Improving Child and Family Health Through Smart Moves for Kids

GRANT REQUEST FOR PROPOSAL (RFP)

Important Dates:

Oct. 16, 2026: Request for Proposals released
Oct. 30, 2026: Informational webinar session
Nov. 20, 2026: Last day to submit RFP Questions
Dec. 4, 2026: Proposals due
Jan. 2027: Notify applicants
Mar. 30, 2027, or the date the grant agreement is fully executed, whichever is later: Grant begins
Jun. 29, 2028: Grant ends

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10/16/2026

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: Improving Child and Family Health Through Smart Moves for Kids
- **Minnesota Department of Health (MDH) Program Website**: Minnesota Department of Health - Diabetes (www.health.state.mn.us/diseases/diabetes)
- **Application Deadline**: Dec. 4, 2026

Diabetes and Prediabetes in the United States

Diabetes is a chronic condition that affects how the body converts food into energy. Type 2 diabetes accounts for most diagnosed diabetes among adults and is increasingly affecting children, adolescents, and young adults.

An estimated 40.1 million people in the United States, or one in eight people, have diabetes. An estimated 115.2 million U.S. adults, have prediabetes, and approximately eight in ten adults with prediabetes do not know they have it (National Diabetes Statistics Report). Prediabetes occurs when blood glucose levels are higher than normal but not yet high enough for a type 2 diabetes diagnosis. It increases a person's risk of developing type 2 diabetes, heart disease, and stroke.

The landmark Diabetes Prevention Program clinical trial demonstrated that type 2 diabetes can be prevented or delayed among adults at increased risk. After approximately three years, participants receiving the lifestyle intervention reduced their likelihood of developing type 2 diabetes by 58% compared with participants receiving a placebo. Among participants aged 60 and older, the reduction was 71% (Diabetes Prevention (DPP)). The intervention was effective across participating racial and ethnic groups and among both men and women. Findings from this research provided the foundation for the National Diabetes Prevention Program (National DPP).

Diabetes and Prediabetes in Minnesota

Diabetes and prediabetes affect a substantial number of Minnesota families and communities. In 2024, approximately 10.5% of Minnesota adults, about 470,000 people, reported having diagnosed diabetes. Approximately 34,500 new cases of diabetes are diagnosed in Minnesota each year (Diabetes in Minnesota).

MDH estimates that as many as 1.5 million Minnesota adults may have prediabetes, and most do not know they have it (Prediabetes in Minnesota). Preventing or delaying type 2 diabetes requires both access to effective programs and community conditions that make sustained participation possible.

The burden of diabetes is not experienced evenly across Minnesota. Income, geography, access to healthcare and prevention services, and other social and structural conditions can affect a person's risk of developing diabetes and their ability to prevent or manage it. These differences

reinforce the importance of working with organizations that have established relationships with families and understand the strengths, needs, and circumstances they serve.

Type 2 Diabetes in Children and Adolescents

Type 2 diabetes increasingly affects children and adolescents in the United States. Data from the SEARCH for Diabetes in Youth study show that, among youth ages 10-19, the annual incidence of type 2 diabetes increased from approximately 9 cases per 100,000 youth in 2002-2003 to approximately 18 cases per 100,000 youth in 2017-2018, with an average annual increase of approximately 5% (Wagenknecht et al., 2023). The annual increase was especially pronounced among Asian or Pacific Islander, Hispanic or Latino, and non-Hispanic Black youth.

SEARCH also found that the prevalence of type 2 diabetes among youth ages 10-19 also increased from 34 cases per 100,000 youth in 2001 to 67 cases per 100,000 in 2017 (Lawrence et al., 2021). Type 2 diabetes was most prevalent among Black and American Indian youth, and some of largest increases were observed among Black and Hispanic youth.

If recent increases in new diagnoses continue, researchers project that the number could rise more substantially (Tönnies et al., 2023). These projections reinforce the importance of effective, family-centered interventions that address type 2 diabetes risk earlier in life and are accessible to children and families from communities experiencing the greatest burden.

Evidence Supporting Smart Moves for Kids

Smart Moves for Kids is an evidence-based, family-centered program designed to help children and their caregivers build sustainable habits. The program includes four signature components: nutrition education, behavior-change skills, physical activity, and parent or caregiver support (Smart Moves for Kids). Smart Moves for Kids helps families make practical changes they can maintain over time while supporting children's self-esteem and positive relationship with food and movement.

