

# Attachment A: Application FormSexual Violence Prevention Grant Request for ProposalS

## Instructions

This Application Form is required for all applicants for the Sexual Violence Prevention Grant. Refer to the RFP for additional instructions on how to submit this and other required forms via email.

When completing this application form, please note the following:

* All questions in this application form are required unless otherwise indicated.
* Do not delete any of the questions in this document.
* Each question includes a maximum word count. Answers that exceed the maximum word count will be excluded from the application review process.
* Do not include images, recordings, videos, links, or any other supplementary materials in this application form. Supplementary materials will be excluded from the application review process.
* Please use 11-point Calibri font to ensure that all application forms have a similar format and length for the review process.
* Each question includes a total number of possible points. Scores will be used to develop final recommendations. For details on scoring, see RFP Attachment B: Application Scoring Criteria.

If you experience problems with this Application Form or need the application in a different format, please call 651-201-5484.

All information related to this application, including the RFP and attachments and other relevant forms, can be found on [Sexual Violence Prevention Grant Request for Proposals (https://health.state.mn.us/communities/svp/rfp2024/index.html)](https://health.state.mn.us/communities/svp/rfp2024/index.html).

## Section A: General information (unscored)

#### Lead applicant

Lead applicant name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN):

Minnesota Tax ID:

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

Fiscal agent name:

Executive Director/Chief Executive Officer:

Address:

Phone:

Email:

Federal Employer ID (EIN):

Minnesota Tax ID:

#### Project contact(s)

**Contact #1 (may be the same as the person listed above)**

Name:

Title:

Phone:

Email:

**Contact #2 (optional)**

Name:

Title:

Phone:

Email:

#### Project information

Please identify the priority area(s) your application is addressing:

[x]  Strengthen economic supports for individuals and families

[x]  Create protective environments

[x]  Promote social norms that protect against violence

**Geographic area served by the proposed project (e.g., Central Minnesota, Twin Cities metropolitan area, statewide) (50 words maximum, unscored):**

**Brief list of communities/populations served by the proposed project (e.g., racial/ethnic populations, youth, LGBTQ, disability, etc.) (50 words maximum, unscored):**

**Brief project proposal summary (250 words maximum, unscored):**

Funding request

|  |  |
| --- | --- |
| Funding period | Funding amount requested |
| Annual budget amount requested | $ |
| Total funding over four-year and six-month grant period (annual budget x 4.5) | $ |

## Section B: Applicant history & capacity (30 possible points)

1. Provide a brief overview of the lead applicant, including history, mission, major programming, and the applicant’s experience with sexual violence prevention/services, and/or strengthening economic supports for individuals and families.

*If the lead applicant does not have previous experience working on sexual violence, please describe how the applicant plans to collaborate with a partner that has expertise on sexual violence prevention and/or services.*

(500 words maximum, 10 possible points)

2. Describe the lead applicant’s approaches to promoting health equity[[1]](#footnote-1) by improving the conditions and environments in which communities in Minnesota are born, live, learn, work, play, worship, and age.[[2]](#footnote-2) How has this approach been reflected in the applicant’s work? (500 words maximum, 10 possible points)

3. Describe the communities, populations, and geographic areas served by the lead applicant. What are the strengths and assets of these communities, including any relevant history of identifying and acting on solutions to sexual violence? Explain the applicant’s approach to reaching and serving these communities. (500 words maximum, 10 possible points)

## Section C: Project narrative (35 possible points)

4. Describe the project and activities proposed to implement **over the full 4.5-year grant period** (August 2024 – January 2029). (1000 words maximum, 10 possible points)

5. Describe or list in detail what the applicant plans to accomplish **during the first six months of the project** (August 2024 – January 2025). Describe in detail the timeline for the project and activities for the first six months. (1000 words maximum, 5 possible points)

6. Explain how and why the applicant chose the proposed project and activities (e.g., prior experience implementing the intervention, community wisdom, evidence-based intervention). (250 words maximum, 5 possible points)

7. Describe any collaborations and partnerships that will support and/or be a part of the project. (250 words maximum, 5 possible points)

8. Describe the applicant’s strategies for ensuring the proposed project and activities are feasible to implement over the 4.5-year grant period. Explain how the project will be integrated into existing programming, and how staff will be supported to work on the project. (250 words maximum, 5 possible points)

9. Briefly describe the applicant’s ideas for evaluation activities to support the proposed project and activities. (250 words maximum, 5 possible points)

## Section D: Grant priorities (40 possible points)

10. Describe how the proposed project and activities will promote **health equity** by improving the conditions in which communities in Minnesota are born, live, learn, work, play, worship, and age. (250 words maximum, 10 possible points)

11. Describe how the proposed project and activities will address one or more of the **grant priority areas**. The three priority areas are:

* Strengthen economic supports for individuals and families
* Create protective environments
* Promote social norms that protect against violence

Applicants that choose to address more than one grant priority area will NOT be scored higher than those that focus on only one grant priority area.

(250 words maximum, 5 possible points)

12. Describe the **level(s) of change** you will be working within to address the identified grant priority areas (described on page 12 of the RFP). Describe how the proposed project and activities will address the level(s) that you select. The three levels of change for this RFP are:

* Individual-level change
* Community-level change
* Societal-level change

(250 words maximum, 5 possible points)

13. Describe how the proposed project and activities will **address root causes of sexual** **violence** (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, colonialism, and more). (250 words maximum, 10 possible points)

14. Describe how the proposed project and activities will be implemented in a way that honors the **intersectionality**[[3]](#footnote-3) of identities/communities experiencing unique overlapping inequities. Include relevant information about the communities/populations that will be served by the proposed project. (250 words maximum, 10 possible points)

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Sexual Violence Prevention Program
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St. Paul, MN 55164-0975
651-201-5484
health.violenceprev@state.mn.us
[www.health.state.mn.us](http://www.health.state.mn.us/)

3/18/2024

To obtain this information in a different format, call: 651-201-5484.

1. **Health equity** is defined by the Centers for Disease Control and Prevention (CDC) as: the state in which everyone has a fair and just opportunity to attain their highest level of health. For more information on health equity, visit the CDC’s Office of Health Equity (OHE) website: [What is Health Equity? (https://www.cdc.gov/healthequity/whatis/index.html)](https://www.cdc.gov/healthequity/whatis/index.html). [↑](#footnote-ref-1)
2. This is also known as **addressing social determinants of health (SDOH). SDOH** are defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For more information on SDOH, visit the Healthy People 2030 website: [Social Determinants of Health (https://health.gov/healthypeople/priority-areas/social-determinants-health)](https://health.gov/healthypeople/priority-areas/social-determinants-health) [↑](#footnote-ref-2)
3. The term **intersectionality** was coined by Dr. Kimberlé Crenshaw in 1989. According to the CDC, intersectionality is defined as the interconnected structures and systems that create inequality among people and populations based on social categories of difference such as race, class, and gender. Dr. Crenshaw provides a short description of intersectionality in this video: [What is Intersectionality? (https://youtu.be/ViDtnfQ9FHc?si=ou75Clp2HfzJn82a)](https://youtu.be/ViDtnfQ9FHc?si=ou75Clp2HfzJn82a). The Centers for Disease Control and Prevention (CDC) have also created a short video explaining intersectionality as part of their Health Equity Video Series, which can be viewed here: [Intersectionality (https://youtu.be/LFx3zDQQ3Vw?si=YOaUErtovPb81Yw5)](https://youtu.be/LFx3zDQQ3Vw?si=YOaUErtovPb81Yw5). [↑](#footnote-ref-3)