



Let's Walk Minnesota: Clinical-Community Linkages Grant

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
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December 2022

To obtain this information in a different format, call: 651-201-3769.

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RFP Part 1: Overview

1.1 General Information

- Announcement Title: Let's Walk Minnesota: Clinical-Community Linkages Grant
- [Minnesota Department of Health \(MDH\) Arthritis Program Website](https://www.health.state.mn.us/diseases/arthritis/resources/index.html)
(<https://www.health.state.mn.us/diseases/arthritis/resources/index.html>)
- **Application Deadline Extended: 11:59 p.m., Tuesday, January 31, 2023.**

1.2 Program Description

The Minnesota Department of Health (MDH) Arthritis Program has been awarded funding from the Centers for Disease Control and Prevention (CDC) to raise awareness about arthritis, arthritis self-management and the importance of physical activity for managing pain. The MDH Arthritis Program builds awareness about arthritis and promotes the benefits of walking for people who experience joint pain or are diagnosed with arthritis

Arthritis has become a critical public health issue in America. According to the Centers for Disease Control and Prevention (CDC), arthritis is a leading cause of disability and a top contributor to work and leisure limitations. Arthritis currently affects 54 million American adults – 12 million of which are adults ages 65 years and older – and is estimated to affect 78 million by 2040. While many people with chronic conditions experience diminished quality of life and varying loss of independence associated with arthritis, adults with arthritis tend to also suffer from one or more other chronic conditions such as heart disease or diabetes, further exacerbating their ability to manage their conditions.

Physical activity has many benefits for older adults, including the prevention and management of chronic diseases and improved strength and balance. Older adults who are more physically active can maintain activities of daily living, live independently, have reduced major mobility disability, and are less socially isolated compared to physically inactive older adults. However, 51% of older adults aged 65-74 and 65% of older adults aged 75 and over do not meet the recommended guidelines for either aerobic or muscle-strengthening physical activity, due to barriers such as pain, cost, lack of transportation, lack of interest, and lack of awareness of available and suitable programs.

Clinical providers play an important role in getting patients to be more physically active. For example, older adults who receive brief counseling for physical activity from their provider are more likely to exercise. Clinical providers, primary care clinicians, and physical therapists often lack knowledge about physical activity resources in the community and have and have limited infrastructure for communicating with potential partners or programs.

The overall goal of this funding opportunity is to develop a sustainable referral pathway for adults who have arthritis by:

- Physical activity counseling for patients with arthritis and joint pain
- Physical activity counseling for patients who are physical inactive
- Referrals to arthritis [appropriate evidence-based interventions](https://oaaction.unc.edu/) (<https://oaaction.unc.edu/>)

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.

Funding	Estimate
Estimated Amount to Grant	\$69,000
Estimated Number of Awards	4-8
Estimated Award Maximum	\$17,250
Estimated Award Minimum	\$8,625

Match Requirement

The Let's Walk Minnesota: Community-Clinic Linkages grants do not require matching funds.

Project Dates

Funding will be provided for five months: February 1, 2023-June 30, 2023. It is expected that applicants will be able to complete the proposed project during the grant period.

1.4 Eligible Applicants

Eligible entities include:

- Nonprofit clinics providing preventative and medical services.
- A government entity operating a clinic which provides preventative and medical services.
- An Indian Health Services unit or Indian tribal government operating a clinic which provides preventative and medical services.

For purposes of the Let's Walk Minnesota: Community-Clinic Linkage grant, the term clinic means an outpatient or ambulatory setting for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent nor emergent care. Eligible health services include preventative, medical, physical therapy, and occupational therapy.

Collaboration

Collaboration with community-based organizations and local public health agencies is strongly encouraged.

1.5 Questions and Answers

Consultation and guidance in completing the application process is available upon request. For assistance, contact Cherylee Sherry at 651-201-3769 or email to health.arthritis@state.mn.us.