Smart Moves for Kids was developed from the curriculum used in the Bright Bodies program at Yale University. Bright Bodies was created as an intensive, family-based program for children and adolescents with obesity and related health risks. The original program brought children and caregivers together for a multidisciplinary intervention that included its four signature components.

In a randomized controlled trial involving children ages 8-16, participants in Bright Bodies experienced greater improvements in body composition and insulin resistance than participants receiving conventional clinical care. Improvements observed at six months were sustained at 12 months, supporting the program's effectiveness in improving health indicators associated with type 2 diabetes risk (Savoye et al., 2007).

Additional Yale research found improvements in insulin sensitivity and glucose tolerance among a subgroup of Bright Bodies participants compared with participants receiving conventional

clinical care (Shaw et al., 2009). In a separate randomized controlled trial involving adolescents ages 10 through 16 with elevated glucose levels, Bright Bodies participants experienced greater reductions in glucose levels measured two hours after an oral glucose tolerance test and were more likely to fall below the study's elevated glucose threshold than participants receiving standard clinical care (Savoye et al., 2014).

An observational study of 396 children and adolescents enrolled in Bright Bodies between 2008 and 2018 found that the program continued to produce measurable outcomes. Participants represented racially and ethnically diverse families. During this period, the program made practical adaptations to support engagement and address funding limitations. The findings support continued effectiveness of Bright Bodies under the routine program conditions (Samuels et al., 2023).

Smart Moves for Kids packages the core elements of Bright Bodies into a 12-week program designed for implementation in health care, public health, school, and community settings (CDC-Recognized Family Healthy Weight Programs). The program includes two physical activity sessions and one nutrition or behavior modification session each week, providing at least 26 hours of family-centered intervention (CDC-Recognized Family Healthy Weight Programs; Smart Moves for Kids). Smart Moves for Kids is recognized by the CDC as a research-tested program and includes it among the programs available for community implementation.

Implementation experience across diverse community settings has also identified practical conditions that support delivery and sustainability (Samuels et al., 2023). These include strong organizational leadership, trusted community partnerships, adequate space and staffing, effective referral and recruitment processes, meaningful family supports, continuous improvement, and early planning for long-term continuation (Finn et al., 2024).

Alignment with State and Federal Diabetes Priorities

This funding opportunity supports CDC-RFA-DP23-0020, Strategy 8, which calls for states to implement, expand, and sustain evidence-based, family-centered interventions for children and adolescents at increased risk of developing type 2 diabetes (CDC-RFA-DP-2320-0020: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk of Diabetes). After reviewing the CDC-recognized programs available at the time and gathering guidance from a Minnesota-based advisory group, MDH selected Smart Moves for Kids for statewide implementation.

This funding opportunity also supports Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035, including its emphasis on improving access to evidence-based and community responsive diabetes prevention services. Supporting trusted organizations to implement Smart Moves for Kids advances these priorities by expanding access to structured, family-centered programming for children and caregivers in communities experiencing a disproportionate burden of type 2 diabetes.

1.2 Program Description

The Minnesota Department of Health's (MDH) Diabetes and Arthritis Unit requests proposals from eligible organizations to plan and implement Smart Moves for Kids, an evidence-based, family-centered program for children between the ages of 7—18, with overweight or obesity, as defined under Participant Eligibility in Section 2.2, and their parents or caregivers. The 12-week program includes 26 contact hours and combines nutrition education, physical activity, behavioral change strategies, and caregiver support to help children and families develop sustainable healthy habits.

This funding opportunity is intended to expand access to Smart Moves for Kids in communities experiencing a disproportionate burden of type 2 diabetes and among children and families who may have limited access to intensive, family-centered health programming. MDH is seeking trusted organizations that are prepared to serve, recruit, welcome, and retain participating families while delivering the program with fidelity and in ways that reflect local community strengths and circumstances.

This grant RFP is supported by funding from the Centers for Disease Control and Prevention (CDC) through CDC-RFA-DP23-0020: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk of Diabetes. The cooperative agreement supports states in preventing or delaying type 2 diabetes, improving diabetes-related outcomes, and implementing evidence-based, family-centered interventions for children and adolescents at an increased risk for developing type 2 diabetes.

During the first two years of this cooperative agreement, MDH reviewed the CDC-recognized family healthy weight programs available at that time. With guidance from a 25-member advisory group intentionally composed to reflect diverse professional, geographic, and community perspectives, and deep expertise in implementing programs for children and families, MDH selected Smart Moves for Kids as the best fit program for Minnesota children and families.

