

# Request for Proposals for Technical Assistance and Training

COMMERCIAL TOBACCO-FREE POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE STRATEGIES

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# Part 1: Overview

## 1.1 General Information

- **Announcement Title:** Technical Assistance and Training: Commercial Tobacco-Free Policy, Systems, and Environmental Change Strategies
- **Minnesota Department of Health (MDH) Program Website:** <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html>
- **Informational Video:** Recording will be available on <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html> by Thursday, July 14, 2022
- **Notice of Intent Deadline:** Friday, July 15, 2022 (strongly encouraged but not required)
- **Application Deadline:** Wednesday, August 10, 2022 by 4 p.m. Central Time

## 1.2 Program Description

The Minnesota Department of Health (MDH) invites proposals to provide commercial tobacco-free technical assistance and training (TA) support to Office of Statewide Health Improvement Initiatives (OSHII) grantees and partners working to create changes to policies (including practices), systems, and environments (PSE) to reduce commercial tobacco use and secondhand smoke exposure across the state.

MDH's Commercial Tobacco Prevention and Control Program supports commercial tobacco prevention and control-related work across multiple grant programs within OSHII. The purpose of this Request for Proposals (RFP) is to fund up to two organizations to support, collaborate, and coordinate with MDH OSHII grantees and partners to create community-driven and culturally responsive PSE strategies that change community norms related to harmful commercial tobacco and result in sustainable changes.

This RFP refers to commercial tobacco products, which are the products tobacco manufacturers and retailers sell. Commercial tobacco is different from traditional or sacred tobacco used by some American Indian communities for sacred purposes. The tobacco plant is considered a sacred gift by many American Indian and Alaska Native communities. Traditional tobacco has been used for spiritual and medicinal purposes by these communities for generations. It is central to culture, spirituality, and healing. Tribal methods and ingredients differ, but traditional tobacco, called “cañsasa” (Dakota) or “asemaa” (Anishinaabek) by area tribes, is carefully hand-prepared and offered respectfully for prayer, healing, and ceremony. Traditional tobacco is natural, not inhaled or addictive, and has no additives.<sup>1,2</sup>

References to commercial tobacco product use prevention and cessation do not include traditional or sacred tobacco.

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<sup>1</sup> National Native Network: Traditional Tobacco. <http://keepitsacred.itcni.org/tobacco-and-tradition/traditional-tobacco-use/>.

<sup>2</sup> South Dakota Department of Health: Tribal Tobacco Policy Toolkit. <https://www.findyourpowersd.com/wp-content/uploads/2020/06/Tribal-Community-Toolkit.pdf>.

Aligning with the goals of the Centers for Disease Control and Prevention’s (CDC) National and State Tobacco Control Program, the overarching goals of MDH’s Commercial Tobacco Prevention and Control Program are to:

- Strengthen community capacity to limit the influence and harms of commercial tobacco
- Prevent initiation of commercial tobacco use among youth and young adults
- Eliminate exposure to secondhand smoke
- Promote quitting of commercial tobacco use among adults and youth
- Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities

TA providers will support grantee-led activities that lead to effective, community-driven, culturally responsive PSE changes. Activities will include engaging partners, assessment (information gathering) and planning, and community and stakeholder education. PSE change<sup>3</sup> approaches seek to go beyond programs and individual behavior and into modifying the environment to make healthy choices practical and available to all community members. These changes are intended to be ongoing, sustainable, integrated into community settings, and to produce behavior change over time.

MDH recognizes that addressing root causes of health inequities (also known as social determinants of health) is essential to reducing commercial tobacco-related disparities. MDH encourages community grantees to connect commercial tobacco use-related efforts to other community concerns or priorities and the social determinants of health. TA providers will support and integrate social determinants of health into their TA and training approach.