All questions regarding this RFP must be submitted by email or phone to Cherylee Sherry at health.arthritis@state.mn.us or 651-201-3769. All answers will be posted within two business days at <https://www.health.state.mn.us/diseases/arthritis/index.html>.

Please submit questions no later than **January 6, 2023, 4:30 p.m. Central Standard Time (CST)**.

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 Department, other than questions submitted to as outlined above, are prohibited.

Any violation of this prohibition may result in the disqualification of the applicant.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

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 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.

The population this is intended to serve includes, but is not limited to:

- People with arthritis and those who are physically inactive.

Grant outcomes will include:

- The number of patients screened and counseled on physical activity, based on clinical recommendations for patient's level of health risk.
- The number of patients referred to an [arthritis appropriate, evidence-based intervention \(https://oaaction.unc.edu/aaebi/\)](https://oaaction.unc.edu/aaebi/), such as Walk with Ease.
- The number of patients / people reached through an Arthritis Month (May 2023) promotional campaign.

2.2 Eligible Projects

Eligible projects for the Let's Walk Minnesota: Community-Clinic Linkage grant are limited to the following categories/key tasks:

- A. Providing physical activity counseling for people with joint pain and stiffness or diagnosed with arthritis, inactive patients
- B. Increasing walking in Minnesota through referrals to arthritis-appropriate, evidence-based interventions (AAEBIs) such as the Walk with Ease Program
- C. Conducting a promotional campaign during Arthritis Month (May 2023) for patients / community. Clinics may use existing resources including the [Let's Walk Minnesota toolkit \(https://www.health.state.mn.us/diseases/arthritis/about/walktoolkit.html\)](https://www.health.state.mn.us/diseases/arthritis/about/walktoolkit.html)
- D. Set up an AAEBI and offer it if there is not an AAEBI in the community

Clinics must address A-C in their workplan and D if applicable.

For purposes of the Let's Walk Minnesota: Community-Clinic Linkage grant, the term clinic means an outpatient or ambulatory setting for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent nor emergent care. Eligible health services include preventative, medical, physical therapy, and occupational therapy. Clinics may provide one or more of these services and are not required to provide all.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Purchasing electronic health record systems or specific modules for the electronic health record
- 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 person or family needs.

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.

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.

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.

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 until all grant funds have been expended and all of the terms in the grant agreement have been met.

Grantee reporting includes, but is not limited to:

- Periodic check-in calls with MDH grant manager
- Submitting monthly invoices
- Ongoing activity and progress reporting; schedule to be determined
- Providing updates as needed for MDH reporting to CDC
- Evaluation requirements included in grant agreement

Grant Monitoring

The monitoring schedule will be in keeping with Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/?id=16B.97>) and Policy of Grant Monitoring guidelines.

Technical Assistance

Consultation and guidance in completing the application process is available upon request. For assistance, contact Cherylee Sherry at 651-201-3769 or at health.arthritis@state.mn.us.

Technical assistance (TA) will be available to grantees from Stratis Health, an MDH contractor, and MDH for implementation and evaluation of project. Also, MDH will provide TA for invoicing and reporting. It is the grantee's responsibility to meet all obligations in the contract. Changes to the contract require prior approval from MDH.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20tcm36-438962.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 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.

The invoicing and payment schedule will be monthly.

Publicity

The MDH logo must be displayed on project related publicity documents.

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 MDH 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.
- Total amount to be paid to contractor.

Overview of Grantee Responsibilities for Subcontracts:

- The grantee is responsible for holding subcontracting entities to the same standards required of the grantee.
- The grantee remains solely responsible for the satisfactory performance of all grant duties and to ensure 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 \(https://www.mmd.admin.state.mn.us/debarredreport.asp\)](https://www.mmd.admin.state.mn.us/debarredreport.asp).
- The grantee must complete a pre-award risk assessment for any subcontractors.
- The grantee is responsible for all required reports, supporting documentation, deliverables, and other items as required by the grant contract.
- The grantee must monitor subcontractors and perform a closeout of any subcontracts/subgrants they have entered into.
- 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 the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Disclosure form (Attachment G) 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 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 MDH'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/project.
- 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 MDH or is a relative of an employee of MDH.

