



# Creating Community Clinical Linkages to Heart Health

REQUEST FOR PROPOSALS (RFP)

**Important Dates:**

April 24, 2024: Request for Proposals Released

May 9, 2024: Informational Webinar Session

May 29, 2024: Last day to submit RFP Questions

June 12, 2024: Proposals due

August 2024: Award applicants

Oct. 1, 2024 or when grant is fully executed: Grant begins

June 30, 2027: Grant ends

Minnesota Department of Health

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4/24/2024

To obtain this information in a different format, call: 651-201-5000.

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# RFP Part 1: Overview

## 1.1 General Information

- **Announcement Title:** Creating Community Clinical Linkages to Heart Health
- **Minnesota Department of Health (MDH) Program Website:** [Cardiovascular Health \(http://www.health.state.mn.us/diseases/cardiovascular/\)](http://www.health.state.mn.us/diseases/cardiovascular/)
- **Application Deadline:** Wednesday, June 12, 2024 at 11:59 p.m. CT

## 1.2 Program Description

The Minnesota Department of Health (MDH) Cardiovascular Health Unit is requesting proposals to connect community and clinical sectors among Minnesota adults especially those from communities disproportionately impacted by cardiovascular disease including Black or African American, American Indian or Alaska Native, and Hmong/Asian American communities, to improve heart health and reduce impacts of heart disease, stroke, and diabetes.

Project proposals will demonstrate how organizations create or enhance existing clinical-community linkage(s) to increase bi-directional referrals to social needs, culturally relevant supports, and/or lifestyle change programs for adults with hypertension, high cholesterol, or other risk of cardiovascular disease.

This grant RFP is supported through funding from the Centers for Disease Control and Prevention's (CDC) [National Cardiovascular Health Program \(www.cdc.gov/dhdsp/funding-opps/national-dp-23-0004.htm\)](http://www.cdc.gov/dhdsp/funding-opps/national-dp-23-0004.htm). The purpose is to prevent and manage cardiovascular disease in populations affected disproportionately by hypertension and high cholesterol due to health inequities, disparities, and social determinants of health.

## 1.3 Funding and Project Dates

### Funding

Funding will be allocated through a competitive process. Selected applicants may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

All applications are judged based on criteria defined in the **Attachment B: Application Score Sheet**. Only the applications that best meet the criteria for funding receive funds.

	Estimate
Estimated Amount of Awards	\$60,000 annually
Estimated Number of Awards	1-3
Estimated Annual Award Range	\$20,000-\$60,000

## Match Requirement

There is no match requirement.

## Project Dates

The estimated grant start date is **Oct. 1, 2024**, and the projected end date is **June 30, 2027**. There may be a chance to amend the agreement for an extended amount of time depending on funds. The current grant period will be **33 months** based on satisfactory grantee performance and funding availability. MDH estimates one to three grantees will be awarded \$20,000 at a minimum annually for three years.

- Informational Webinar Session: May 9, 2024
- Last day to submit RFP questions: May 29, 2024
- Estimated date applicants to receive award and denial notice: August 2024

### 1.4 Eligible Applicants

Eligible applicants may include, but are not limited to:

- Clinics or healthcare organizations
- Community-based organizations
- Community Health Boards/Local Public Health
- Nonprofit organizations
- Faith-based organizations
- Community Health Boards
- Tribal governments
- Social service organizations

All **awarded** applicants must provide a [SWIFT \(mn.gov/mmb/accounting/swift/\)](https://mn.gov/mmb/accounting/swift/) vendor ID number and Unique Entity ID (UEI). Any entity that is new to doing business with the state will not have a SWIFT vendor ID yet. MDH encourages all applicants to apply now for both IDs to reduce administrative delays for awarding funding. If you do not have or do not know your unique entity ID, please visit the unique entity ID registration page at the federal [System for Award Management \(sam.gov/content/homesam.gov\)](https://sam.gov/content/homesam.gov).

Organizations or entities with a history of serving focus communities that do not have state or federal recognition may apply with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.

The Center for Health Promotion is dedicated to supporting organizations that serve Minnesotans affected by health disparities. Organizations without previous health experience are still encouraged to apply.

## Collaboration

As described below in Section 2.4 Mandatory Project Requirements: Community Clinical Linkage, collaboration between community-based and clinical organization is required to build or enhance community clinical linkages to address social needs and supports. Organizations will demonstrate in the application how they plan to engage with other clinical or community partners.