## Background

Thanks to effective, evidence-based policies passed in the last few decades, Minnesota’s smoking rates are the lowest ever recorded. Among adults, the percentage of Minnesota adults who smoke cigarettes has decreased from 19.1% in 2011 to 13.8% in 2020.<sup>4</sup> Among youth, 3.2% of high school students reported having smoked a cigarette in the past 30 days (current smoking) in 2020, a steep decline from 9.6% in 2017.<sup>5</sup> A variety of broad-based, state and local policy, systems, and environmental changes have increased commercial tobacco-free environments, raised the price of commercial tobacco, and reduced access to commercial

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<sup>3</sup> Policy change includes changes to laws, ordinances, resolutions, mandates, regulations, organizational guidelines, rules, or practices. Policies are in writing, set expectations that people and organizations will follow them, and are enforceable beyond relying on social and cultural norms. Practice change includes changes to unwritten policies, such as deeply-rooted customs or consistently-followed practices. They set expectations that people and organizations will follow them and typically are enforced through social and cultural norms. For MDH work, people and organizations are encouraged to translate practices into written policies. Systems change includes changes in the processes, procedures, relationships, and power structures in a community or organization; in other words, changes to the way organizations and communities operate or do their work. Environmental change includes changes in the settings and spaces within which people live, work, study, play, pray, and organizations operate, that are both tangible (for example, physical structures, “the built environment”) and intangible (for example, cultural, social, or economic dynamics).

<sup>4</sup> Behavioral Risk Factor Surveillance System, 2011, 2020.

<sup>5</sup> Minnesota Youth Tobacco Survey, 2020.

tobacco products - all of which have contributed to the decrease in cigarette smoking in Minnesota.

Despite this historic progress, commercial tobacco use in Minnesota is still a problem. In recent years, the introduction of e-cigarettes, or vaping, has led to a dramatic surge in youth use of e-cigarettes, also called vapes. E-cigarettes are now the most commonly used form of commercial tobacco among youth in Minnesota. Data from the 2020 Minnesota Youth Tobacco Survey revealed that one in five (19.3%) high school students had used e-cigarettes in the past 30 days, a 50% increase in e-cigarette use since 2014.

Another concerning trend we have seen over the last decade is a decline in quit attempts among adults who currently smoke. In 2020, only 49.5% of Minnesotans who smoke reported a quit attempt in the past year, compared to 57.5% in 2011.<sup>6</sup> These data suggest that Minnesotans who smoke need additional support to try to stop smoking and be successful.

Finally, disparities and inequities in commercial tobacco use and exposure persist. While commercial tobacco use has declined in the general population, some communities continue to experience higher rates of commercial tobacco use, secondhand smoke exposure, and harms from commercial tobacco. These span several sociodemographic characteristics, including race, ethnicity, sexual orientation, gender identity, income, education, age, geography, and mental health status.

Populations experiencing commercial tobacco-related disparities are the focus of MDH's commercial tobacco prevention and control work, including populations that:

- Have high prevalence of commercial tobacco use;
- Are disproportionately impacted by the harms of commercial tobacco;
- Are less likely to use cessation services; and/or
- Are targeted by the tobacco industry.

Find additional Minnesota commercial tobacco data at [Data - Commercial Tobacco Prevention and Control \(https://www.health.state.mn.us/communities/tobacco/data\)](https://www.health.state.mn.us/communities/tobacco/data).

## 1.3 Funding and Project Dates

### Funding

This funding comes from Minnesota Statute 144.396: Tobacco Use Prevention appropriations and Statewide Health Improvement Partnership funding through the Minnesota Healthcare Access Fund.

Funding will be allocated through a competitive process. If selected, the applicant may only incur eligible expenditures once the grant agreement is fully executed and the grant has reached its effective date.

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<sup>6</sup> Behavioral Risk Factor Surveillance System, 2011, 2020.

**Figure 1. Estimated Grant Award Amounts**

<b>Annual Funding</b>	<b>Estimate</b>
Estimated Total Amount to Grant	\$300,000 Annually
Estimated Total Number of Awards	2
Estimated Award Maximum	\$150,000 Annually
Estimated Award Minimum	\$150,000 Annually

### **Match Requirement**

There is no match requirement for this grant program.

### **Project Dates**

Grants are anticipated to start November 1, 2022, and the projected end date is October 31, 2025. The grant period will be three years, with potential to extend up to two additional years, contingent on satisfactory grantee performance and funding availability.

