

## Attachment D: RFP Checklist

### MINNESOTA COMMUNITY-BASED SUBSTANCE USE AND SUICIDE PREVENTION COALITION GRANT

#### Required Application Format

- One original copy
- Format (12-point font, one-inch margins and single spaced)
- Up to 20 pages (check list, letters of support, and required forms do not count)
- Number all pages consecutively
- Submit by March 14, 2024, by 5:00 p.m. CST.

#### Required Application Documents

- 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 (Attachment A, Form A Up to six pages)
  - Section 3: Equity (Up to three pages)
  - Section 4: Budget Summary, Detail and Justification (Attachment A, Form B and C)
- 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>)

Minnesota Department of Health  
Suicide Prevention Unit  
625 Robert St. N  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5400  
[health.suicideprev.mdh@state.mn.us](mailto:health.suicideprev.mdh@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

1/5/2024

*To obtain this information in a different format, call: 651-201-5400*