Letters of support from collaborators are optional but strongly encouraged for all applicants.

A single application should be submitted on behalf of all partners in the collaboration, with one organization identified as the lead. That organization will be the fiscal agent to receive and manage the grant funds.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [health.heart@state.mn.us](mailto:health.heart@state.mn.us)

All answers will be posted within **seven business days** at [Creating Community Clinical Linkages to Heart Health RFP FAQ \(www.health.state.mn.us/diseases/cardiovascular/funding/heartgrantfaq.html\)](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrantfaq.html) webpage.

Please submit questions no later than 4:30 p.m. Central Time (CT) on **May 29, 2024**.

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 Information Meeting

MDH will provide an informational webinar on May 9, 2024 at 2:00 pm Central Time. Attendance is optional.

Visit [Creating Clinical Linkages to Heart Health: Request for Proposals \(www.health.state.mn.us/diseases/cardiovascular/funding/heartgrant.html\)](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrant.html) for a link to join the meeting.

Materials from the meeting, including the recording, questions and answers, will be posted by 4:30 p.m. on May 16, 2024 at the Cardiovascular Health website.

## RFP Part 2: Program Details and Requirements

### 2.1 Background Information

#### Heart Disease

Cardiovascular disease, also called heart and blood vessel disease, includes coronary heart disease, heart attack, stroke, and several other conditions that affect blood flow to and functioning of the heart.

## CREATING COMMUNITY CLINICAL LINKAGES TO HEART HEALTH

Combined, heart disease and stroke are responsible for about a quarter of all deaths in Minnesota, ranking just ahead of cancer as the number one cause of death.

Several health conditions, lifestyle, age, and family history can increase the risk for heart disease and stroke. Risk factors for heart disease and stroke include high levels of total cholesterol, high blood pressure/hypertension, obesity, diabetes, chronic kidney disease, smoking, physical inactivity, and stress.

Unfortunately, not everyone has the same opportunity to be healthy. Due to systemic barriers, many communities are hit harder by heart disease and stroke. These barriers are diverse, complex, and intertwined. They result in unequal opportunities and access to goods, services, and the resources that create good health. The conditions in which individuals grow, learn, work, and age, called social determinants of health, can influence whether individuals develop these diseases and influence how well we manage them. MDH recognizes that factors outside of an individual's control, such as intergenerational trauma, systemic racism, and other biases prevent some racial and ethnic communities from achieving optimal health.

With these considerations in mind, this funding opportunity focuses on linking community resources and clinical services to address social determinants that contribute to heart disease and stroke by addressing social needs, culturally relevant supports, and lifestyle change programs. Projects should aim to reduce health inequities experienced by communities disproportionately affected by these diseases or who face additional barriers to health.

Applicants will be asked to discuss how their organization has advanced health equity for people from the communities served.

Please visit [Cardiovascular Health Data](http://www.health.state.mn.us/diseases/cardiovascular/data/index.html) ([www.health.state.mn.us/diseases/cardiovascular/data/index.html](http://www.health.state.mn.us/diseases/cardiovascular/data/index.html)) for more data resources.

***Please note: For this application, the term community is inclusive and may be used for a geographic, cultural, or ethnic community or group.***

### Health Equity Priorities

The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity here: [Health Equity](http://www.health.state.mn.us/divs/che/index.html) ([www.health.state.mn.us/divs/che/index.html](http://www.health.state.mn.us/divs/che/index.html)).

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](http://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) ([mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final\\_tcm36-312046.pdf](http://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.

### Focus Populations

## CREATING COMMUNITY CLINICAL LINKAGES TO HEART HEALTH

This grant intends to support populations affected by historical health disparities that include Hmong/Asian American persons, American Indian or Alaska Native persons, and Black or African American persons.

For example:

- Hmong/Asian-American women have the highest rates of pregnancy related diabetes in Minnesota.
- American Indian or Alaska Native persons in Minnesota die from heart disease at much higher rates than other racial groups. The percent of American Indian/Alaska Natives who reported having diabetes (16%) and hypertension (36%) was the highest among any other racial group.
- 35–64-year-old Black or African American persons are two to four times more likely to die of heart disease than Minnesotans overall.

Applicants will be required to share how heart disease has impacted these specific racial/ethnic populations served and ability to reach the focus populations with proposed activities.

