



Community Change to Prevent Commercial Tobacco Use among Young People

REQUEST FOR PROPOSALS (RFP)

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3535
tobacco@state.mn.us
www.health.mn.gov/tobacco

10/13/2026

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

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Part 1: Overview

1.1 General Information

- **Announcement title:** Community Change to Prevent Commercial Tobacco Use among Young People
- **RFP webpage:**
<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange.html>
- **Information presentation:** A pre-recorded informational presentation about this RFP will be available on the RFP webpage by Oct. 21, 2026.
- **Notice of Intent deadline:** Oct. 23, 2026, by 4:00 pm Central Time (strongly encouraged but not required)
- **Application deadline:** Nov. 13, 2026, by 4:00 pm Central Time

1.2 Program Description

The Minnesota Department of Health requests proposals to engage and empower youth and young adults to lead commercial tobacco prevention efforts in their communities. Successful grantees will build youth and young adult leadership and advocacy skills while advancing policy, systems, and environmental (PSE) strategies that prevent and reduce commercial tobacco use.

Commercial tobacco products are tobacco products manufactured and sold by the tobacco and nicotine industry, like cigarettes, e-cigarettes, cigars, and chew. Commercial tobacco is different from traditional or sacred tobacco, also known as *Cajnsasa*, *Asemaa*, or *Kinnikinnick*, and which are used by American Indian communities for sacred purposes.

The purpose of this work is to bridge youth engagement and leadership development with advancing commercial tobacco policy change. Youth and young adult leadership and meaningful participation in community change will be central to this work. The desired outcome is not simply youth participation or education, but youth- and young adult-informed community change.

This work aims to:

- Build youth and young adult leadership and advocacy skills.
- Engage youth and young adults in leading local commercial tobacco prevention efforts.
- Advance youth and young adult-informed PSE change that reflects local priorities.
- Connect youth and young adult leaders to a statewide network that supports learning, storytelling, communications, and collective action.

This work aligns with the Centers for Disease Control and Prevention's goals for National and State Tobacco Control Program ([Centers for Disease Control and Prevention](#)), which are to:

- Prevent initiation among youth and young adults
- Eliminate exposure to secondhand smoke
- Promote quitting among adults and youth

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- Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities

Youth Commercial Tobacco Use

Commercial tobacco use like smoking, vaping, or using chew, kills over 6,530 Minnesotans every year ([Blue Cross and Blue Shield of Minnesota](#) (2023)). Nearly three in ten cancer deaths in Minnesota (28.6%) are attributable to smoking ([Minnesota Department of Health](#)). Commercial tobacco use also costs Minnesota an estimated \$4.7 billion in excess healthcare expenses and an additional \$4.7 billion in lost productivity every year, totaling a \$9.4 billion annual economic burden ([Blue Cross and Blue Shield of Minnesota](#) (2023)). Commercial tobacco use is the single greatest preventable cause of death and disease in Minnesota. And while the state's overall smoking rate is below the national average, some Minnesota communities suffer more than others from commercial tobacco-related death and disease.

Commercial tobacco use, whether it's smoking, vaping, or the use of other products, almost always starts during adolescence when the human brain is still developing and the most vulnerable to nicotine addiction ([U.S. Food and Drug Administration](#)). Among Minnesota youth, e-cigarette use (vaping) is the most common form of commercial tobacco use. Among 11th grade students, 8% report vaping ([Minnesota Department of Health](#) (2025)). Nearly all e-cigarettes contain nicotine, which is highly addictive. Despite recent declines in youth vaping, youth who vape report increasing signs of nicotine dependence ([Minnesota Department of Health](#) (2023)).

Additionally, youth vaping rates are not falling at the same pace for all communities. Significant disparities remain among populations historically targeted by the tobacco and nicotine industry. Data show that while, overall, youth vaping is at its lowest levels, rates remain higher for some groups ([Minnesota Department of Health](#) (2025)). For example:

- Vaping is highest among students who identified as American Indian.
- Vaping is higher among students who have experienced homelessness or food insecurity.
- Vaping is higher among youth who reported experiencing suicidal thoughts, anxiety, and depression.