Smart Moves for Kids is recognized by CDC as Smart Moves for Kids (Bright Bodies). Selected grantees will implement Smart Moves for Kids and work with MDH and the Smart Moves for Kids team to maintain program fidelity while making delivery culturally and locally responsive.

Lessons from Minnesota's initial implementation experience informed the planning, staffing, technical assistance, and continuous improvement expectations in this RFP. These lessons highlighted the importance of allowing communities to determine locally important recruitment strategies, partnerships, staffing configurations, participant supports, schedules, and cultural adaptations while maintaining the essential components of Smart Moves for Kids.

1.3 Funding and Project Dates

Funding

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

Funding	Estimate
Estimated Amount to Grant	Up to $70,000
Estimated Number of Awards	Two
Estimated Award Maximum	Up to $35,000 per grantee for the full grant period
Estimated Award Minimum	$30,000

Applications will be evaluated according to the criteria described in Attachment B: Grant Application Scoring Criteria. Only applicants that best meet the requirements and evaluation criteria of this RFP will be considered for funding.

The grant agreement is fully executed when it has been signed by authorized representatives of both the selected applicant and MDH. MDH anticipates awarding up to two grants of up to $35,000 each, for a total of up to $70,000. Each selected organization will enter into one grant agreement covering the full grant period.

The first fiscal year, ending Jun. 30, 2027, will be a short pre-implementation period. Activities are expected to focus primarily on onboarding, implementation planning, staffing, training, partnership development, purchasing approved equipment and supplies, and preparing recruitment, referral, and enrollment processes.

The second state fiscal year, Jul. 1, 2027, through Jun. 29, 2028, will focus primarily on recruiting and enrolling families, delivering at least two complete Smart Moves for Kids cohorts, improving implementation between cohorts, reporting, and sustainability planning.

Project Dates

The anticipated project dates begin **Mar. 30, 2027,** or the date the grant agreement is fully executed, whichever is later, through **Jun. 29, 2028.** This grant period is expected to be approximately **15 months** based on satisfactory grantee performance and funding availability.

- Informational Webinar Session: Oct. 30, 2026
- Last day to submit RFP questions: Nov. 20, 2026
- Application deadline: Dec. 4, 2026
- Anticipated notification of award and non-award decisions: Jan. 2027
- Anticipated grant start date: Mar. 30, 2027, or when the grant is fully executed, whichever is later
- Grant end date: Jun. 29, 2028

Fiscal Year Budgets

Applicants must submit proposed budgets for each state fiscal year and allocate anticipated expenses in which they expect to occur. Applicants should not assume that unspent funds can be transferred from the first fiscal year into the second. Any budget revision or transfer of funds between fiscal years requires MDH approval and may be subject to state and federal funding requirements. Approval to transfer funds is not guaranteed.

MDH will pay required Smart Moves for Kids training, licensing, and program material costs separately from this grant award. Applicants must not include those expenses in the proposed $35,000 grant budget. Applicants may use staff time for attending required Smart Moves for Kids training virtually.

Match Requirement

There is no match requirement.

1.4 Eligible Applicants

Eligible applicants must propose to serve Minnesota children and families and conduct grant funded activities in Minnesota. MDH welcomes applications from organizations with varying levels of experience and administrative capacity.

Eligible applicants include:

- Nonprofit community-based and social service organizations.
- Tribal governments and Tribal organizations.
- Local governments and local public health agencies.
- Public or nonprofit schools, school districts, and educational organizations.
- Public or nonprofit institutions of higher education, including Extension programs.
- Nonprofit healthcare organizations, clinics, and health systems.
- Federally Qualified Health Centers and other nonprofit or public community health centers.
- Faith-based nonprofit organizations.
- Other public or nonprofit entities.

For-profit entities and individuals are not eligible to apply directly, serve as a fiscal agent, or be the organization primarily responsible for implementing Smart Moves for Kids. They may support implementation through arrangements permitted under the grant agreement.

Collaboration and Fiscal Agent Arrangements

Collaboration with other organizations is welcomed but not required. Applicants may apply independently or propose a collaborative arrangement, including use of a fiscal agent.

The application must identify the eligible organization that will enter into the grant agreement with MDH. This organization will be responsible for grant administration, financial

management, required reporting, and ensuring that all grant activities meet the grant agreement requirements.