## **1.4 Eligible Applicants**

Eligible applicants include organizations, community health boards, and tribal governments located within the state of Minnesota that have substantial subject matter expertise in commercial tobacco prevention and control, implementing commercial tobacco PSE changes, and experience providing PSE TA support to entities implementing commercial tobacco PSE changes.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501(c)(3) status. No grants will be awarded to individuals or informal groups of individuals. Applicants may not apply with a fiscal agent.

Priority will be given to applicants that have experience providing PSE support to organizations that serve populations that:

- Have high prevalence of commercial tobacco use;
- Are disproportionately impacted by the harms of commercial tobacco;
- Are less likely to use cessation services; and/or
- Are targeted by the tobacco industry.

Eligible applicants currently receiving other grant funds from MDH may apply for this funding opportunity. Under this RFP, only one PSE TA grant will be awarded per organization. MDH may also consider the total funds an organization is receiving from MDH's Commercial Tobacco Prevention and Control Program. These grant funds may not be used to duplicate nor supplant existing efforts funded through MDH or other sources, meaning these grant funds must be used for new or different activities not otherwise being funded.

## Collaboration

Collaborations between organizations or entities are welcome, but not required. A single application should be submitted on behalf of all partners in the collaboration.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted online at <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html>. Answers will be posted on the RFP webpage on Fridays no later than 4 p.m. Central Time through Friday, August 5.

Please submit questions no later than 4 p.m. Central Time on Tuesday, August 2.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP, including verbal, telephone, written, or online, initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

## Informational Video

Potential applicants are strongly encouraged to view a recorded informational video that will be posted on <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html> by Thursday, July 14, 2022.

# RFP Part 2: Program Details

## 2.1 Priorities

### Health Equity Priority

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. [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.

MDH works with diverse grantees and partners that represent populations experiencing commercial tobacco-related disparities across the state. MDH is seeking and will prioritize applicants that have extensive experience serving diverse populations and those experiencing commercial tobacco-related disparities.

## 2.2 Eligible Projects

PSE TA providers will participate in and coordinate with the larger TA provider network that serves OSHII's grantees and partners. PSE TA providers will collaborate and coordinate with MDH and MDH's partners in planning and executing TA and training plans and support the PSE deliverables of the community grantees. Grant programs include:

- Commercial Tobacco-Free Communities Grant Program ([https://www.health.state.mn.us/communities/tobacco/initiatives/ctfc/docs/rfp\\_ctfc.pdf](https://www.health.state.mn.us/communities/tobacco/initiatives/ctfc/docs/rfp_ctfc.pdf))
- Youth E-cigarette Prevention and Cessation Initiative ([https://www.health.state.mn.us/communities/tobacco/initiatives/youth/docs/rfp\\_grants\\_attachments.pdf](https://www.health.state.mn.us/communities/tobacco/initiatives/youth/docs/rfp_grants_attachments.pdf))
- Statewide Health Improvement Partnership ([https://www.health.state.mn.us/communities/ship/docs/SHIP\\_App\\_2022-2025.pdf](https://www.health.state.mn.us/communities/ship/docs/SHIP_App_2022-2025.pdf))

PSE TA providers will have a limited role in the Tribal Tobacco Grants Program (<https://www.health.state.mn.us/tribalgrants>). The Tribal Tobacco Grants Program has a culturally specific TA provider with which other TA providers may collaborate as needed.

PSE TA may be provided to additional community grantees funded in addition to the grant programs named above.

Applicants must select one of the following geographic areas in which to work:

1. Counties within the 11-county metro area<sup>7</sup>
2. Greater Minnesota – all counties outside the defined 11-county metro area

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<sup>7</sup> 11-county metro area includes: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Scott, Sherburne, Ramsey, Washington, and Wright counties.



TA providers will support community grantees in their commercial tobacco prevention and control work by ensuring community grantees have the necessary knowledge, skills, and resources to be successful in building capacity and achieving their grant goals. TA is expected to be community grantee-led and TA provider supported.

PSE TA providers will serve as commercial tobacco prevention and control policy subject matter experts and provide individualized consultation to community grantees on stages of PSE change, including strategy development and mapping, policy adoption, implementation, and enforcement. Applicants must demonstrate deep expertise in commercial tobacco PSE processes and implementation and enforcement approaches, including integrating equity best practices, and be able to accommodate and build on specific community needs when assisting community grantees. TA provided must support community grantee approaches, as they reflect the cultural values and practices of the community they are serving, and leverage community assets.