While e-cigarettes remain the most used commercial tobacco product among youth, nicotine pouches are becoming more popular. Data show 5.2% of Minnesota high school students have already tried these products ([Minnesota Department of Health](#) (2023)); national sales data also suggest nicotine pouch use could be dramatically increasing. Nationally, monthly nicotine pouch sales increased by 319.3% between January 2023 and May 2026 ([CDC Foundation](#) (2026)).

Industry Marketing and Promotion

Every year, the tobacco and nicotine industry spends \$97.3 million on marketing and promoting its products in Minnesota ([Campaign for Tobacco-Free Kids](#) (2026)). Industry marketing, including promotion on social media, drives awareness and appeal of these products. The industry continues to target communities with price discounts, promotions, and product

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innovations - including flavored products – which contribute to higher rates of commercial tobacco use and persistent health disparities.

Most Minnesota youth who use commercial tobacco use a flavored product. Data show that among 11th grade students who vape, most (89%) reported vaping flavored e-cigarettes ([Minnesota Department of Health](#) (2025)). Fruit and menthol or mint were the most popular flavors. Flavors are a key part of the tobacco and nicotine industry’s marketing strategy. Flavors make products more appealing and easier to use, helping to attract new customers, particularly among young people, communities of color, and people who identify as LGBTQ+. Flavored commercial tobacco products can also be harder to quit.

Protecting the Health of Minnesota’s Young People

Preventing commercial tobacco use among young people is both a national and state goal, which includes a comprehensive approach with both community-based strategies and policy, systems, and environmental change. We cannot end the commercial tobacco use epidemic without preventing initiation among young people. Fortunately, decades of research in commercial tobacco prevention provide a solid foundation for this work – it takes a multi-faceted approach and the involvement of communities and individuals across all sectors. Parents and caregivers, health professionals, educators, and advocates in all our communities and Tribal Nations have an important role to play in preventing youth commercial tobacco use and helping young people quit. By advancing policy, systems, and environmental (PSE) strategies, communities can change social norms and lead sustainable changes that prevent commercial tobacco use and improve long-term health outcomes.

Youth engagement and empowerment are critical components of this work. Young people can be powerful allies for raising awareness of the impact of commercial tobacco use among peers, implementing effective commercial tobacco control strategies, and shifting social norms within communities. They bring firsthand perspectives and important insights into their peers’ experiences, and their insights can help programs develop strategies that are relevant, credible, and responsive to the realities young people face. They also bring energy, creativity, and the ability to engage and mobilize their peers, while building leadership and advocacy skills that can extend to other relevant health issues.

Youth engagement is more than just participation in program activities or events. It includes ongoing, frequent, and meaningful opportunities for young people to contribute. When youth are engaged, they work as partners with adults, with equal responsibility to plan and implement strategies. The contributions of young people should be equally valued, and their interactions based on mutual respect. By effectively engaging young people in this work, communities can uplift the youth experience, develop young partners and advocates, and make a lasting and meaningful impact in commercial tobacco prevention and control ([Centers for Disease Control and Prevention](#) (2019)).

Learn more about the commercial tobacco prevention and treatment in Minnesota at health.mn.gov/tobacco.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date, whichever is later. Below are estimated annual funding amounts.

Funding	Estimate
Estimated total funds	\$1,200,000 annually
Estimated number of grants	8 – 10
Estimated individual award amount	\$125,000 – 175,000 annually

Match Requirement

There will be no match requirements for these awards.

Project Dates

Grants are anticipated to start Mar. 1, 2027, and the projected end date is Feb. 28, 2029. The grant period will be two years, with potential to extend up to three additional years, contingent on satisfactory performance and funding availability.

