

Attachment A: Grant Application Questions

REQUEST FOR PROPOSALS: COMMUNITY CHANGE TO PREVENT COMMERCIAL TOBACCO USE AMONG YOUNG PEOPLE

General Information

Fields noted with an asterisk () are required, and the information must be provided in order to submit your application.*

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*	

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)

- Describe your organization's mission, history, and experience that prepares you to successfully implement this project. Include organizational leadership support, staffing, partnerships, and resources or supports that will help successfully implement this project. Provide at least one example demonstrating community change initiatives you have led or participated in.
- Describe how your organization has established relationships with youth or young adults and your approach for building authentic relationships and meaningful engagement.

- Describe how youth and young adults currently participate in your organization’s work. This may include activities such as informing decisions, offering input, partnering with staff, co-leading projects, or sharing power in decision-making. Please also describe any planned efforts during the grant period to strengthen youth participation, with the aim of increasing youth leadership and influence in PSE change.
- Describe your organization’s experience engaging youth and/or young adults as authentic partners in leadership and policy, systems, or environmental (PSE) change. If available, provide one or more examples demonstrating meaningful leadership opportunities and shared decision-making.

Community Need

10 points (5,000 character limit per question)

- Describe which community or communities would benefit most from commercial tobacco prevention efforts among the youth or young adults you propose to serve. Include available data, community perspectives, and other information that demonstrates the need for this work.
- Describe the community’s readiness to engage in youth and young adult-led policy, systems, and environmental (PSE) change.

Project Approach

40 points (5,000 character limit per question)

- Describe your organization’s experience or proposed approach to identify, prioritize, and select, evaluate, and implement policy, systems, and environmental (PSE) strategies to address commercial tobacco use. *If a specific PSE strategy has already been identified, describe the strategy and why it is a priority, if not, describe how you will use the initial project period to assess needs, engage youth and young adults, and identify opportunities for PSE change.*
 - If your organization currently receives grant funds from MDH to work on local policy interventions, indicate how the new funding will enhance the current work (e.g. expand efforts to additional jurisdictions).
- Describe the population(s) of youth or young adults you plan to engage through this project (age range(s), geographic area(s), and communities served) and how proposed activities and engagement strategies will be tailored to their needs. If groups of different age ranges will work together at all, describe how this will occur.
- Describe how youth or young adults will develop leadership skills and have meaningful roles in shaping, implementing, and evaluating this project. Describe how youth or young adults will influence decisions and share power with adult partners.
- Describe how your organization will support meaningful youth or young adult leadership while ensuring appropriate adult partnership, mentorship, resources, and infrastructure are available to support successful implementation.

Attachments to Upload

Complete and upload the following attachment with your online application.

- **Attachment B: Work Plan Template** (20 points)
<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachmentb.docx>
 - Grant goals and milestones demonstrate the applicant has a good understanding of the long-term nature of youth engagement work and PSE change, and how work progresses over time.
 - Planning period: youth engagement, assessment, relationship building, and PSE strategy refinement (if needed).
 - Post-planning period: implementation of selected PSE strategies. *Implementation may not begin in year 1 if the applicant uses the full year for project planning.*
 - Youth or young adults have meaningful and appropriate levels of participation.
 - Planned activities should demonstrate how the organization will enhance youth participation and move toward models where youth have increasing influence and leadership.
- **Attachment C: Budget Template** (10 points)
<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachmentc.xlsx>
 - Costs are reasonable and necessary.
 - Staffing and contractual costs are appropriate and include at least 0.5 full-time equivalent (FTE) for a project coordinator.
 - Appropriate investment in youth or young adult engagement, including compensation, if applicable.
- **Attachment D: Due Diligence Review Form** (Required but not scored)
<https://www.health.state.mn.us/about/grants/duediligence.pdf>
- **Attachment G: Conflict of Interest Disclosure** (Required but not scored)
<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>