If a separate organization will be primarily responsible for implementing Smart Moves for Kids, the application must identify that organization and describe each organization's responsibilities. Both organizations must meet the applicable eligibility requirements in this RFP.

Applications involving multiple organizations must describe how the organizations will coordinate implementation and oversee grant activities. Proposed payments to participating organizations and any costs for fiscal administration must be identified and explained in the budget and budget narrative. All proposed costs are subject to MDH review and approval.

Before implementation, selected grantees must work with MDH to identify and complete any required agreements and documentation for the proposed arrangement.

All selected grantees will need a state vendor ID number and Unique Entity ID (UEI) to receive the grant award. Applicants have a vendor number if they have received a grant from MDH in the past. MDH encourages all applicants to apply now for both IDs to reduce administrative delays for awarding funding. If applicants do not have a state vendor number or are unsure what the number is, please visit the Swift Supplier Portal (https://mn.gov/mmb/accounting/swift/). If applicants do not have or do not know their unique entity ID, please visit the unique entity ID registration page (https://sam.gov/entity-registration).

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.diabetes@state.mn.us.
All answers will be posted within two business days at Diabetes Resources and Opportunities (www.health.state.mn.us/diseases/diabetes/resources/index.html)
Please submit questions no later than 4:30 p.m. Central Time, on Nov. 20, 2026.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of MDH, 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 general RFP information and guidance through a virtual information meeting. Staff will not be able to help with the actual writing of applications or critiques of drafts but can answer general questions about the process and requirements.

Though not required, prospective applicants are encouraged to participate in the information session. Questions and answers from the information session and materials from the RFP information session will be posted on the Diabetes Resources and Opportunities webpage (www.health.state.mn.us/diseases/diabetes/resources/index.html) for those who are unable to attend. This meeting will not be recorded.

For up-to-date information on the session, visit the Diabetes Resources and Opportunities webpage (www.health.state.mn.us/diseases/diabetes/resources/index.html). If you need meeting accommodations, such as ASL services, please reach out to health.diabetes@state.mn.us by Oct. 21, 2026.

General Information Session

Type	Date	Time	Location
Webinar (slides will be posted to the website afterwards)	Oct. 30, 2026	9:30 a.m. – 10:30 a.m. Central Time	To join the call, you may use one of the following options: 1. Join from the Microsoft Teams meeting link: https://teams.microsoft.com/meet/212089188119041?p=fKhWKHvPzGKCaVba2q Meeting ID: 212 089 188 119 041 Passcode: vU9tp2UA 2. Dial in by phone: +1 651-395-7448 Phone conference ID: 447 107 659# 3. Join on a video conferencing device: Tenant key: mn@m.webex.com Video ID: 114 157 063 9

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 establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The purpose of this funding opportunity is to support the implementation of Smart Moves for Kids in communities experiencing a disproportionate burden of type 2 diabetes or barriers to accessing diabetes prevention programming.

This grant will serve priority communities which may include:

- U.S-born Black or African American communities.
- American Indian communities.
- Hmong or other Asian immigrant communities.
- Hispanic or Latino communities.
- African immigrant communities.
- Children and families enrolled in Medical Assistance (Minnesota's Medicaid program).
- Children living with disabilities and their families.
- Children living in Greater Minnesota.
- Another Minnesota community experiencing a disproportionate burden of type 2. diabetes or barriers to accessing diabetes prevention programming.

Please note: For this application, the term community is inclusive and may refer to a geographic, cultural, racial, ethnic, disability or other population whose members share relevant experiences, identities, circumstances, or relationships.

MDH intends to award one grant to an eligible organization proposing to serve U.S.-born Black or African American children and families through Smart Moves for Kids. Applicants must demonstrate established relationships with this community and the capacity to recruit, engage, and support eligible children and their caregivers.

MDH anticipates awarding a second grant to an eligible organization proposing to serve another priority community identified in this RFP.
Final award decisions will depend on the number, quality, and responsiveness of applications received. MDH reserves the right to make a different distribution of awards or to award fewer than two grants if doing so is in the State's best interest.

Organizations serving children and families in Greater Minnesota are encouraged to apply. Greater Minnesota includes all areas of Minnesota outside of the nine-county Twin Cities metropolitan area, including rural communities, small towns, and regional centers. Eligible applicants may propose to serve children and families anywhere in Minnesota. MDH has not established regional award allocations.