1.4 Eligible Applicants

To be eligible, applicants must be:

- **Located in Minnesota:** Applicants must be headquartered and conduct this work within the state of Minnesota. Eligible applicants who plan to apply in collaboration but have not formed a legal partnership must designate one organization as a fiscal agent, and fiscal agents may be located outside of Minnesota. A *fiscal agent* is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different organization than the organization that performs the work.
- **Recognized as a formal entity or organization:** Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number. No grants will be awarded to individuals or informal groups of individuals. Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to the department in their application, or as soon as they are aware of it. Organizations without recognition as a formal organization or entity may apply with a fiscal agent.
- **A not-for-profit organization:** Eligible applicants include organizations located within the state of Minnesota, including Tribal governments, community-based organizations,

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community health boards, or other not-for-profit organizations. This includes organizations that serve or work with youth or young adults and have the capacity to support engagement and community change activities among young people. For-profit entities are not eligible for this funding.

Priority will be given to applicants:

- Who have established authentic, trusted relationships with youth or young adults in communities they serve.
- Who can demonstrate a high level of commitment to strengthening the role of youth or young adults in decision-making and leadership over the grant period.

Although it may be helpful to have previous experience in commercial tobacco prevention, it is not required to apply for funding. The Minnesota Department of Health is looking for the expertise of organizations that work directly within their communities throughout Minnesota. Applicants may demonstrate capacity for conducting or addressing commercial prevention by describing their experience engaging in health education activities or providing culturally tailored interventions, or other relevant work that demonstrates capacity to implement the proposed project.

Current Grantees

Eligible organizations that currently receive grant funds from the Minnesota Department of Health may apply for this funding opportunity. If currently receiving grant funds from the department to work on local policy interventions, applicants must indicate how funds from this opportunity will enhance their current work (e.g., expand efforts to additional jurisdictions).

The department may prioritize community-based organizations that have not historically had access to state grant funding. The department may also consider the total funds an organization receives from the Minnesota Department of Health for commercial tobacco prevention work in determining final funding decisions. Grant funds from this opportunity may not be used to duplicate existing efforts funded through the department or other sources – meaning these grant funds must be used for *new or different* activities not otherwise being funded.

Collaboration

Collaborative applications among multiple organizations are welcome. For applicants who plan to apply in collaboration, only one application should be submitted on behalf of all partners in the collaboration. In a multi-organization collaboration, one organization must also be designated as the fiscal agent.

The Minnesota Department of Health recognizes the sovereignty of Tribal Nations. The department will only fund non-Tribal-led projects in Tribal communities if the applicant has full support of the Tribal Government. If a non-Tribal applicant proposes to work with a Tribal

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Government or Tribal community, the applicant must provide written verification that the Tribal Government approves of the project before a grant award is offered.

1.5 Questions and Answers

Applicants may submit questions about this funding opportunity. All questions must be submitted using the online form on the RFP webpage. Answers will be posted to the RFP webpage every Tuesday by 4:00 p.m. Central Time through Nov. 3, 2026.

Questions may be submitted until 4:00 p.m. Central Time on Oct. 30, 2026.

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

Informational Presentation

Applicants are strongly encouraged to view a recorded informational presentation video, which will be available on the RFP webpage by Wednesday, Oct. 21, 2026. The presentation will cover the RFP, attachments, scoring criteria, how to submit questions, and how to apply. The informational presentation may not cover all details in the RFP and is not a replacement for information provided in this RFP.

Part 2: Program Details

2.1 Priorities

Health Equity

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. The Minnesota Department of Administration's *Policy on Rating Criteria for Competitive Grant Review* establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities or disparities ([Minnesota Department of Administration](#) (2017)).

The Minnesota Department of Health is seeking, and will prioritize, applicants that represent and serve populations experiencing commercial tobacco-related disparities. Awarded applicants (grantees) will identify the community to serve and demonstrate community need. Grantees will measure performance in reaching these populations in annual work plans, progress reporting, and program evaluation of their grant's activities.

Goals

The goals of this funding opportunity are to:

- Build youth and young adult leadership capacity and advocacy skills.
- Engage youth and young adults in leading community-level commercial tobacco prevention efforts.
- Advance youth and young adult-informed PSE change responsive to local priorities.
- Connect local youth and young adult leaders to a statewide network that supports learning, storytelling, communications, and collective action.