While these funds are focused on health disparities related to heart health, MDH recognizes the ways in which unjust systems (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism) intersect to create interconnected layers of disadvantage and inequity. Because these systems are overlapping and interdependent, they will not be unraveled in isolation. Rather, the approaches to equity should be both intersectional and multipronged. This concept of **intersectionality** is one of MDH's core values. Therefore, applications focused on the intersections of race/ethnicity and other identities/communities experiencing inequities are welcome (e.g., projects may focus on serving African American persons who identify as LGBTQ, American Indians with disabilities, etc.).

Resources on intersectionality: [MDH's DEAI Resource on Intersectionality \(mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf\)](https://mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf)

### Other Competitive Priorities

Applications that propose engaging community health workers or other patient navigators as an evidence-based strategy to connect clinics with community resources and services will be given additional points.

Community health workers (CHW) are frontline public health workers who are trusted members of and/or have a close understanding of the community served. CHWs includes patient navigators, promotores de salud, community representatives, community health advisors, and others.

### 2.2 Eligible Projects

Proposals must focus on understanding social determinants of health in the focus populations that contribute to hypertension, high cholesterol, or other risk of heart disease. Activities must be actionable with the grantee outcome expectations and goals stated in section **2.4 Mandatory Project Requirements**. Please review **Attachment B: Grant Application Scoring Criteria**.

There are different ways of understanding a public health issue, each community is unique, and strategies that work in one community may not work in another. Approaches that lead with lived experience, creativity, and novelty are prioritized. Funding is meant to be flexible and responsive to community needs. Depending on the need of the focus population, applicants may choose to work within one or more of the follow categories.

## CREATING COMMUNITY CLINICAL LINKAGES TO HEART HEALTH

Projects must create or enhance existing community clinical linkage(s) to **increase referrals to one or more** of the following categories (1, 2 or/and 3) of support for adults in the focus population with **hypertension, high cholesterol, or other risk of heart disease**:

**Category 1:** Social services and supports that address at least one area where we live, learn, work and play. (Social Determinants of Health (SDOH))

Example activities include a referral to an SDOH area of focus:

### **Neighborhood & Built Environment**

- A transportation resource to travel to and from a medical appointment.

### **Access to Healthy Food**

- A new or existing Veggie Rx program or food shelf.

### **Social Networks**

- A new or intergenerational social support program.

See Frequently Asked Questions on the CVH webpage for details of SDOH definitions.

**Category 2:** Culturally responsive education and/or support for chronic condition prevention, screening, follow up, and/or self-management:

Example activities include a referral to:

- A clinic that implements free heart health services for underinsured and uninsured women. (Sage Plus Heart Health Screening Program)
- A new or existing culturally appropriate cooking class, walking group, or group physical activity program.
- A culturally specific self-measured blood pressure program that supports patients in their self-management of hypertension.

**Category 3:** Evidence-based lifestyle change programs that address hypertension or high cholesterol.:

Example activities include a referral to:

- Identification of caregivers and referral to Powerful Tools for Caregivers.
- The National Healthy Heart Ambassador Blood Pressure Self-Monitoring. (HHA-BPSM)
- Cardiac rehabilitation program for qualifying patients.

## 2.3 Eligible and Ineligible Expenses

Expenses should be aligned with project goals and activities (subject to final approval from MDH and CDC).

### **Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Food
- Direct patient care



- Medical equipment
- Construction
- Non-grant-related costs or expenses not contributing to project activities/deliverables.
- Cash assistance for personal/family needs paid directly to individuals
- Costs incurred outside grant award period (Unless otherwise indicated)
- Staff gifts/bonuses, personal use goods/services, or meals (except during approved travel)
- Grant writing or research
- Sponsorships of events, trainings or advertisements that are not directly related to the grant
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

If you are unsure if an expense is eligible or ineligible, please send your question to MDH by the Q&A deadline as outlined on the [RFP Questions and Answers Page](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrantfaq.html) ([www.health.state.mn.us/diseases/cardiovascular/funding/heartgrantfaq.html](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrantfaq.html)).

## 2.4 Mandatory Project Requirements

All projects must include the following components.

### Community Clinical Linkages

Funded projects must focus on building or enhancing existing community clinical linkages that can be sustained after grant funding with the goal of increasing referrals to social services, supports, culturally responsive education and prevention, and lifestyle change programs as described. Community clinical linkages are connections made between health care, public health, and community organizations to improve population health. Letters of support from collaborators are optional but strongly encouraged for all applicants.