Grant outcomes will include:

Phase	Intended Outcome	How performance will be measured
Phase 1: Pre-Implementation – Readiness	Selected grantees establish the staffing, partnerships, infrastructure, workflows, and organizational readiness needed to successfully launch Smart Moves for Kids.	Completion of program training and launch preparations.
Phase 2: Implementation – Reach	Eligible children ages of 7—18 and their caregivers from the proposed priority community are recruited, enrolled, and supported to participate in the program.	Number of children and caregivers enrolled from the priority community, attendance, and program completion.
Phase 2: Implementation – Quality	Smart Moves for Kids is delivered with fidelity, in a welcoming, culturally responsive, weight-inclusive, and non-stigmatizing manner, and with community-informed adaptations reviewed and approved through the required process.	Documentation of program delivery, approved adaptations, de-identified participant and caregiver feedback.
Phase 2: Implementation – Learning	Grantees use implementation experience, program data, and participant and caregiver feedback to improve delivery between cohorts.	Documentation of lessons learned and improvements made between cohorts.
Phase 2: Implementation – Sustainability	Grantees develop relationships, referral pathways, operational workflows, staffing strategies, and potential financial approaches that can support continuation beyond the grant period.	A sustainability plan describing potential partnerships, referral pathways, staffing, and funding sources.

2.2 Eligible Projects

Funding supports the planning and implementation of Smart Moves for Kids for eligible children ages 7 through 18 and their caregivers in Minnesota, with a focus on the priority communities described in section 2.1. Projects will include a shortened first year focused on program preparation and readiness, followed by a second year focused on delivering at least two program cohorts, evaluating implementation, and planning for sustainability. Required activities and deliverables for each year are described below.

Participant Eligibility

Smart Moves for Kids will serve Minnesota children and adolescents ages 7 through 18 with overweight or obesity and their parents and caregivers. Overweight is defined as a body mass index at or above the 85th percentile and below the 95th percentile for age and sex. Obesity is defined as a BMI at or above the 95th percentile for age and sex.

Before enrollment, grantees must verify and document participant eligibility using a confidential process consistent with Smart Moves for Kids requirements. Families may access the program through health care or community referrals or by contacting the program directly. A referral does not, by itself, establish eligibility.

A parent or caregiver must participate in the program's designated family and caregiver components, consistent with the Smart Moves for Kids delivery model.

Grantees must focus recruitment on the priority community identified in their approved application. Priority community characteristics and Medicaid do not substitute for the age and BMI eligibility criteria.

Implementation Team

Applicants may determine the size and structure of their Smart Moves for Kids implementation team. The proposed team must collectively demonstrate the knowledge, skills, relationships, capacity, and backup coverage needed to coordinate the program and deliver its nutrition, physical activity, behavioral change, and caregiver support components.

Applicants must explain how responsibilities will be assigned, how team members will coordinate their work, and how program delivery will continue during staff absences, vacancies, or transitions.

Grantees are responsible for maintaining a safe environment for participating children and families. The grantee is responsible for ensuring all applicable background screenings are completed for employees, volunteers, participating organizations' personnel, and other individuals assigned to Smart Moves for Kids, consistent with applicable laws, regulations, organizational policies, and child safety requirements. Required screenings must be completed before an individual has direct, regular, or unsupervised contact with participating children or

access to identifiable participant information. The grantee is responsible for maintaining documentation that applicable screening requirements have been met. MDH will not conduct background screenings on behalf of grantees or their program partners.

Each applicant must identify the individuals or positions expected to fulfill the following functions:

- **Program coordinator**: Oversees planning, implementation, staffing, partnerships, recruitment and enrollment, communication with families, reporting, coordination with MDH, and overall program performance. This individual should possess strong organizational skills and be detailed oriented.
- **Nutrition lead**: Leads or oversees the nutrition components and has substantial relevant education, training, or professional experience. A registered dietician or other licensed nutrition professional is required for the nutrition lead role.
- **Physical activity lead**: Leads age-appropriate physical activity components and has relevant education, training, or professional experience in facilitating safe, fun, and developmentally appropriate physical activity for children. Relevant preparation for the physical activity lead may include education, training, or professional experience in exercise, fitness, physical education, recreation, kinesiology, coaching, youth development, or a related field.
- **Behavior change and caregiver support lead**: One or more team members lead or support the behavior change activities for children and the caregiver component. Relevant preparation for the behavior change and caregiver support lead(s) may include education, training, or professional experience in behavioral health, social work, family support, community health, counseling, health education, coaching, group facilitation, community health worker practice, or a related field. A specific degree, certification, or professional license is not required.