Outcomes

The intended outcomes of this funding opportunity are:

- Youth and young adults demonstrate an increase in knowledge, leadership skills, and confidence to advocate for commercial tobacco prevention and health equity.
- Youth and young adults increase participation in community tobacco prevention activities, including planning, outreach, education, storytelling, and advocacy.
- Youth and young adults build connections with peers, mentors, and community partners through the statewide network, creating opportunities for shared learning and collaboration.
- Youth and young adults lead community-level commercial tobacco prevention activities that reflect local priorities and the lived experiences of their peers and communities.

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- Youth and young adults meaningfully influence local decision-making and PSE strategies related to commercial tobacco prevention, through advocacy, storytelling, and engagement with community stakeholders and decision-makers.
- Youth- and young adult-informed PSE changes are adopted or strengthened to address commercial tobacco use, exposure, and related health inequities in local communities.
- Youth and young adult leadership is sustained and embedded in local and statewide commercial tobacco prevention efforts, strengthening ongoing collaboration, collective action, and youth voice in decision-making.

2.2 Eligible Projects

Eligible projects for this grant initiative must:

- Address ways to move grantee organizations along the continuum of youth participation (inform, consult, involve, collaborate, empower); and
- Focus on youth- and young adult-led policy, systems, and environmental change (PSE) (see *PSE Framework* below).

Grantees may begin this work at different points on a youth engagement continuum. This funding opportunity will support organizations in strengthening youth and young adult roles in planning, decision-making, advocacy, implementation, and evaluation while advancing local PSE strategies over the course of the grant period.

The Minnesota Department of Health recognizes that meaningful youth- and young adult-led PSE change requires intentional relationship building, leadership development, and community assessment. Applicants are not required to have fully developed PSE strategies or goals at the time of application. During the initial project period (up to one year), grantees may engage youth and young adults, assess community priorities and readiness, and refine their PSE strategy in partnership with those most impacted. Grantees are not required to include a planning period, but it is highly encouraged, particularly for applicants newer to youth engagement or youth-led PSE change.

PSE Framework

The following are example policy, systems, and environmental (PSE) strategies youth and young adults, along with their adult partners, may consider for this work. Applicants are not limited to these examples.

Applicants may find the *Seven Steps for Policy, Systems and Environmental Change: Worksheets for Action* ([The George Washington University Cancer Center](#) (2017)) useful as additional support for developing PSE strategies.

Retail environment

- Restrict the sale of flavored commercial tobacco products, including menthol.

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- Increase the price of commercial tobacco products through non-tax approaches, such as minimum product pricing, minimum pack sizes, prohibiting coupon redemption, and other price discounting.
- Reduce the number, location, density, and types of retail outlets, such as limiting sales near schools or other youth-serving locations.
- Decrease youth exposure to commercial tobacco marketing and product displays.
- Educate community members and decision-makers about evidence-based retail policies, and the impact of tobacco and nicotine industry marketing tactics.

Commercial tobacco-free spaces and events

- Increase commercial tobacco-free policies for parks, playgrounds, recreational spaces, places of worship, organizational or business grounds, campuses, and other community settings.
- Implement organizational policies to prohibit the acceptance of tobacco and nicotine industry sponsorship of community events, such as parades, powwows, fairs, festivals, or religious or cultural events.

Practices that prioritize culture as prevention

- Increase access to traditional tobacco for ceremonial and cultural purposes.
- Encourage and support traditional tobacco use at ceremonies, powwows, and other cultural events.
- Engage peers and community members in learning about the cultural significance of traditional tobacco and the harms of commercial tobacco.
- Support community-led efforts that distinguish traditional tobacco from commercial tobacco and elevate Indigenous knowledge and practices.

Supportive schools, campuses, and youth-serving organizations

- Strengthen commercial tobacco-free policies and practices for schools, campuses, and other spaces that serve youth.
- Integrate evidence-based alternatives to suspension and restorative approaches for commercial tobacco policy violations.
- Strengthen referral pathways to evidence-based commercial tobacco and nicotine cessation efforts for youth and young adults.
- Increase awareness of available cessation programs, including My Life, My Quit™, Quit Partner™, and other evidence-based commercial tobacco cessation services.
- Improve coordination among schools, campuses, youth-serving organizations, health professionals, and community partners to support youth and young adults trying to quit commercial tobacco use.

