Program Website:** [Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grant Request for Proposal \(https://www.health.state.mn.us/communities/suicide/rfp.html\)](https://www.health.state.mn.us/communities/suicide/rfp.html)
- **Letter of Intent Due:** Organizations intending to submit a proposal should email a Letter of Intent by **Thursday, February 8, 2024, 5:00 p.m. CST** to health.suicideprev.MDH@state.mn.us. Letters of intent are not required, but they are appreciated.
- **Application Deadline:** The complete application must be submitted via email by **Thursday, March 14, 2024, 5:00 p.m. CDT** to health.suicideprev.MDH@state.mn.us. **Late or incomplete applications will not be accepted.** Items not delivered due to technical difficulties are the sole responsibility of the applicant. **All application documents must be sent via email to health.suicideprev.MDH@state.mn.us.**

1.2 Program Description

The Minnesota Department of Health, herein after MDH, is soliciting proposals for community-based substance misuse and suicide prevention coalitions in Minnesota, which will serve the needs of Minnesotans at risk of substance misuse and suicide, with a specific focus on youth. The applicant will develop a data driven plan to decrease substance misuse and suicidal experiences for youth, ages 10-24. This will be done by coordinating a multi-sector coalition, that will develop a plan to address shared risk and protective factors for substance misuse and suicidal experiences.

MDH is seeking proposals for the grant period June 1, 2024 - May 31, 2028. The department will award up to \$1,200,000.00.

It is anticipated that up to \$1,200,000.00 will be available for each year of the grant period.

1.3 Funding and Project Dates

Funding

These grants use state funding from the Comprehensive Drug Overdose and Morbidity Prevention Act. 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. The total grant award will reflect four equal installments of funding for four years.

Funding	Estimate
Estimated Amount to Grant	\$1,200,000.00 per year

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Funding	Estimate
Estimated Number of Awards	Up to 12
Estimated Award Maximum	\$125,000.00
Estimated Award Minimum	\$100,000.00

Match Requirement

There are no match requirements for this grant.

Project Dates

The estimated 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.

Project Period
June 1, 2024-May 31, 2025
June 1, 2025-May 31, 2026
June 1, 2026 – May 31, 2027
June 1, 2027 – May 31, 2028

1.4 Eligible Applicants

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Identification Number. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent. Applicants could include but are not limited to local public health and social services agencies, nonprofit organizations, units of government, schools and/or school districts, health care or behavioral health organizations, faith communities, tribal governments, tribal organizations. MDH recognizes the sovereignty of Tribal nations and will only fund non-Tribal projects led in Tribal communities if the applicant has full support of the Tribal government. A letter of support is required from Tribal government before the application can be approved.

Applicants must be located and conduct grant activities within the State of Minnesota.

Grantees that are currently funded by the MDH Suicide Prevention Unit to implement comprehensive suicide prevention are ineligible to apply.

Collaboration

The vision of MDH is for all communities to thrive and that all people have what they need to be healthy. Achieving this will only happen when community works together as no agency or sector alone can reduce substance misuse and suicidal experiences. A requirement of this Request for Proposal is for the applicant to develop or sustain a multi-sector coalition that will lead this project. A coalition is a formal arrangement for cooperation and collaboration among a variety of sectors, where each group retains their own identity and agree to work together

Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grant RFP toward a common goal. Members of the coalition should include both private and public individuals or sectors including, but not limited to:

- Community-based organizations
- Community members including individuals with lived experience
- Individuals from populations disproportionately affected by substance misuse and suicidal experiences
- Civic or volunteer groups
- Criminal Justice System
- Educational systems
- Faith based and Cultural Communities
- Health and behavioral health care
- Local, state, tribal government
- Workplaces and businesses

Letters of support should be submitted with this Request for Proposal from individuals and community partners that would be part of the coalition.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.suicideprev.MDH@state.mn.us. In the subject line of the email, include the phrase, "Community-Based Substance Misuse and Suicide Prevention Grant Coalition RFP Question." All answers will be posted within two business days at [Community-Based Substance Misuse and Suicide Prevention Grant Coalition RFP Questions and Answers](https://www.health.state.mn.us/communities/suicide/rfpqa.html) (<https://www.health.state.mn.us/communities/suicide/rfpqa.html>).

Please submit questions no later than 5:00 p.m. Central Daylight Time (CDT), on Monday, March 11, 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.**

While applicants may not communicate with MDH staff regarding the RFP itself, applicants may communicate with MDH staff regarding requests for data. MDH staff may not advise any applicant on their application or review drafts of proposals.