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.

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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/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\(a\) \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/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
- 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 ([Ch. 13 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)) 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), 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 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. [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. Minn. Rules, part [5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/).

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

This is a competitive grant application.

Reviewers may include MDH staff, staff from state agencies, and individuals from other organizations that represent a broad range of individuals with experience and knowledge in Arthritis Appropriate Evidence Based Interventions (AAEBI). Reviewers will be required to identify any conflicts of interest and will not review an application if a conflict is identified. All eligible and complete applications received by the deadline will be reviewed.

Final funding recommendations will be based on the scores and comments from reviewers. Grant award decisions will be made late January 2023. All applicants will be notified if their grant is or is not selected for funding.

Awarded applicants that are not current vendors in the State's SWIFT system will need to complete a vendor application before a grant agreement can be created. Vendor application instructions will be sent to awarded applicants after the awards are announced.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

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

Review team members will be divided into teams of approximately 2-3 reviewers. Each reviewer will review and score the applications assigned to their team individually using a provided score sheet (refer to Attachment E for the scoring criteria). Reviewers will be reviewing each application on a 60-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The review teams will then participate in review meetings 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 criteria and discussions.

MDH 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
- Applicant's history as a state grantee and capacity to perform the work
- Total funding available
- Pre-Award Risk Assessment Results

The scoring factors and weight that applications will be judged on 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 evaluators will use to score applications. This is for the benefit of the applicant. **Do not include the sample score sheet with your application.**

Grantee Past Performance and Due Diligence Review Process

- It is State and Federal policy to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires MDH to complete a pre-award risk assessment and Due Diligence form for each applicant. See Attachment F.
- State policy requires MDH to conduct a financial review prior to a grant award made 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)

Notification

MDH anticipates notifying all applicants via email of funding decisions in the end of January 2023. All notices of award and non-award will be sent via email to the contact person listed on the application.

There may be negotiations to finalize an awarded applicant's work plan and/or budget before a grant agreement can be made final ("executed"). The anticipated effective date of the agreement will be February 1, 2023, or the date on which all signatures on the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2023, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than **11:59 p.m. Central Time, on Tuesday, January 31, 2023.**

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 mail, delivery, computer or technology problems.

3.2 Application Submission Instructions

Applications **must** be submitted via mail email to:

Cherylee Sherry

Healthy Systems Supervisor

Email: health.arthritis@state.mn.us

3.3 Application Instructions

Required Materials

The applicant must complete/submit the following materials for the application to be considered complete:

1. Attachment A: Applicant Information
2. Attachment B: Project Narrative
3. Attachment C: Work Plan Template
4. Attachment D: Budget Form and Justification
5. Attachment E: Sample Grant Application Score Sheet Guide
6. Attachment F: Due Diligence Review Form
7. Attachment G: Applicant Conflict of Interest Disclosure Form

Please use the following naming convention when saving documents: "TrueClinic_A" (abbreviated name of applicant, underscore, attachment letter). Save documents as pdf files, except the Work Plan which should be submitted as a Word document.