Example activities include:

- Building a relationship with a clinic or community partner and establishing a bi-directional referral system for social needs support addressing a SDOH.
- Engaging Community Health Workers to support clients in self-managing their high blood pressure, including facilitating connection to primary care services.
- Building a relationship with a clinic or community partner and establishing a bi-directional referral system to an evidence-based lifestyle change program or culturally responsive education and support for chronic condition management.

### Community Engagement

Applicants will demonstrate the ability to involve the population they serve in decision making, or ensure activities are effective and inclusive. Community engagement means working alongside, with, or led by community members. This could include but is not limited to:

- Co creation of materials, health education, or initiatives
- Actively seeking feedback or guidance from the community the project aims to serve

- Gathering community members for listening sessions, forums, or planning purposes
- Engaging community members as leadership or guides for project scope
- Supporting outreach events or activities to excite, engage, or connect with community members
- Using community health assessments, surveys, or other existing community-developed resources to guide work

## Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035 (MN 2035 Plan)

Applicants should review the MN 2035 Plan and demonstrate how their project aligns with at least one or more of the MN 2035 Plan Outcomes. [Minnesota's Action Plan to address Cardiovascular Disease, Stroke and Diabetes 2035](http://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html)  
([www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html](http://www.health.state.mn.us/diseases/cardiovascular/stateplan/index.html))

### Grantee Outcome Expectations & Goals

- Created or enhanced existing linkage between clinic and community partner to identify and respond to social services and support needs.
- Increased referrals to one or more of the three categories listed above to support adults with hypertension, high cholesterol, or other risk of heart disease.
- Improved understanding of social determinants of health and heart health in focus populations, particularly those that have faced historical health inequities.
- Aligned project with at least one of MN 2035 State Plan outcomes.
- Participation in MDH led Cardiovascular Health Learning Collaborative.

### Grantee's Activities

With support and technical assistance from MDH, **all awarded grantees** will be required to:

Before the grant agreement is executed:

- Work with MDH to revise and finalize the work plan and budget.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.

After the grant agreement is executed:

- Submit quarterly progress reports on grant activities, outputs, and outcomes. Reports will include status updates on project activities, challenges experienced, and lessons learned.
- Participate in regular check-ins with assigned grant manager to cover topics such as: grant management support; invoicing, reporting, and timeliness of communications.
- Collaborate with MDH evaluator to identify feasible measures and outcomes for your project.
- Participate in the Cardiovascular Health Learning Collaborative: Grantees will have the opportunity to participate in MDH's new cardiovascular health learning collaborative. Key concepts include sharing complementary and supportive activities across partners, linking partners with experts and sharing knowledge, creating action plans to inform continuous quality improvement to guide and enhance work, examining existing policies around social determinants of health and social needs supports, and addressing health inequities.

## Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH Cardiovascular Health staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH staff will connect grantees to national resources from the Centers for Disease Control and Prevention (CDC) as they become available. MDH will also support grantees in identifying appropriate and feasible measures, outcomes for their projects and provide general evaluation technical assistance. Grantees are encouraged to seek support and learn from other grantees throughout the grant period.

## 2.5 Application Review and Selection Process

### Review Process

Applications will be reviewed by a committee representing the focus populations this RFP intends to serve and other internal partners. The review committee will evaluate all eligible and complete applications received by the deadline.

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

The review committee will review and score each application on a 100- point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria found in **Attachment B: Grant Application Scoring Criteria**. Applicants are encouraged to review this form to ensure applications address the items in the scoring criteria.

The review committee will then meet to discuss applications as a team. Reviewers will be able to modify their individual scores based on the discussion at the review meeting. The review committee will then submit final scores and make recommendations to the Cardiovascular Health Unit staff based on the criteria and discussion.

### Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award 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/Policy%2008-06%20Pre-Nongovernmental%20Organizations.pdf). ([mn.gov/admin/assets/Policy%2008-06%20Pre-](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Nongovernmental%20Organizations.pdf)

[Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024 tcm36-604382.pdf](#)).

- MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

## Notification

MDH anticipates notifying all applicants via email of funding decisions via email **by August 2024**.

All notices of award and non-award will be sent via email to the contact person listed on the application. Awarded applicants who are not current vendors in the State's SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee's work plan and/or budget before a grant agreement can be made final. Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement is estimated to be **Oct. 1, 2024** or the date on which all signatures for the agreement are obtained, whichever is later. **The grant agreement will be in effect until June 30, 2027**, 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 Wednesday, June 12, 2024**.

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by computer or technology problems.