RFP Information Meeting

MDH will host a one-hour webinar meeting (Microsoft TEAMS Meeting) to assist applicants in preparing an application. All prospective applicants are encouraged to attend, but attendance is not required. The PowerPoint and all questions and answers from the one-hour webinar will be posted at [Community-Based Substance Misuse and Suicide Prevention Grant Coalition RFP Questions and Answers](https://www.health.state.mn.us/communities/suicide/rfpqa.html) (<https://www.health.state.mn.us/communities/suicide/rfpqa.html>)

RFP Part 2: Program Details

2.1 Grant Goals and Outcomes

The applicant will develop a data driven plan to decrease substance misuse and suicidal experiences for youth, ages 10-24. This will be done by coordinating a multi-sector coalition, that will develop a plan to address shared risk and protective factors for substance misuse and suicidal experiences.

Grant outcomes will include:

Decrease substance misuse and suicidal experiences for youth, ages 10-24 by increasing shared protective factors and/or decreasing shared risk factors at the community level. Increase partnerships and coordination; improve multi-sector collaboration for suicide and substance misuse prevention, and increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach.

Due to the community-driven design of this grant program, exact output and outcome measures cannot be determined. Grantees are expected to create a logic model and evaluation plan in accordance with their community context and defined strategies at the culmination of year one. The Suicide Prevention Unit Evaluator will be responsible for working with grantees to develop these plans. The Unit Evaluator will work to find alignment across grantee efforts to identify common outcomes among grantees addressing similar SRPFs. Grantees with shared measures will be asked to track and contribute to a shared measurement system (SMS) among grantees. Grantees will not be required to change their activities or measure unrelated outcomes just to fit into the SMS system.

2.2 Grant Priorities

Health Equity

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.

Health equity will be at the center of this project as each community experiences different inequities and requires different solutions. Research shows that the conditions needed for health are peace, shelter, education, food, income, and social justice. In short, health is created where people live, work, and play.¹ Youth ages 10-24 are from every race, nationality, sexual orientation, gender identity, and ability in Minnesota. For each community to determine their

¹ World Health Organization. *The Ottawa Charter for Health Promotion*. Geneva, Switzerland: WHO; 1986. Available from <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>.

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disparities, they will engage in a data driven public health approach, so that they can respond to what is happening and implement strategies that will be culturally relevant.

For more information on health equity, please see the [MDH Center for Health Equity](https://www.health.state.mn.us/communities/equity/index.html) (<https://www.health.state.mn.us/communities/equity/index.html>).

Comprehensive Community-Based Prevention

Substance misuse and suicide are complex and require a comprehensive public health approach that strives to provide the maximum benefit for the largest number of people. A public health approach draws on knowledge from a broad range of community sectors that all come together to work on a common goal. Communities are required to establish or strengthen an already established **community coalition** to focus on this project to prevent substance misuse and suicidal experiences.

In addition to coordinating the community coalition, the public health approach relies on quality data for decision-making. Coalitions will complete a **data driven planning process** by completing a community assessment, gathering qualitative and quantitative data, and analyze their data to prioritize risk and protective factors that they will focus on.

Once this is done, the coalition will go through a process for **strategy selection**. An action plan and evaluation plan will be finalized in collaboration with the coalition and MDH for implementation into years 2, 3, 4 of the grant.

Community Coalition

A comprehensive approach to prevention includes multi-sectoral partnerships as no agency or sector can accomplish preventing substance misuse or suicide prevention on its own. Such partnerships include partners from both private and public sectors such as: Community-based organizations, community members including individuals with lived experience, individuals from populations disproportionately affected by substance misuse and suicidal experiences, civic or volunteer groups, criminal justice system, educational systems, faith based and cultural communities, health and behavioral health care, local, state, and tribal governments, workplaces, and businesses.

The establishment of a new coalition or partnering with an already established coalition is required. Letters of support from individuals and community partners should be submitted that intend to become members of the coalition.

Data Driven Plan

Over the course of the first year, grantees will participate in a data driven, strategic planning process to ensure the coalitions and their coordinator have the skillset to complete a community assessment, collect and analyze data, and prioritize their work for years 2, 3 and 4 of the grant. This data-driven planning process engages the coalition, so they clearly understand their community resources, strengths and needs, and the **risk and protective factors across the social ecological** model that are affecting their priority population. Communities are encouraged to take a **shared risk and protective factor approach** that will address both substance misuse and suicidal experiences.