These functions may be assigned to separate individuals or combined when a team member has the appropriate qualifications and capacity. Applicants may fulfill required functions through their own personnel or personnel from participating organizations, consistent with the approved implementation arrangement. Regardless of team structure, the applicant must demonstrate adequate staffing and backup coverage to deliver the program consistently.

MDH recognizes that qualified individuals may bring relevant experience through a variety of educational, professional, and community-based pathways. When a proposed implementation team member does not meet the required education, licensure, or credentialing qualifications described above, the grantee must submit the individual's relevant education, training, professional experience, and other applicable qualifications to MDH for review and approval prior to assigning the individual to the role. MDH will consult with the Smart Moves for Kids team to consider whether the proposed individual has sufficient knowledge and experience to

fulfil the responsibilities of the position and support safe, high-quality implementation of the program.

Weight-Inclusive and Non-Stigmatizing Implementation

MDH is committed to implementing Smart Moves for Kids in a manner that supports the health and well-being of children and families without shame, blame, restrictive dieting, or an excessive focus on weight, appearance, or body size. Grantees must use strengths-based, family-centered, non-diet approaches that emphasize practical skills, nourishing foods, enjoyable physical activity, supportive caregiver involvement, quality of life, and sustainable behaviors.

The implementation team must not use language or practices that stigmatize participants; label foods or bodies as “good” or “bad;” equate body size with personal worth or health; encourage restrictive dieting or rapid weight loss; or compare participants’ bodies or progress with one another.

Weight-related and other health measurements must be collected privately, respectfully, and only by appropriately trained staff. Individual results must not be announced, displayed, or discussed in a group setting, or shared with anyone who is not authorized to receive them.

Grantees must work with MDH and the Smart Moves for Kids team to maintain program fidelity while implementing the program in a weight-inclusive and non-stigmatizing manner. Any proposed change to required curriculum content, participant eligibility criteria, measurements, program dose, or other essential components must follow the adaptation review process described in this RFP.

Staff Training and Implementation Support

Personnel must complete the Smart Moves for Kids training required for their assigned roles before delivering the applicable program components. MDH will work with selected grantees and the Smart Moves for Kids team to coordinate training dates. Training is expected to be delivered virtually over two half days.

MDH will pay the required Smart Moves for Kids training fees separately from the grant award. Applicants must not include these fees in their proposed budgets. Applicants may include staff time for attending required training.

Program delivery must follow the expectations described under Weight Inclusive and Non-Stigmatizing Implementation.

MDH may offer or arrange additional learning opportunities related to weight bias and stigma, respectful communication, and prevention of unintended harm during the grant period. Grantees are encouraged to participate as these opportunities become available. Completion of additional MDH training is not a prerequisite for beginning the program.

Community Engagement

Applicants will demonstrate how they will meaningfully involve the children, families, and communities they propose to serve in planning, implementation, learning, and improvement. Community engagement may include:

- Co-creating or reviewing recruitment, communication, or program support materials.
- Seeking feedback and guidance from participating children, caregivers, community members, and program partners.
- Holding listening sessions, discussion groups, forums, or planning purposes.
- Supporting outreach events or activities to excite, engage, or connect with community members.
- Using existing community health assessments, surveys, recommendations or community-developed resources to guide implementation.

Social Needs Screening and Referrals

Grantees must work with MDH to establish a confidential process using a validated social needs screening tool to identify needs that may interfere with family participation. Grantees must establish referral procedures to connect families with appropriate support services.

Program Fidelity and Adaptations

Grantees may make community-informed adaptations that increase cultural relevance, accessibility, family engagement, and local fit. Adaptations may not remove or fundamentally change required Smart Moves for Kids components, curriculum content, dose, eligibility criteria, safety requirements, or required measurement processes.

Substantive proposed adaptations must be reviewed through a formal process involving MDH, CDC when required, and the Smart Moves for Kids team. Grantees must receive approval before implementing a substantive adaptation. MDH will help grantees distinguish between routine delivery decisions and adaptations requiring formal review.