TA providers, in partnership with MDH and based on grantee input, will develop and implement a statewide TA plan to address community grantee needs. TA providers may subcontract with external experts to provide customized resources and support, which may include in-person and virtual peer learning and networking, group webinars and trainings, or other mechanisms to enhance community grantee skills and knowledge.

To support community grantees, PSE TA providers will:

- Provide one-on-one consultation to community grantees
- Create and facilitate communities of practice or other peer-to-peer sharing and learning opportunities for community grantees around PSE strategies, as needed
- Provide multiple options for training and engagement, using best practices in e-learning and virtual engagement
- Provide strategy-specific resources such as toolkits, templates, factsheets, talking points, sample policies, and enforcement guides that can be adapted for communities
- Work with community grantees to co-create and develop needed materials and resources
- Participate and coordinate with the broader MDH statewide TA plan and TA network

## **Foundational and Community Engagement Practices**

PSE TA providers must be able to support grantees in the following foundational and community engagement practices as part of their PSE work.

Community engagement is an ongoing process through which community members are involved in issue identification, problem solving, and shared decision making. TA providers should support community grantees as they work collaboratively with community members at all stages and levels of PSE work to ensure activities and strategies are appropriate and welcomed by the community, resulting in strategies that are community driven.

### **Assessment (Information Gathering) and Planning**

Community grantees work with community members to collect information in several ways to inform their work. TA providers should help community grantees use information collected to inform activities and project direction.

## **Engaging Partners**

Engaging partners is important for several reasons, including making sure project activities reflect the needs and views of the community, identifying opportunities, bringing attention to the harms of commercial tobacco use where addressing these harms may not be a priority, and driving and sustaining change through PSE work. TA providers should support community grantees in engaging and collaborating with partners, including any advisory or youth groups, and mobilizing community and building support for change.

## **Community and Stakeholder Education**

Community and stakeholder education is important for raising awareness, addressing misconceptions, and building support for commercial tobacco prevention and control efforts. TA providers will help community grantees implement education efforts that support the PSE work, including educating stakeholders, decision makers, and community members about the importance of PSE change as a public health strategy.

## **PSE Strategies**

PSE TA providers must be able to provide technical expertise and support for the commercial tobacco PSE strategies selected by the community grantees and their partners. Applicants must demonstrate they have the capacity to provide consultation to grantees working across the geographic area selected (11-county metro area or Greater Minnesota). PSE areas include:

### **Point of Sale/Tobacco Retail Environment**

Update and strengthen local tobacco retail licensing ordinances and fees, compliance monitoring programs, and penalty structures, and may include further community-driven solutions beyond the minimums specifically required in state law, including:

- Restrict the sale of menthol and other flavored products
- Increase the price of products through non-tax approaches, such as minimum product pricing, minimum pack sizes, and prohibiting coupon redemption and other price discounting
- Reduce the number, location, density, and types of retail outlets, such as limitations on sales near schools
- Decrease exposure to marketing that appeals to youth

### **Smoke-Free Housing**

Work with residents, property managers, the housing industry, common interest communities, and other local decision makers to educate them on the benefits of smoke-free housing, inform them of evidence-based strategies, and assist them with the adoption and implementation of voluntary or public policy options. Types of housing may include:

- Renter-occupied properties
- Owner-occupied multi-unit housing (condominiums, townhomes, and cooperatives)
- Transitional or temporary housing
- Treatment or residential facilities

## Community and Worksite Spaces and Events

- Increase commercial tobacco-free policies in spaces like parks, playgrounds, recreational spaces, places of worship, and organizational or business grounds
- Prohibit commercial tobacco and e-cigarette industry sponsorship of events, such as parades, fairs, and festivals

## K-12 and Post-Secondary Schools

- Strengthen commercial tobacco-free school grounds and events policies and practices
- Integrate alternatives to penalties/suspension into school policies and practices

**PSE strategies out of scope for this funding opportunity include culturally specific practices (including culture is prevention practices) and cessation systems integration (including Quit Partner referral).**

## Lobbying vs. Education

Grant funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, grantees may use grant funds to educate stakeholders, decision makers, and community members about the importance of policies as a public health strategy. Education includes providing facts, assessment data, reports, program descriptions, and information about budget issues and population impacts **without making a recommendation on a specific piece of legislation**. Education may be provided to public policy makers, other decision makers, specific stakeholders, and the general community. Lobbying restrictions do not apply to informal or private policies, also known as “voluntary” policies, such as those listed in the community-based strategy options. For example, advocating for a voluntary smoke-free housing policy with a property management company is not considered lobbying.