Risk and Protective Factors Across the Social Ecological Model

The Social Ecological Model encompasses multiple levels of focus and considers the complex interplay between the individual, relationship, community, and societal factors, that impact an individual's mental health and their likelihood to misuse substances or have suicidal experiences.²

Figure 10. The Social-Ecological Model



Note. From Centers for Disease Control and Prevention, Injury Center.

At each level of the social ecological model there are different risk and protective factors. Risk factors are characteristics that increases the likelihood that a person could misuse substances or have suicidal experiences. The presence of a risk factor does not mean that a person will misuse substances or have suicidal experiences, however a cumulative effect of several risk factors may increase an individual's vulnerability to have these experiences. Protective factors are characteristics that decrease or buffer against the risk for substance misuse and suicidal experiences while promoting resilience.

Multiple strategies across the social ecology will be required as a part of this grant. It will also be strongly encouraged that communities prioritize shared risk and protective factors that address both substance misuse and suicide.

Shared Risk and Protective Factor Approach

MDH acknowledges that the risk and protective factors for substance misuse and suicide are interconnected and are encouraging communities to take a Shared Risk and Protective Factor (SRPF) approach. This allows for communities to address both substance misuse and suicide through this RFP. Benefits of using a shared risk and protective factor approach include expanding partnerships, reducing duplication, selecting strategies that effect both substance misuse and suicide, opportunities for braided funding, and collaborating on similar root causes and share successes.

Strategy selection

Once the community has prioritized which risk and protective factors, they will work on in years 2, 3, and 4 of the grant, they will choose strategies that respond to the needs and culture of

² Dahlberg LL, Krug EG. Violence: a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-21

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their community. The following will help guide community conversations during strategy selection:

Best Available Evidence

While the field is continuing to expand, research can be limited in substance misuse and suicide prevention regarding evidence-based strategies and best practices. It will be expected that strategies that are selected will be guided by the best available evidence, which will include changes to programs, policies, and practices.

Scope of Prevention Strategies

It is important to note that a comprehensive strategic approach goes beyond the implementation of one strategy. The strategies should be implemented within multiple sectors and include strategies across the following types of prevention efforts:

- **Universal** prevention efforts that focus on general audiences who have not been identified based on substance misuse or having suicidal experiences.
- **Selected** prevention efforts focus on audiences with known risk factors for substance misuse or suicidal experiences.
- **Indicated** prevention efforts focus on audiences who are already experiencing substance misuse or having suicidal experiences.

This will allow for communities to implement strategies across a spectrum to include preventing problems from the start, early intervention, crisis intervention, and recovery or after a suicide attempt or death.

Monitoring and evaluation will play a key role into the implementation phase that will occur in years 2, 3 and 4 of the grant, to ensure that implementation of selected strategies will be effective.

2.3 Grant Deliverables

Comprehensive Substance Misuse and Suicide Prevention Coalition

Mandatory Requirements: Coordinate and evaluate a community driven, comprehensive approach to prevent substance misuse and suicidal experiences.

- The prioritized population must be youth between the ages of 10-24.
- 1.0 FTE to lead the coordination of the coalition and comprehensive substance misuse and suicide prevention efforts within the defined community.
- Develop a prevention coalition of multi-sector community partners that will assist with the implementation of a comprehensive prevention plan. Partnerships should include both private and public sectors such as: Community-based organizations, community members including individuals with lived experience, individuals from populations disproportionately affected by substance misuse and suicidal experiences, civic or volunteer groups, criminal justice system, educational systems, faith based and cultural

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communities, health and behavioral health care, local, state, and tribal governments, workplaces, and businesses.