Do not 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: Applicant Information
- Attachment B: Project Narrative
- Attachment C: Work Plan Template
- Attachment D: Budget Form and Justification
- Attachment E: Sample Grant Application Score Sheet Guide
- Attachment F: Due Diligence Review Form
- Attachment G: Applicant Conflict of Interest Disclosure Form

Attachment A: Applicant Information

Please provide the following information:

- Applicant Legal Name
- Business Address (street, city, state, zip code)
- Minnesota Tax Identification Number
- Federal Tax Identification Number
- SWIFT Vendor ID Number (if you have one and are a current vendor with the State)
- Name of Director of Applicant Agency
- Phone Number for Director of Applicant Agency
- Email for Director of Applicant Agency
- Name of Financial Contact
- Phone Number for Financial Contact
- Email for Financial Contact
- Payment Address (street, city, state, zip code)
- Name of Contact Person for this Application
- Phone Number for Contact Person for this Application
- Email for Contact Person for this Application

Attachment B: Project Narrative

The Project Narrative **must not exceed five pages**, single-spaced, 12 pt. font, 1-inch margins.

1. Organizational Information and Capacity

- a. Briefly describe the history of the organization, including major areas of current focus of prevention screening, patient counseling, referrals and follow up with patients.
- b. Describe how the proposed work aligns with the organization's mission and values.
- c. Describe how the organization's leadership will support the implementation of this project.
- d. Describe leveraging of staffing to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. If planning to use a contractor, please describe their responsibilities in carrying out grant activities.

2. Project Description

Describe the project, how it will be implemented, and who will be served:

- **Physical Activity Counseling:** Outline the steps to take in providing physical activity counseling for people with joint pain and stiffness or diagnosed with arthritis, inactive patients, and documenting in the EHR in a discreet data field.
 - ✓ Protocol development for screening, brief counseling, and documentation in EHR
 - ✓ Training plan for staff
- **Referral to Arthritis Appropriate Evidence-Based Interventions (AAEBIs):** Outline 1) the referral process planning for increasing walking in Minnesota through referrals to AAEBIs such as the Walk with Ease Program at a community-based organization, if applicable, and 2) the patient communication plan.
 - ✓ Referral planning process workflow is described
 - ✓ How patients are identified - retrospective query or at point of care
 - ✓ Method for selecting or creating communication materials for patient is described
 - ✓ Community based organization is identified for referrals
- **Promotional Campaign:** Describe the channels or methods of communication for conducting a promotional campaign during Arthritis Month (May 2023) for patients / community.
 - ✓ Marketing strategy is to be developed, and process is described in determining communication channels and materials
 - ✓ Channels or methods of communication for promotional campaign are appropriate for patient population and community
- **Set up an AAEBI** at clinic site if clinic decides to offer it.
 - ✓ AAEBI is selected and staff trained
 - ✓ Program is implemented

Attachment C: Work Plan Template

Sample form and instructions below. Applicants can find this template online to download at [Arthritis Opportunities and Resources \(https://www.health.state.mn.us/diseases/arthritis/resources/index.html\)](https://www.health.state.mn.us/diseases/arthritis/resources/index.html)

Project Category:	<input type="checkbox"/> Physical Activity Counseling <input type="checkbox"/> Referral to Arthritis Appropriate Evidence-Based Intervention <input type="checkbox"/> Promotional Campaign
Project Goal:	
Timeframe:	February 1, 2023 – June 30, 2023
Objective(s):	
Community(s) Served:	

Implementation Activities	Milestones	Start Date	End Date	Lead	Key Partners
Activities, steps, or processes to achieve objectives.	How you will know you have accomplished the activity.			Name of person or group responsible for the activity.	Individuals or organizations helping to implement the activity.

Work Plan Template Instructions

Complete a separate work plan table for each distinct Project Goal.

- Proposed work plans should have an end date of June 30, 2023.
- Add and remove work plan tables and rows as needed to align with your project. For example, if your project has three Project Goals, delete Work Plan 4.
- Work plans should be submitted as a Word document as awardees may be asked to provide additional activities or details during grant agreement negotiations.