Community leadership and decision-maker engagement

- Educate elected officials, organizational leaders, and community decision-makers about evidence-based commercial tobacco prevention strategies.
- Conduct youth- and young adult-led assessments, listening sessions, or other community engagement activities to identify local priorities.

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- Build partnerships with coalitions and community organizations to advance policy, systems, and environment change.
- Increase youth and young adult participation on advisory boards, coalitions, and other community decision-making bodies.

Program Evaluation

Evaluation is a critical tool for assessing the design, implementation, and outcomes of programs and projects. Evaluation will be integrated throughout the program or project lifecycle to support meaningful learning and ensure progress toward intended outcomes. Key priorities for this program include fostering authentic community engagement, cultivating a culture of continuous learning, and upholding transparency and ethical standards. Evaluation will be practical, culturally responsive, and designed to minimize the burden on community while generating information that is relevant and actionable. By providing data-driven insights, evaluation supports informed decision-making, strengthens program performance, and promotes accountability to partners and communities served.

The Minnesota Department of Health will provide a combination of technical assistance, tools, and training for program evaluation. Grantees are strongly encouraged to use the first year of the grant for program and evaluation planning, and to include these activities in their proposed workplan. Grantees may contract with an evaluation consultant or use internal organization staff with this expertise.

Evaluation components will include, but may not be limited to:

- The development and refinement of annual work plans; SMARTIE goals, strategies, and activities. *SMARTIE goals* are goals that are specific, measurable, achievable, relevant, time-bound, inclusive, and equitable. All workplans will be developed in collaboration with department evaluation staff to ensure they are aligned with the PSE framework (see *PSE Framework* on page 10). In Year 1, workplans may focus on assessment and planning activities.
- Quarterly reporting on workplan progress and key indicators. Quarterly reports are due 30 days after each quarter ends.
- A baseline policy assessment examining local, city, or county ordinances, if applicable
- Grant program evaluation plans, developed in collaboration with department staff during Year 1
- A final evaluation report or product – specific format will be determined in collaboration with department staff

Grantees may work with in-house evaluation staff or contract with an evaluation consultant. If working with an evaluation consultant, grantees are encouraged to contract with an entity from within the community they serve. Applications should include funding to support the required youth engaged evaluation components outlined in the RFP.

Key evaluation deliverables for this work include:

- A baseline or community needs assessment
- Quarterly tracking of key activities

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- A final evaluation product due by the end of the grant period
- Responses to requests from the department for project information, as needed

Coordination Across Initiatives

Grantees will work with the Minnesota Department of Health to coordinate with and leverage resources from other youth-focused initiatives, including but not limited to, providing feedback on and implementing youth prevention and cessation promotional campaigns, recruiting youth to participate in statewide advocacy and education networks, and sharing lessons learned about youth engagement with other grantees.

Lobbying vs. Educating

Funds may not be used for lobbying. *Lobbying* means advocating for a specific public policy after it has been formally introduced to a legislative body.

Grantees may use these funds to educate partners, decision makers, and community members about the importance of policies as a public health strategy. Education may include 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*.

Lobbying restrictions do not apply to informal or private policies, also known as *voluntary policies*. For example, advocating for a voluntary smoke-free housing policy with a property management company is *not* considered lobbying.

Staffing

Annual budget amounts for this funding opportunity are intended to support adequate grantee staffing to ensure accountability, to carry out workplan activities, and to maintain overall support and coordination of the work. Grantee staffing plans should include a project coordinator who will serve as the main point of contact and leads this work. Staffing plans may include a small team of key staff who work closely together to coordinate activities.

Staffing must be at a sufficient level to lead and maintain substantial collaboration and partnership with community members and partners; **a project coordinator of at least .50 full-time equivalent (FTE) is required.**

Commercial Tobacco-free Organizational Commitment

Applicants are required to make an organizational commitment to addressing the harms of commercial tobacco through organizational policy change. Applicants must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or the use of traditional tobacco for ceremonial purposes) and may not accept funds from tobacco and nicotine industry companies, nor their subsidiaries or parent companies, during the life of the grant. By creating commercial tobacco-free environments, and by not accepting tobacco and nicotine industry funds, organizations contribute to changing community social norms, support commercial tobacco cessation efforts, and reject industry influences.

