

Attachment A: Grant Application Questions

REQUEST FOR PROPOSALS: REDUCING THE HARM OF MENTHOL AND FLAVORED COMMERCIAL TOBACCO THROUGH POLICY CHANGE

All applications for Request for Proposals: Reducing the Harm of Menthol and Flavored Commercial Tobacco through Policy Change must be submitted using the Online Grant Application form on the RFP webpage at <https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp.html>.

Below are the fields from the Online Grant Application. Use this document as a guide as you compile information for your application. Remember to complete all required fields in the Online Grant Application. Required fields are noted with *. Character limits include spaces.

Please read the entire request for proposals (RFP) before completing your application. Applications submitted by any means other than the Online Grant Application will not be accepted.

If you experience problems with the application or need the application in a different format, email tobacco@state.mn.us.

General Information

Lead Organization Information

Organization name*	
UEI number	
Federal Employer ID (EIN)*	
Minnesota Tax ID*	
SWIFT Vendor ID	
Address*	
Executive Director or Chief Executive Officer name*	

Lead Organization Contact Information

Name*	
Title*	
Phone*	
Email*	

ATTACHMENT A: GRANT APPLICATION QUESTIONS

Are you applying with a fiscal agent?*

☐ Yes

☐ No

Fiscal Agent Organization Information

Organization name	
UEI number	
SWIFT Vendor ID	
Federal Employer ID (EIN)	
Minnesota Tax ID	
Address	
Executive Director or Chief Executive Officer name	

Fiscal Agent Contact Information

Name	
Title	
Phone	
Email	

Does the applicant represent a tribal government?*

☐ Yes

☐ No

The lead organization must acknowledge and commit to the following:

☐ Grantees must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).

☐ Grantees must not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

Organizational Capacity and Experience

20 points (5,000 character limit per question)

If applying with a collaborative organization(s), please include information on all organizations in response to each organization capacity questions below.

- Describe the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values.*
- Describe the organization's record of building community coalitions, educating decision makers, and advancing local policies.*
- Describe capacity and organizational leadership support to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work.*
- Describe how key project staff have the skills, lived experiences and/or training to successfully carry out the project. If project staff have yet to be hired, describe what skills and capacity the organization will look for when hiring new staff.*

Project Description

15 points (5,000 character limit per question)

- Discuss relevant previous efforts to strengthen local commercial tobacco prevention policies within the specified jurisdictions.*
- This funding opportunity is for communities with a high level of community capacity and readiness for policy action. Describe the jurisdiction(s) level of readiness and the factors demonstrating a high level of readiness.*
- Describe how community members most impacted and how new or existing community partners or coalitions will be engaged and involved in the implementation of the work plan.*

Equity, Focus Population, and Cultural Competence

25 points (5,000 character limit per question)

- Describe how the organization has established authentic, trusted relationships within the local jurisdiction(s) targeted for policy action. Provide a specific example.*
- Describe the organization's record of building community coalitions, educating decision makers and advancing local policies.*
- Name and describe the jurisdiction(s) targeted for policy action including geography, population, and data supporting the need to address commercial tobacco use.*
- Describe how community members most impacted, as well as new or existing community partners or coalitions, will be engaged and involved in the implementation of the work plan.*

Attachments to Upload

Complete and upload the following attachments.

- **Attachment B:** [Work Plan Template](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-b.docx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-b.docx>)* 30 points
 - Outline the proposed work for the first twelve months.
 - Include clear objectives, SMART goals, timeline, and activities that are realistic and build towards policy change.
 - Include activities, milestones, and identified partners are aligned and will advance the goals and objectives over the first year of the grant.
- **Attachment C:** [Budget Template](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-c.xlsx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-c.xlsx>)* 10 points
 - Outline the proposed budget for the first twelve months.
 - Ensure the requested level of funding (including cost breakdown) is justifiable for the proposed activities.
 - Ensure the budget incorporates adequate staffing (at least .50 FTE in total is required).
- **Attachment D:** [Due Diligence Review Form](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)*
- **Attachment G:** [Conflict of Interest Disclosure](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
(<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>)*

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To obtain this information in a different format, call: 651-201-3535.