Guidance

- **Project Category:** Indicate which category or categories align with your Project Goal.
- **Project Goal:** Identify the overall goal(s) for your work. A goal is a broad, brief statement that provides focus or vision for planning.
- **Objective(s):** Objectives should help reach your Project Goals. Focus on just a few objectives per goal and follow the SMART approach to develop objectives. SMART objectives are:
 - S – Specific: concrete and well defined so that you know where the work is going and what to expect as it progresses
 - M – Measurable: can determine what changed and how much it changed
 - A – Achievable: able to accomplish within the proposed time frame
 - R – Realistic: considers constraints such as resources, personnel, cost, and time frame
 - T – Time-bound: includes a time frame for the objective.
- **Community(s) Served:** Identify city, county or counties in which activities will occur.
- **Implementation Activities:** Specify the activities, steps, or processes to achieve objectives. List only key activities that will result in observable, measurable milestones. For application review and selection purposes, applicants do not need to list every activity in detail.
- **Milestones:** Identify how you will know you have accomplished your activity. Milestones may also be considered the “outputs” of your activities.

Attachment D: Budget Form and Justification

Applicants can find a template online to download at [Arthritis Opportunities and Resources \(https://www.health.state.mn.us/diseases/arthritis/resources/index.html\)](https://www.health.state.mn.us/diseases/arthritis/resources/index.html)

Allowable Expenses (these are examples and not an exhaustive list):

- Staff time to plan and implement
- Interpreter services that explicitly support grant objectives
- Translation services that explicitly support grant objectives
- Technical assistance that explicitly supports grant activities
- Support for individuals from populations impacted by health inequities to participate in planning efforts

Unallowable Expenses (these are examples and not an exhaustive list):

- Food
- Incentives
- Childcare
- Costs associated with providing direct clinical services

Attachment E: Sample Grant Application Score Sheet Guide

Sample score sheet on following pages.

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

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 applications address the criteria evaluators will use to score applications.

Grant Application Score Sheet Guide

Overview

Applicant Name:

RFP Title/Project Name:

Applicant Address:

MDH Program Area:

Reviewer Name/Code:

MDH Program Contact Person/Phone:

Rating Table

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses, but correctable.
Good or 3	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

Let's Walk Minnesota: Clinical-Community Grant Application Score Sheet

Section 1 – Organizational Information and Capacity

Criteria	Score
Brief history of organization, including major areas of current focus prevention. (5 points)	
The proposed work clearly aligns with the clinic's mission and values. (5 points)	
The organization has a strong plan for how its leadership will support the implementation of this project. (5 points)	
The level of staffing, including contractors, is sufficient to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. (5 points)	
TOTAL	/20

Section 2 – Project Description

Criteria	Score
<p>The project clearly describes how the project categories will be planned and implemented: (15 points)</p> <ul style="list-style-type: none"> ▪ Physical Activity Counseling: providing physical activity counseling for people with joint pain and stiffness or diagnosed with arthritis, inactive patients <ul style="list-style-type: none"> ✓ Develop protocol for screening, brief counseling, and documentation in EHR ✓ Provide training to staff ▪ Referral to Arthritis Appropriate Evidence-Based Intervention (AAEBIs): increasing walking in Minnesota through referrals to AAEBIs such as the Walk with Ease Program <ul style="list-style-type: none"> ✓ Referral planning process workflow is described ✓ Patients are identified either through a retrospective query or at point of care ✓ Communication materials to be created for patient and are appropriate for patient population ✓ Community-based organization is identified for AAEBI referrals or clinic sets up AAEBI program 	

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<ul style="list-style-type: none"> ▪ Promotional Campaign: conducting a promotional campaign during Arthritis Month (May 2023) for patients / community <ul style="list-style-type: none"> ✓ Marketing strategy is to be developed, and process is described in determining communication channels and materials ✓ Channels or methods of communication for promotional campaign are appropriate for patient population and community 	
The applicant clearly identifies the population to be served (5 points)	
TOTAL	/20

Section 3 – Budget and Budget Justification

Criteria	Score
Is the information contained in the budget form and budget justification consistent with what is proposed in the work plans (5 points)	
Are the projected costs reasonable, cost-effective, and sufficient to accomplish the proposed work plan activities? (5 points)	
TOTAL	/10