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Applicants without a commercial tobacco-free grounds policy must commit to working toward policy adoption during the grant period. **Applicants must acknowledge this commitment as part of their application.**

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists or political contributions
- 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
- Research, which 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
- Retailer compliance checks or retailer education checks on behalf of an enforcement authority – educational checks involving youth may be allowed with prior approval
- Direct cessation services, medical care, or clinical care (e.g., conducting individual, face-to-face counseling, or creating a support group)
- Over the counter or prescription medications for commercial tobacco cessation, like nicotine replacement therapies (NRT)
- Signs, ashtrays, benches, or other materials and equipment for designated commercial tobacco use areas
- Vape detectors or vape waste disposal boxes

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. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement is included as Attachment F: Sample Grant Agreement (see *Part 4: Attachments* on page 23). Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result

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in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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.

The reporting schedule will include:

- Quarterly work plan progress reports
- Annual reporting of program successes and accomplishments

Grant Monitoring

Throughout the grant period the Minnesota Department of Health will monitor grantees' progress and performance. Minn. Stat. § 16B.97 ([Minnesota Legislature](#) (2025)) and Policy on Grant Monitoring [Minnesota Department of Administration](#) (2016) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000
- 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

Technical Assistance

The Minnesota Department of Health will provide technical assistance and training to grantees throughout the grant period. Grantees will participate in department-sponsored technical assistance training, meetings, and calls.

The department will also work to foster peer-to-peer learning and resource sharing among the grantees. The department recognizes the importance of peer learning and collaboration.

Grantees may be eligible in the future to receive additional funding for mentoring after grants are awarded. The department will work with grantees to identify mentoring opportunities, criteria, roles, and expectations. Applicants should not include any reference to potential mentoring nor their mentoring capacity in their application. Any funding for mentoring will be added at a later date based on the availability of funds and the needs of awarded grantees.

Grant Payments

Per *State Policy on Grant Payments*, reimbursement is the method for making grant payments ([Minnesota Department of Administration](#) (2020)). All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for

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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 the Minnesota Department of Health 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

Affirmative Action and Non-discrimination Requirements for All Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA), Minn. Stat. § 363A ([Minnesota Legislature](#) (2025)); The MHRA is enforced by the Minnesota Department of Human Rights (<https://mn.gov/mdhr/>). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

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.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

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 ([Minnesota Office of the Revisor of Statutes](#) (2008)).

Audits

Per Minn. Stat. § 16B.98, subd. 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

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transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate ([Minnesota Legislature](#) (2025)). 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.

Conflicts of Interest

The Minnesota Department of Health will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat. § 16B.98 and the *Conflict of Interest Policy for State Grant-Making* ([Minnesota Department of Administration](#) (2022)).

Applicants must complete the Applicant Conflict of Interest Disclosure form (Attachment G: Conflict of Interest Disclosure – see *Part 4: Attachments* on page 23) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- A grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to the Minnesota Department of Health's time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of the department or is a relative of an employee of the department.

In cases where a conflict of interest is perceived, 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.

Non-transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing,

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must disclose this information to the Minnesota Department of Health in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened ([Minnesota Legislature](#) (2025)).

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 the Minnesota Department of Health has completed negotiating the grant agreement with the selected applicant.

After the department 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) ([Minnesota Legislature](#) (2025)). 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)) ([Minnesota Legislature](#) (2025)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37 ([Minnesota Legislature](#) (2025)), 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 the Minnesota Department of Health 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 the Minnesota Department of Health'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 the department. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

The Minnesota Department of Health 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. The department 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, the department 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 (Ch. 13 MN Statutes) and other relevant laws and regulations ([Minnesota Legislature](#) (2025)).

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.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a team representing content specialists and community leaders with relevant knowledge and experiences with commercial tobacco prevention and control, community-driven initiatives, and community engagement. The review team will evaluate all eligible and complete applications received by the deadline.