Applicant Designed Elements

Applicants and grantees may determine the following elements based on community circumstances and organizational strengths:

- Recruitment messages, trusted messengers, outreach channels, and follow-up strategies.
- Referral sources, partnerships, referral workflows, and feedback processes.
- Program location, schedule, communication methods, and weather or space contingencies.
- Staffing configuration and distribution of responsibilities.
- Community, clinical, school, faith-based, and other implementation partnerships;
- Participant supports, including transportation, interpretation, sibling participation, accessibility, and other approved participation supports.

- Community-informed foods examples, physical activities, cultural practices, language, imagery, and facilitation approaches.
- Family-engagement and retention strategies.
- Operational improvements made between the first and second cohorts.

Short Year 1: Pre-Implementation and Readiness

During the period beginning Mar. 30, 2027, or the date the grant agreement is fully executed, whichever is later, and ending Jun. 30, 2027, each grantee must:

- Participate in MDH onboarding and implementation planning.
- Establish an implementation team and identify the individuals responsible for each required program function.
- Complete required Smart Moves for Kids training required for assigned program roles.
- Secure an accessible program delivery location and develop a realistic schedule and contingency plans.
- Purchase approved equipment and supplies needed for implementation.
- Establish or strengthen community, clinical, school, and other referral partnerships as appropriate.
- Develop recruitment, referral, eligibility screening, enrollment, retention, and family communication processes.
- Develop plans for addressing participation barriers, including transportation, sibling participation, interpretation, accessibility, scheduling, and other relevant needs.
- Establish the social needs screening and referral process described in this section.
- Establish procedures for participant safety, privacy, consent, background screening, and mandatory reporting.
- Establish required data collection, documentation, and reporting processes.
- Finalize a Year 2 implementation plan and budget with MDH approval.

Year 2: Implementation

From Jul. 1, 2027, through Jun. 29, 2028, each grantee must:

- Recruit and enroll eligible children and participating caregivers.
- Deliver at least two complete 12-week Smart Moves for Kids cohorts. Each cohort must offer each enrolled child at least 26 contact hours.
- Plan toward a recommended enrollment target of at least 12 children, with participating caregivers, at the beginning of each cohort. This is a planning target and not a minimum performance, payment, or eligibility requirement.
- Deliver the required curriculum, program dose, and essential program components with fidelity.

- Collect and submit required aggregate or de-identified program information, enrollment, participation, implementation, and outcome information using MDH-approved processes.
- Participate in MDH technical assistance, monitoring, peer-learning activities, and regular grantee meetings.
- Complete a documented reflection and continuous improvement process after the first cohort and incorporate approved improvements into the second cohort.
- Develop or update a sustainability plan addressing staffing, partnerships, referrals, financing, space, equipment, community support, and continued organizational commitment.
- Submit required progress and final reports.

Continuous Improvement Between Cohorts

After completing the first cohort, each grantee must review implementation experience, recruitment and enrollment results, attendance and retention patterns, participant, caregiver and staff feedback and capacity, fidelity considerations, participation barriers, referral processes, and operational challenges. The grantee must document proposed improvements, review substantive changes with MDH, obtain any required adaptation approval for program adaptations, and describe how approved improvements will be incorporated into the second cohort.

Potentially Allowable Expenses

Expenses must be reasonable, necessary, directly related to the approved work plan, and consistent with applicable state and federal requirements. All expenses are subject to MDH approval.

Potentially allowable expenses include:

- Personnel time for Smart Moves for Kids training, coordination, planning, recruitment, referral management, enrollment, curriculum preparation, program delivery, family communication and follow-up, data collection, reporting, continuous improvement, and sustainability planning.
- Approved equipment and supplies needed to deliver the program, including physical activity materials necessary for implementation.
- Supplies used for curriculum-based nutrition demonstrations.
- Facility or space costs when necessary and allowable.
- Participant supports such as transportation, interpretation or translation.
- Recruitment, outreach, or printing.
- Other implementation expenses included in the work plan and budget approved by MDH.