**Acknowledgement of application receipt.** MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day 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 means MDH did not receive your application/documents. Please contact Jim Peacock, [james.peacock@state.mn.us](mailto:james.peacock@state.mn.us), 651-201-5405 after that time frame for further instructions.

### 3.2 Application Submission Instructions

Applications must be submitted to the following email: [health.heart@state.mn.us](mailto:health.heart@state.mn.us) **no later than 11:59 p.m. Central Time, on Wednesday, June 12, 2024**.

Applicants may *not* hand-deliver applications to MDH.

### 3.3 Application Instructions

REQUIRED: Applicants must submit **all five documents** for the application to be considered complete. The letter of support from collaborator is optional.

- Application Form (Attachment A)
- Work Plan (Word template) (Attachment C)
- Budget (Excel template) (Attachment D)
- Due Diligence Review Form (unscored) (Attachment E)
- Applicant Conflict of Interest Disclosure Form (unscored) (Attachment F)
- **Optional**-Letter of support from collaborator

All application materials and instructions are attached and can be found on the [Creating Clinical Linkages to Heart Health: Request for Proposals](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrant.html) ([www.health.state.mn.us/diseases/cardiovascular/funding/heartgrant.html](http://www.health.state.mn.us/diseases/cardiovascular/funding/heartgrant.html)) web page.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. 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: Grant Responsibilities and Provisions

### 4.1 Grant Management Responsibilities

#### Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

#### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

## CREATING COMMUNITY CLINICAL LINKAGES TO HEART HEALTH

The reporting schedule will be quarterly progress reports due 30 days following the end of each quarter. The annual report will replace the quarterly report due at the end of the state fiscal year with the first year as an exemption due to the grant timeline.

The grantee will participate in regularly scheduled meetings with MDH staff and must submit an annual report due 45 days after the end of the state fiscal year June 30.

Q1, Q2 Progress Report

Year 1 Annual Report due by August 14, 2025

Q1, Q2, Q3 Progress Report

Year 2 Annual Report due: August 14, 2026

Q1, Q2, Q3 Progress Report

Year 3 Annual Report due: August 16, 2027

### Grant Monitoring

Minn. Stat. §16B.97 (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and Grants Policy ([https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.
- The monitoring schedule will be set forth in the grant agreement.

### Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20\\_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for 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, with invoices due 30 days after the end of each month. MDH pays all approved invoices within 30 days of receipt.

## 2.3 Grant Provisions

### Contracting and Bidding Requirements

**(a) Municipalities** A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345 \(www.revisor.mn.gov/statutes/cite/471.345\)](https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41 \(www.revisor.mn.gov/statutes/cite/177.41\)](https://www.revisor.mn.gov/statutes/cite/177.41), et. seq.

## CREATING COMMUNITY CLINICAL LINKAGES TO HEART HEALTH

**(b) Non-municipalities** Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
  - Minnesota Department of Administration's [Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/) (<https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/>)
  - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program](https://mnuccp.metc.state.mn.us/) (<https://mnuccp.metc.state.mn.us/>) or
  - Small Business Certification Program through Hennepin County, Ramsey County, and [City of St. Paul: Central Certification Program](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9) (<https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9>).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
  - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The

list of debarred vendors is available at: [Suspended/Debarred Vendor Detailed Information \(mn.gov/admin/osp/government/suspended-debarred/\)](https://www.mn.gov/admin/osp/government/suspended-debarred/).

## 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/cite/16B.98) ([www.revisor.mn.gov/statutes/cite/16B.98](https://www.revisor.mn.gov/statutes/cite/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 F) 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 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](#), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 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, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes\(www.revisor.mn.gov/statutes/cite/13/full\)](#)) 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 \(www.revisor.mn.gov/statutes/cite/16B.98\)](#), 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\(www.revisor.mn.gov/statutes/cite/363A.02\)](http://www.revisor.mn.gov/statutes/cite/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 \(www.revisor.mn.gov/rules/5000.3550/\)](http://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.

## RFP Part 5: Attachments

Required attachments:

- Attachment A: Application form with detailed instructions
- Attachment B: Grant Application Scoring Criteria
- Attachment C: Workplan template
- Attachment D: Budget template
- Attachment E: [Due Diligence Form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](http://www.health.state.mn.us/about/grants/duediligence.pdf)
- Attachment F: [Applicant Conflict of Interest Disclosure Form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](http://www.health.state.mn.us/about/grants/coiapplicant.pdf)

Optional: Letter of Support from partners organization(s)

### Attachment A: Creating Community Clinical Linkages to Heart Health Application

Applicants are strongly encouraged to download and complete the Application Form (Microsoft Word document) provided at [Cardiovascular Health Funding Opportunities \(https://www.health.state.mn.us/diseases/cardiovascular/funding/index.html\)](https://www.health.state.mn.us/diseases/cardiovascular/funding/index.html). To ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 12-point Calibri font. Applicants do not need to include the prompts in their response if they indicate the section and question before their response (e.g., "C1").