The Minnesota Department of Health will review all committee recommendations and is responsible for award decisions. **The award decisions of the department are final and not subject to appeal.** Additionally:

- The department reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate the department to award a grant agreement or complete the project, and the department reserves the right to cancel this RFP if it is considered to be in its best interest.
- The department 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 the department 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 eligible application will be reviewed and scored by multiple reviewers. The review committee will review each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Review team members will submit final scores and make recommendations for funding to the Minnesota Department of Health based on scoring criteria.

The scoring factors and weight that applications will be judged are based on Attachment E: Scoring Criteria (see *Part 4: Attachments* on page 23). 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 evaluators will use to score

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applications. This is for the benefit of the applicant. Do not include sample score sheet with your application.

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

- Review team scores
- Geographic distribution
- Community distribution and needs
- Priority organizations, including those that have not historically had access to state grant funding, as well as consideration of the total funds an organization is receiving from the department's Commercial Tobacco Prevention and Control Section
- Applicant's history as a state grantee and capacity to perform the work
- Total funding available

The department may also consider the overall mix of funded projects to support a range of strategies, settings, and approaches rather than concentrating funding in a single strategy area.

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 pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with *Policy on Pre-Award Risk Assessment for Potential Grantees* ([Minnesota Department of Administration \(2025\)](#)).

Notification

The Minnesota Department of Health anticipates notifying all applicants via email of funding decisions by Jan. 15, 2027. All notices of award and non-award will be sent via email to the contact person listed on the application.

Part 3: Application and Submission Instructions

3.1 Notice of Intent

Applicants are strongly encouraged to submit a non-binding Notice of Intent via the online form on the RFP webpage by Oct. 23, 2026, by 4 p.m. Central Time. 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.

3.2 Application Deadline

All applications *must* be received by the Minnesota Department of Health no later than 4 p.m. Central Time, on Nov. 13, 2026.

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. The department will not be responsible for delays caused by mail, delivery, computer, or technology problems.

Acknowledgement of application receipt. The department will send a submission confirmation to acknowledge receipt of your application within three business days of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it may mean the department did not receive your application. Please email tobacco@state.mn.us after that time frame for further instructions.

3.3 Application Submission Instructions

Application materials and online submission form can be found on the RFP webpage.

Applicants must complete and submit the online application form that includes a response to application questions, work plan, budget, Conflict of Interest Form, and Due Diligence Review Form.

Applications submitted by any other means will not be accepted.

3.4 Application Instructions

You must submit the following with the online application to be considered complete (see *Part 4: Attachments* on page 23):

- Responses to the Application Questions
- Work Plan
- Budget
- Due Diligence Review Form
- Conflict of Interest Form

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All applications will be reviewed after the RFP deadline. The Minnesota Department of Health will reach out for any missing or incorrectly uploaded documents, and applicants will have two business days to resubmit the missing documents. This does not apply to incomplete responses to application questions, work plans or budget documents.

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. **The Minnesota Department of Health reserves the right to reject any application that does not meet these requirements.**

By applying, 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.

Part 4: Attachments

To complete and submit online with your grant application:

- **Attachment B: Work Plan Template**
(<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachm entb.docx>)
- **Attachment C: Budget Template**
(<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachm entc.xlsx>)
- **Attachment D: Due Diligence Review Form**
(<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>)

For reference:

- **Attachment A: Grant Application Questions**
(<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachm enta.pdf>)
- **Attachment E: Scoring Criteria**
(<https://www.health.state.mn.us/communities/tobacco/initiatives/rfpcomchange/attachm ente.pdf>)
- **Attachment F: Sample Grant Agreement**
(<https://www.health.state.mn.us/about/grants/resources.html>)