Section 4 – Work Plan

Criteria	Score
Do implementation activities seem reasonable (doable) to accomplish proposed project goal and objective(s)? (5 points)	
Do implementation activities seem sufficient to accomplish the proposed goals and objectives? (5 points)	
TOTAL	/10

TOTAL: **/60 points**

Attachment F: Due Diligence Review Form

Sample form on following pages. Applicants can find this template online to download at [Arthritis Opportunities and Resources](#)

(<https://www.health.state.mn.us/diseases/arthritis/resources/index.html>)

Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence? <input type="checkbox"/> Less than 5 years (5 points) <input type="checkbox"/> 5 or more years (0 points)	
2. How many paid employees does your organization have (part-time and full-time)? <input type="checkbox"/> 1 (5 points) <input type="checkbox"/> 2-4 (2 points) <input type="checkbox"/> 5 or more (0 points)	
3. Does your organization have a paid bookkeeper? <input type="checkbox"/> No (3 points)	

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Section 1: Organization Structure	Points
<input type="checkbox"/> Yes, an internal staff member (0 points) <input type="checkbox"/> Yes, a contracted third party (0 points)	
SECTION 1 POINT TOTAL	

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
4. Does your organization have internal controls in place that require approval before funds can be expended? <input type="checkbox"/> No (6 points) <input type="checkbox"/> Yes (0 points)	
5. Does your organization have written policies and procedures for the following processes? <ul style="list-style-type: none"> Accounting Purchasing Payroll <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points) <input type="checkbox"/> Yes, for all processes listed (0 points)	
6. Is your organization's accounting system new within the past twelve months? <input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (1 point)	
7. Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense? <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes (0 points)	
8. Does your organization track the time of employees who receive funding from multiple sources? <input type="checkbox"/> No (1 point) <input type="checkbox"/> Yes (0 points)	
SECTION 2 POINT TOTAL	

Section 3: To be completed by all organization types

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Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) – if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) – if yes, answer question 9A</p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.</p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p>	
<p>11A. Could there be an impact on the organization's financial status or stability?</p> <p><input type="checkbox"/> No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization's financial status or stability.</p> <p><input type="checkbox"/> Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization's financial status or stability.</p>	
<p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p>	
SECTION 3 POINT TOTAL	

Section 4: To be completed by nonprofit organizations with potential to receive award over \$25,000 (excluding formula grants)

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over \$25,000 (excluding formula grants).

Section 4: Nonprofit Financial Review	Points
<p>13. Does your nonprofit have tax-exempt status from the IRS?</p> <p><input type="checkbox"/> No - If no, go to question 14</p> <p><input type="checkbox"/> Yes – If yes, answer question 13A</p>	Unscored

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Section 4: Nonprofit Financial Review	Points
<p>13A. What is your nonprofit's IRS designation?</p> <p><input type="checkbox"/> 501(c)3</p> <p><input type="checkbox"/> Other, please list:</p>	Unscored
<p>14. What was your nonprofit's total revenue (income, including grant funds) in the most recent twelve-month accounting period?</p> <p>Enter total revenue here:</p>	Unscored
<p>15. What financial documentation will you be attaching to this form?</p> <p><input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board-approved financial statement</p> <p><input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990</p> <p><input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit</p>	Unscored

Signature

I certify that the information provided is true, complete and current to the best of my knowledge.