## Evaluation

TA grantees will work with MDH to conduct regular evaluation of TA provided to community grantees (e.g., evaluations after trainings, reviewing annual survey feedback from grantees and MDH, and annual evaluation reporting).

## Staffing

Grant staffing should be adequate to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. Annual budget amounts are intended to support adequate staffing. Staffing plans should include a project coordinator as a main point of contact who leads the work. Staffing plans may include a small team of key staff who work closely together to coordinate activities.

Staffing must be at a level sufficient to lead and maintain substantial collaboration and partnership with community grantees and partners; at least 1.0 FTE in total is required.

## Letters of Support

Applicants are required to submit two letters of support from individuals or organizations who have benefited from PSE TA and expertise the applicant has provided. Letters should be brief and describe how the applicant uniquely and effectively provided community-specific PSE TA support.

## Commercial Tobacco-Free Organizational Commitment

TA grantees are required to make an organizational commitment to addressing the harms of commercial tobacco through organizational policy change.

TA grantees must have or be working toward a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or traditional tobacco used for ceremonial purposes) and may not accept funding from tobacco companies nor their subsidiaries or parent companies during the grant period.

Creating commercial tobacco-free environments and not accepting tobacco industry funds contribute to changing community social norms, supporting cessation, and rejecting tobacco industry influences.

Applicants without a commercial tobacco-free grounds policy must indicate they will work toward adopting a policy during the grant period. Applicants must acknowledge their commitment as part of their application.

## Ineligible Expenses

**The following commercial tobacco- and cessation-specific expenses are not allowable:**

- Using grant funds to conduct tobacco retailer compliance checks or retailer education checks on behalf of an enforcement authority. Educational checks may be allowed, but grantees must seek prior approval before conducting educational checks with youth.
- Direct cessation services, medical care, or clinical care (e.g., conducting individual, face-to-face counseling or creating a cessation group)
- Nicotine replacement therapies (NRT) or pharmaceutical medications for cessation
- Purchase of signs, ashtrays, benches, or other materials and equipment for designated commercial tobacco use areas
- Purchase of vaping detectors

**Other unallowable expenses include but are not limited to:**

- Bad debts, late payment fees, finance charges, or contingency funds
- Costs not directly related to the grant
- Costs incurred prior to the grant award
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family needs
- Fundraising
- Lobbyists, political contributions

- Research<sup>8</sup>
- Taxes, except sales tax on goods and services

## 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 for the project. Grantee must read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

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.

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 of the terms in the grant agreement have been met.

Grantee reporting includes:

- Monthly check-in calls with the MDH grant manager
- Monthly activity and policy reporting
- Providing updates as needed for MDH reporting to the CDC and the biennial Legislative Report
- Evaluation requirements as mentioned above

### Grant Monitoring

Throughout the grant period MDH will monitor grantees' progress and performance. Minn. Stat. §16B.97 and Policy on Grant Monitoring require the following:

- 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

### 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

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<sup>8</sup> Research includes activities that have the purpose of producing public health knowledge that is relevant across settings and populations, and is not simply aimed at informing the program or population being studied.

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.

Invoices will be due by the last day of the month for the preceding month. The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

## 2.4 Grant Provisions

### Subcontracting Guidelines

If the lead organization decides to subcontract/subgrant with funds, they must adhere to the following guidelines.

Disclosure of Contractual Services:

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

The use of contractual services is subject to State review. Subcontract information to be provided annually must include:

- Description of services to be contracted for;
- Anticipated contractor/consultant's name (if known) or selection process to be used;
- Length of time the services will be provided; and
- Total amount to be paid to contractor.