### Attachment B: Grant Application Scoring Criteria

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 scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

### 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.
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.
Blank/did not answer (0)	Did not answer the question or offered no response

### Organizational History, Values and Capacity – (20 points)

Evaluation Criteria	Score
Described the lead organization, including history mission, services, and major programming.	/5
Described how heart disease has impacted the population the organization serves.	/5
Demonstrated advancing racial equity for focus populations.	/5
Applicant has the capacity to address the proposed project plan. Described who will do the work and qualifications. Provided detail about working with other organizations.	/5
Total points for this section	/20

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**Project Narrative – (30 points)**

<b>Evaluation Criteria</b>	<b>Score</b>
Provided an overview of their project. This includes partners engaged, key activities or strategies highlighted from their workplan, and anticipated outcomes.	/5
Category 1,2 or/and 3 is marked. b. Described plans to create or enhance community clinical linkage to increase referrals to support adults with hypertension, high cholesterol, or other risk of cardiovascular disease. Activities/strategies are proven or likely to be effective with the focus population. c. Described how their organization will sustain the linkage between community partner and clinic.	/5 X2=
Described how they will know their project is successful.	/5
Described plan for ensuring participation from focus population in activities.	/5
Project includes working with a community health worker/ patient navigator.	/5
Total points for this section	/30

**Community Engagement and Collaboration-(20 points)**

<b>Evaluation Criteria</b>	<b>Score</b>
There is evidence of collaboration with other eligible community clinics, hospitals, health care providers, or community organizations and/or letters of support are attached. Letters of support are not required but are strongly encouraged.	/10
The focus population is involved in decision making and/or there’s evidence of effective and inclusive engagement with community members.	/5
Project describes how it aligns with at least one of the outcomes in Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035.	/5
Total points for this section	/20

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**Evaluation and Impact-(10 points)**

Evaluation Criteria	Score
Describes the impact/reach of the project it has on its participants and patients.	/5
Provides evidence of understanding goal outcome expectations: <ul style="list-style-type: none"> <li>• Create or enhanced existing linkage between clinic and community partner.</li> <li>• Increased referrals to <b>one or more</b> of the three categories to support adults with hypertension, high cholesterol, or other risk of heart disease.</li> <li>• Improved understanding of social determinants of health and heart health in priority populations, particularly those that have faced historical health inequities.</li> <li>• Aligned project with at least one of MN 2035 State Plan outcomes.</li> </ul>	/5
Total points for this section	/10

**Workplan-(10 points)**

Evaluation Criteria	Score
Data, cultural considerations, lived experience or other evidence that methods are effective in focus populations.	/5
Includes SMART goals, objectives, activities, responsible person, timeline, outputs	/5
Total points for this section	/10

**Budget and Budget Justification – (10 points)**

Evaluation Criteria	Score
Accuracy of proposed budget	/5
Budget narrative is consistent with the proposed objectives	/5
Total points for this section	/10

**Attachment C: Workplan template**

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the first fiscal year of the grant (October 2024 – June 2025), including all planning, needs assessment, and implementation activities. Funded grantees will develop a separate work plan for the last two fiscal years of the grant later in coordination with their MDH Grant Manager. A grantee’s work plan may be revised during the grant period in consultation with MDH and the evaluation team.

### Attachment D: Budget template

Applicants must submit a budget that details how funds will be used during the first fiscal year of the grant. Funded grantees will develop a separate budget for the last two fiscal years of the grant later in coordination with their MDH Grant Manager and in alignment with their workplan. A grantee's budget may be revised during the grant period in consultation with MDH and the evaluation team.

### Attachment E: Due Diligence Form

Applicants must complete the [Due Diligence Review Form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](http://www.health.state.mn.us/about/grants/duediligence.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Please note that the Due Diligence Review Form score is not part of the total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

### Attachment F: Applicant Conflict of Interest Disclosure Form

Applicants must complete the [Applicant Conflict of Disclosure form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](http://www.health.state.mn.us/about/grants/coiapplicant.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.