SIGNATURE:

NAME & TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

MDH Staff Use Only

Section 4A: Nonprofit Financial Review Summary

Complete Section 4A for nonprofit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

- Were there significant operating and/or unrestricted net asset deficits?
 - ☐ Yes – if yes, answer questions 3 and 4
 - ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6
- Were there any other concerns about the nonprofit organization's financial stability?
 - ☐ Yes – if yes, answer questions 3 and 4
 - ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6

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3. Please describe the deficit(s) and/or other concerns about the nonprofit organization's financial stability:
4. Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the nonprofit organization's financial stability:
5. Granting Decision:
6. Rationale for grant decision:

Section 5: Total Points

Section 1	+	Section 2	+	Section 3	=	Total Points
	+		+		=	

Section 6: Program Information

MDH Grant Program	Information
Applicant Project Name	
MDH Grant Program Name	
Division/Section	
Date Nonprofit Review Completed	
Review conducted by	

Attachment G: Applicant Conflict of Interest Disclosure Form

Sample form on following pages. Applicants can find this template online to download at [Arthritis Opportunities and Resources](https://www.health.state.mn.us/diseases/arthritis/resources/index.html) (<https://www.health.state.mn.us/diseases/arthritis/resources/index.html>).

Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98) (<https://www.revisor.mn.gov/statutes/?id=16B.98>), subd 23; Minnesota Office of Grants Management (OGM) [Policy 08-01, “Conflict of Interest Policy for State Grant Making”](https://mn.gov/admin/government/grants/policies-statutes-forms/); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, “Conflict of Interest](https://www.ecfr.gov/cgi-bin/text-idx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8) (https://www.ecfr.gov/cgi-bin/text-idx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8).” It is helpful if the applicant explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.

Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you and your organization as it relates to this specific Request for Proposal (RFP), obtain applicant signature (applicant to determine appropriate signer).

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public ([Minn. Stat. § 43A.38, subd. 5](https://www.revisor.mn.gov/statutes/cite/43A.38) (<https://www.revisor.mn.gov/statutes/cite/43A.38>)). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed

measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicants based merely on the existence of a relationship with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

I. Organizational Conflict of Interest:

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

II. Individual Conflict of Interest:

An **individual conflict** of interest occurs when any of the following conditions is present:

- a. An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- b. 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/project.
- c. 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.
- d. An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the "ground rules" for this solicitation by performing work such as, but not

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limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.

- An employee or volunteer of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as “[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours” ([29 CFR § 553.101\(a\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101)) (<https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101>)).

Certification and signature required on next page.

III. Certification:

Applicant Name:

RFP Title:

MDH Grant Program Name: MDH Arthritis Program

(Ex: Family Planning Grant)

Select ONE of the following responses below:

1. ☐ To the best of Applicant’s knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
2. ☐ Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict:

Name of entity/individual:

Relationship (e.g., Volunteer, Employee, Contractor, Family Relation):

Description of conflict (optional):

**Add additional names on separate sheet as necessary.*

By signing in the space provided below, Applicant certifies the following:

- If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant's Signature

Printed Name:

Title:

Signature: _____

Date:

This form is required from every grant applicant.

Please include this form with your RFP application materials.

(This form is considered public data under [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599))

MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

- ☐ Applicant has no conflict(s) of interest.
- ☐ Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated. Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*

- ☐ Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

MDH Program's Signature

Printed Name:

Title:

Signature:

Date:

Resources

- [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98), subd 2-3
- [Grant Management Policies, Statutes and Forms \(https://mn.gov/admin/government/grants/policies-statutes-forms/\)](https://mn.gov/admin/government/grants/policies-statutes-forms/)
- [2 Code of Federal Regulation \(CFR\) § 200.112, "Conflict of Interest" \(https://www.ecfr.gov/cgi-bin/textidx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8\)](https://www.ecfr.gov/cgi-bin/textidx?SID=576da87cebd5b7ac75e212d4c64aa93d&mc=true&node=se2.1.200_1112&rgn=div8)
- [Minn. Stat. § 43A.38 \(https://www.revisor.mn.gov/statutes/cite/43A.38\)](https://www.revisor.mn.gov/statutes/cite/43A.38), subd. 5
- [29 CFR § 553.101\(a\) \(https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part553/subpart-B/section-553.101\)](https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part553/subpart-B/section-553.101)
- [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599)