References

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- [Campaign for Tobacco-Free Kids. 2026 Minnesota Tobacco Report. \(https://www.tobaccofreekids.org/state-report/minnesota\)](https://www.tobaccofreekids.org/state-report/minnesota)
- [CDC Foundation – Tobacco Monitoring Program. Nicotine Pouch Sales Data Brief. \(https://tobacomonitoring.org/wp-content/uploads/2026/08/Nicotine-Pouch-Sales-Data-Brief_5.17.2026.pdf\)](https://tobacomonitoring.org/wp-content/uploads/2026/08/Nicotine-Pouch-Sales-Data-Brief_5.17.2026.pdf)
- [Centers for Disease Control and Prevention. Best Practices User Guide: Youth Engagement in Tobacco Prevention and Control. \(https://www.preventionnetwork.org/wp-content/uploads/best-practices-youth-engagement-user-guide.pdf\)](https://www.preventionnetwork.org/wp-content/uploads/best-practices-youth-engagement-user-guide.pdf)
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- [The George Washington University Cancer Center \(2017\). Seven Steps for Policy, Systems and Environmental Change: Worksheets for Action. \(https://cancercontroltap.org/wp-content/uploads/2025/05/PSE-Resource-Guide-5.15.25-FINAL.pdf\)](https://cancercontroltap.org/wp-content/uploads/2025/05/PSE-Resource-Guide-5.15.25-FINAL.pdf)
- [Minnesota Department of Administration. Policy 08-01: Conflict of Interest for State Grant-Making. \(https://mn.gov/grants/assets/POL_08-01_ConflictOfInterestforStateGrantMaking_2026-01-01_tcm1093-749639.pdf\)](https://mn.gov/grants/assets/POL_08-01_ConflictOfInterestforStateGrantMaking_2026-01-01_tcm1093-749639.pdf)
- [Minnesota Department of Administration. Policy 08-06: Preaward Risk Assessment of Potential Grantees. \(https://mn.gov/grants/assets/POL_08-06_PreawardRiskAssessmentofPotentialGrantees_2025-07-01_tcm1093-762012.pdf\)](https://mn.gov/grants/assets/POL_08-06_PreawardRiskAssessmentofPotentialGrantees_2025-07-01_tcm1093-762012.pdf)
- [Minnesota Department of Administration. OGM Policy 08-08: Grant Payments. Effective June 30, 2020. \(https://mn.gov/admin/assets/OGM%20Policy%2008-08%20Grant%20Payments_tcm36-707169.pdf\)](https://mn.gov/admin/assets/OGM%20Policy%2008-08%20Grant%20Payments_tcm36-707169.pdf)
- [Minnesota Department of Administration. Grants Policy 08-10. \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- [Minnesota Department of Administration. Policy 08-02: Rating Criteria for Competitive Grant Review. \(https://mn.gov/grants/assets/POL_08-02_RatingCriteriaforCompetitiveGrantReview_2017-09-15_tcm1093-749640.pdf\)](https://mn.gov/grants/assets/POL_08-02_RatingCriteriaforCompetitiveGrantReview_2017-09-15_tcm1093-749640.pdf)
- [Minnesota Department of Health. Cancer in Minnesota. \(https://www.health.state.mn.us/data/mcrs/cancerinmn.html\)](https://www.health.state.mn.us/data/mcrs/cancerinmn.html)
- [Minnesota Department of Health. Data Highlights from the 2023 Minnesota Youth Tobacco Survey. \(https://www.health.state.mn.us/communities/tobacco/data/docs/2023mytshighlights.pdf\)](https://www.health.state.mn.us/communities/tobacco/data/docs/2023mytshighlights.pdf)
- [Minnesota Department of Health. 2025 Minnesota Youth Commercial Tobacco Data: Highlights from the Minnesota Student Survey. \(https://www.health.state.mn.us/communities/tobacco/data/docs/2025mss.pdf\)](https://www.health.state.mn.us/communities/tobacco/data/docs/2025mss.pdf)
- [Minnesota Legislature. Minnesota Statutes, Chapter 13. https://www.revisor.mn.gov/statutes/cite/13/full](https://www.revisor.mn.gov/statutes/cite/13/full)

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- Minnesota Office of the Revisor of Statutes. Minnesota Rules, Part 5000.3550.
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- U.S. Food and Drug Administration. Youth and Tobacco. (<https://www.fda.gov/tobacco-products/public-health-education/youth-and-tobacco>)