- Include **Letters of Support** for any individual or community partner that intends to be a member of the coalition.
- If a coalition for this purpose is already established within the applicant's catchment area, expand on how the existing group will be utilized.
- Coordinate a strategic planning process during the first year of the grant. The applicant is not required to implement a full comprehensive approach in the first year. Within the first year, applicant will participate in a two-hour monthly learning session, led by MDH to understand community assignments, and be provided skillsets and support to do the following within their local community:
 - Be given grounding language on mental health, substance use and suicide prevention to reduce stigma and increase help seeking within their local community.
 - Understand what a public health approach is and how health equity will be at the center of the strategic planning process.
 - Identify, best practices for the development of a multi-sector coalition or work with an already established coalition.
 - Complete a community assessment, which includes defining the community and doing asset mapping.
 - Gather qualitative and quantitative data, analyze their data, prioritize risk and protective factors that they will focus on changing over the course of the grant.
 - Select strategies and develop an action and evaluation plan for year 2.
- In years 2, 3, and 4 of the grant, selected grantees will:
 - Coordinate the implementation of the approved action and evaluation plans.
 - Develop annual work plans in collaboration with the coalition and MDH grant manager.
 - Participate in a one-hour monthly learning collaborative with other MDH grantees.
- The work plan and the budget justification should be reflective of the above activities for the first year of the grant. Note only a year 1 work plan and year 1 detailed budget justification are required with the application.
- Will partner with MDH grant funded entities to coordinate trainings, outreach, and activities within the defined community.
- Will participate in grant evaluation activities and submit an evaluation plan within the first year of the grant, in collaboration with MDH. Note that MDH will provide support to align the evaluation plan to the strategies selected by the coalition.
- The suggested year one work plan is attached as **Attachment A Form C "Year One Work Plan"**. All items within the suggested year one work plan template are a requirement

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for this funding. You may wish to include additional program specific deliverables within the year one work plan.

Additional Tasks, Deliverables and Expectations of All Grantees

- Participate in monthly meetings through Microsoft Teams with MDH grant manager.
- Participate in one, two day in-person grant on-boarding meeting the first year.
- Participate in one in-person grant meeting per year.
- Meet quarterly through Microsoft Teams with the MDH Suicide Prevention Unit and other MDH prevention grantees.
- Present at regional and statewide conferences to highlight the work being done within the defined community, as appropriate.
- Serve as a community expert and resource to communities and professionals who need information on how to prevent substance misuse and suicides.
- Provide technical assistance within the defined community.

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
- Direct therapeutic services to individuals
- Construction (new or remodel)

2.4 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 [MDH Grant Resources](https://www.health.state.mn.us/about/grants/grantagreement.pdf) (<https://www.health.state.mn.us/about/grants/grantagreement.pdf>) 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.

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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.

Grantees will be required to utilize REDCap for their quarterly reporting. MDH will work with grantees on integrating data collection into workflow so that it does not pose a barrier.

The data will be collected in the following ways:

- Administrative data - Basic grant award information and progress towards year one grantee objectives will be monitored and recorded by Suicide Prevention Unit grant managers.
- Quarterly grantee reporting – Grantees will be expected to document ongoing output and outcome indicators via REDCap. 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, facilitated Ripple Effect Mapping sessions or other interactive reflection process to document community-level outcomes. Exact evaluation activities will be determined in partnership with grantees.
- 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.

Based on previous grantee efforts, we anticipate the following quarterly progress measures. Final measures will be defined in partnership with grantees as established through grantee' designed strategic action and evaluation plans.

1. Number of coalition meetings facilitated, including description of coalition participants by sector.
2. Number of awareness raising, or resource dissemination efforts conducted, including topic, method, and estimated audience reach.
3. Number of trainings conducted relating to substance misuse and or suicide prevention, including training type, audience description, and attendance.
4. Number of technical assistance (TA) requests provided by grantee or partner, including TA topic and audience.
5. Description of SRPFs that are intentionally being worked on.
6. Demonstrated increased multi-sector collaboration for overdose and suicide prevention. Potential indicators may include number and density of partnerships.

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7. Demonstrated policy, system or environmental changes that occurred to promote wellness, or prevent substance misuse or suicide prevention.

The quarterly progress reporting schedule will be as follows:

Year 1: (June 1, 2024 – May 31, 2025)

Quarterly Reporting Period	Report Type	Due Date
Quarter1: June 1– August 31	Quarterly Progress Report	September 15
Quarter 2: September 1 – November 30	Quarterly Progress Report	December 15
Quarter 3: December 1 – February 28	Quarterly Progress Report	March 15
Quarter 4: March 1 – May 31	Quarterly Progress Report	June 15

Year 2: (June 1, 2025 – May 31, 2026)

Quarter1: June 1– August 31	Report Type	Due Date
Quarter1: June 1– August 31	Quarterly Progress Report	September 15
Quarter 2: September 1 – November 30	Quarterly Progress Report	December 15
Quarter 3: December 1 – February 28	Quarterly Progress Report	March 15
Quarter 4: March 1 – May 31	Quarterly Progress Report	June 15

Year 3: (June 1, 2026 – May 31, 2027)