Overview of Grantee Responsibilities for Subcontracts:

- The Grantee is responsible for holding any subcontracting entities to the same standards required of the grantee.
- The Grantee remains solely responsible for the satisfactory performance of all grant duties and ensures that all costs billed against the grant are allowable costs.
- The Grantee must follow its standard procurement practices prior to entering into subcontracts.
- Subcontractors may not be selected if listed on the state or federal prohibited vendors list. ([Suspended/Debarred Vendor Report](http://www.mmd.admin.state.mn.us/debarredreport.asp) (<http://www.mmd.admin.state.mn.us/debarredreport.asp>))
- The Grantee is responsible for all required reports, supporting documentation, deliverables, or other items as required by the grant contract.
- The Grantee is responsible for ensuring that any subcontracting entities comply with the Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) as it applies to all data created, gathered, generated, or acquired under the grant agreement.

### 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 [Conflict of Interest Policy for State Grant-Making \(PDF\)](#)

<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2021cointerest.pdf> ).

**Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP.** The list must provide the name of the entity, the relationship, and a discussion of the real or perceived conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice to MDH due to competing duties or loyalties
- A grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, 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 Minnesota Statute Section 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, 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, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 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 (Minnesota Statutes chapter 13) 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) Subdivision 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; see [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. See Minnesota Rules, part [5000.3500 \(https://www.revisor.mn.gov/rules/?id=5000.3500\)](https://www.revisor.mn.gov/rules/?id=5000.3500).

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 team representing content specialists with relevant knowledge and experiences with commercial tobacco prevention and control and other relevant expertise. The review team will evaluate all eligible and complete applications received by the deadline.

MDH will review all team 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 applications 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

Each reviewer will review and score assigned applications using a provided score sheet (refer to Attachment E for the scoring criteria). Reviewers will be reviewing each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The review team 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 during the review meeting. At the end of the meeting, team members will submit final scores and make recommendations for funding to MDH based on scoring criteria and discussions.

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

- Review team scores
- Geographic distribution
- Consideration of the total funds an organization is receiving from MDH's Commercial Tobacco Prevention and Control Program
- Applicant's history as a state grantee and capacity to perform the work
- Total funding available

The scoring factors and weights that will be used to judge applications are based on the scoring criteria in Attachment E. Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applicants address the criteria reviewers will use to score applications. This is for the benefit of the applicant. **Do not include a sample score sheet with the application.**

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

## Notification

**MDH anticipates notifying all applicants via email of funding decisions by the end of August 2022.** 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 an awarded applicant's work plan and budget before a grant agreement can be made final ("executed"). The effective date of the agreement will be November 1, 2022, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until October 31, 2025, contingent on satisfactory grantee performance and funding availability.

# RFP Part 3: Application and Submission Instructions

## NOTICE OF INTENT

Applicants are strongly encouraged to submit a non-binding Notice of Intent via the online form at <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html> by Friday, July 15, 2022. While prospective applicants are strongly encouraged to submit a Notice of Intent, it is not a requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a Notice of Intent. Likewise, an applicant is not obligated to submit an application just because they submitted a Notice of Intent.

## 3.1 Application Deadline

**All applications must be received by MDH no later than 4 p.m. Central Time on Wednesday, August 10, 2022.**

**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 computer or technology problems.

## 3.2 Application Submission Instructions

Application materials and the submission link can be found at <https://www.health.state.mn.us/communities/tobacco/initiatives/ta.html>.

Applications **must be submitted by completing and submitting the online application form** that includes Application Questions, Work Plan, Budget, Letters of Support, and Due Diligence Review Form.

**Applications submitted through any other form will not be accepted.**

## 3.3 Application Instructions

Applicants must submit the following via online submission in order for the application to be considered complete:

- Application Questions
- Work Plan (attachment provided in the online application)
- Budget (attachment provided in the online application)
- Two Letters of Support
- Due Diligence Review Form (with required financial documents)

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials. Do not email nor 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**

**Attachment A: Sample Application Questions**

**Attachment B: Work Plan Template**

**Attachment C: Budget Template**

**Attachment D: Sample Due Diligence Review Form**

**Attachment E: Scoring Criteria**