Quarterly Reporting Period	Report Type	Due Date
Quarter1: June 1– August 31	Quarterly Progress Report	September 15
Quarter 2: September 1 – November 30	Quarterly Progress Report	December 15
Quarter 3: December 1 – February 28	Quarterly Progress Report	March 15
Quarter 4: March 1 – May 31	Quarterly Progress Report	June 15

Year 4: (June 30, 2027 – May 31, 2028)

Quarterly Reporting Period	Report Type	Due Date
Quarter1: June 1– August 31	Quarterly Progress Report	September 15
Quarter 2: September 1 – November 30	Quarterly Progress Report	December 15
Quarter 3: December 1 – February 28	Quarterly Progress Report	March 15
Quarter 4: March 1 – May 31	Quarterly Progress Report	June 15

Grant Monitoring

Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/?id=16B.97>) and [Policy on Grant Monitoring \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000

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- 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

For the purposes of this grant, an annual monitoring site visit will be conducted.

Technical Assistance

MDH will provide technical assistance on specific projects that require review of materials such as work or evaluation plans. If there is need for additional technical assistance during the grant period, applicants are welcome to request further support.

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.

Grantees will submit quarterly invoices according to the schedule in the table below.

Year 1 (June 1, 2024 – May 31, 2025)

Reporting Period	Document	Due Date
Quarter: June 1– August 31	Quarterly Fiscal Invoice	September 15
Quarter 2: September 1 – November 30	Quarterly Fiscal Invoice	December 15
Quarter 3: December 1 – February 28	Quarterly Fiscal Invoice	March 15
Quarter 4: March 1 – May 31	Quarterly Fiscal Invoice	June 15

Years 2, 3, and 4 will follow the same invoicing schedule as year 1. MDH will issue payment no later than 30 days after receipt of invoice.

2.5 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.

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(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/professionatechnicalcontracts/targeted-group-preferences/) (<https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/>)
 - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program](https://mnucp.metc.state.mn.us/) (<https://mnucp.metc.state.mn.us/>)
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: [Central Certification Program](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.
- 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

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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 \(https://mn.gov/admin/osp/government/suspended-debarred/index2.jsp\)](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 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=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 form \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf) 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 grantees 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

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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

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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.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing both internal and external reviewers. The review committee will evaluate all eligible and complete applications received by the deadline. Further, the review committee will attempt to recognize and neutralize implicit bias in the review and scoring of applicants.

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

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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 divided into teams of approximately four to six reviewers. Each reviewer will review and score the applications assigned to their team individually using a provided score sheet (refer to Attachment C for sample score sheet). Reviewers will score each application on a 100-point scale. This standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria for this grant.

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

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

- Review team scores
- Geographic distribution of services
- Total funding available
- Inclusion of health equity

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](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf) (https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

Notification

MDH anticipates notifying all applicants of funding decisions via email the beginning of April 2024. 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

3.1 Application Deadline

All applications **must** be received by MDH no later than 5:00 p.m. Central Daylight Time, on Thursday, March 14, 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 delivery, computer, or technology problems. The applicant will incur all costs incurred in applying to this RFP.

3.2 Application Submission Instructions

Applicants must submit applications via email to health.suicideprev.MDH@state.mn.us with the subject "Substance Misuse and Suicide Prevention Coalition RFP Application – (Insert applicant organization name)"

Applications may **not** be hand-delivered to MDH.

3.3 Application Instructions

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

- Signed coversheet on agency letterhead (one page)
- Table of Contents (Up to two pages)
- Attachment A: Minnesota Substance Misuse and Suicide Prevention Coalition Grant Application
 - Section 1: Organizational Capacity (Up to three pages)
 - Section 2: Project Narrative and Work Plan (Up to six pages)
 - Section 3: Equity (Up to three pages)
 - Section 4: Budget Summary, Detail and Justification (Attachment A, Form A and B)
- Letters of Commitments
- [Due Diligence Review Form](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)
- [Applicant Copy of Conflict-of-Interest Disclosure](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
(<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>)

It is expected that the Organizational Capacity, Narrative Questions, Equity, Work Plan, Budget Summary, Detail, and Justification should not exceed 20 pages. Parameters: one-inch margins, size 12 font, single-spaced are required. Tables and charts may be 10-inch font, single-spaced.

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

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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: Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grant Application
 - Form A: Four-Year Budget Summary
 - Form B: Year One Budget Detail and Justification
 - Form C: Work Plan
- Attachment B: Invoice Template
- Attachment C: Application Scoring Criteria Scorecard
- Attachment D: RFP Checklist