Ineligible Expenses

Ineligible expenses include, but are not limited to:

- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Direct patient care.
- Building new data systems for the collection and monitoring of participant data for assessing and tracking referrals/receipt of services for program implementation.
- Paying incentives to participants or their caregivers.
- Paying incentives to healthcare systems, physician practices, or community sources for referrals.
- Food purchased for distribution to participants outside approved curriculum-based instructional activities, such as groceries or take-home food assistance.
- Medical equipment.
- Construction.
- Any costs not related to the grant.
- Any expenses that do not directly contribute to the activities or deliverables in the work plan.
- Cash assistance paid directly to individuals to meet their personal or family needs.
- Costs incurred before the authorized grant start date or after the grant end date.
- Gifts or bonuses for staff.
- Goods or services for staff personal use.
- Development of a new family healthy weight program.
- Development of publicly available materials that duplicate existing resources.
- Cost reimbursement by another payer, including Medicaid or a commercial health plan.
- Grant writing.
- Research.
- Sponsorships of events, training or advertisements that are not directly related to the grant.
- Staff meals (except during approved travel).
- Fundraising.

If applicants are unsure if an expense is eligible or ineligible, please send questions to MDH by the Question-and-Answer deadline as outlined in the Question-and-Answer section.

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. Grantees 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 MDH'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. The Diabetes and Arthritis Unit will require grantees to submit written monthly progress reports. The reporting schedule will be:

Due Date	Reporting Period	Report Type
Last day of the following calendar month	Previous calendar month	Monthly Progress Report
Jun. 30, 2027	Authorized grant start date through Jun. 30, 2027	Year 1 Annual Report
Jun. 29, 2028	Jul. 1, 2027, through Jun. 29, 2028	Year 2 Final Annual Report

The final report must summarize work conducted across the full grant period, progress toward project objectives, outcomes, challenges, lessons learned, and recommendations.

Selected grantees must collect and report quantitative and qualitative information required by MDH, CDC, and the Smart Moves for Kids program. Required reporting must include:

- Each site's physical location and the date of the first session of its first cohort.
- Number of children referred, including children from priority populations.
- Referral sources, including self-referrals.
- Number of children and caregivers enrolled.
- Number of sessions and total contact hours offered.

- Program delivery methods, including whether sessions are provided in-person, virtually, or through a combination of both.
- Adherence to the Smart Moves for Kids curriculum and delivery requirements, including a description of any approved adaptations.
- Feedback from participating children and caregivers about their experiences with the program.
- Factors that supported implementation, barriers encountered, and actions taken to address implementation and operational challenges.
- Continuous improvement activities, including how participant feedback and implementation findings informed changes within or between cohorts.
- Progress toward sustaining the program beyond the grant period, including efforts to secure funding, maintain partnerships, and retain trained staff.
- Child and caregiver outcome data collected using the measures, tools, and reporting schedule provided or approved by MDH before implementation.

MDH will provide evaluation support through an MDH designated evaluator who will assist grantees in developing their evaluation plans and identifying appropriate measures, data collection procedures, and reporting methods.

Grantees are not required to hire an evaluator or establish an evaluation team. Applicants must demonstrate sufficient staff capacity to coordinate with MDH and the evaluator, collect and submit required information, and use findings to improve program implementation.

Participant Privacy and Tribal Data Sovereignty

Grantees must protect the privacy of participating children and caregivers and follow applicable privacy requirements and the grant agreement. Routine program reports submitted to MDH must use aggregate or de-identified information and must not include participant names or other directly identifying information.

MDH recognizes Tribal data sovereignty. For projects involving a participating Tribal Nation, grantees must work with MDH and that Tribal Nation to identify applicable Tribal data governance requirements and any required approvals before collecting or sharing program data. Reporting procedures must address these requirements and the reporting obligations of the grant.

Grant Monitoring

MDH will require monthly check-ins via Teams to review each grantee's progress, implementation schedule, success, barriers, and support needs. At least one MDH site visit during the grant period will occur in fiscal Year 2. MDH may require additional meetings, documentation, or monitoring when needed to support implementation, address identified concerns or verify compliance.

Technical Assistance

MDH will provide technical assistance to grantees to help grantees fulfill the requirements of the grant. Assistance may address implementation, planning, budgeting, invoicing, data collection, evaluation, program fidelity, approved adaptations, continuous improvement, accessibility, cultural responsiveness, weight-inclusive implementation, peer-learning, sustainability, and other effective practices.

MDH expects to provide:

- Smart Moves for Kids training, licensing, curriculum and implementation materials paid separately from the grant award.
- Onboarding, implementation planning assistance, and ongoing technical assistance.
- A liaison with the Smart Moves for Kids team regarding fidelity and proposed adaptations.
- Guidance on weight inclusive and non-stigmatizing implementation, with additional learning opportunities as available.
- Required data collection tools, measure definitions, reporting templates, and evaluation guidance.
- Peer learning opportunities for grantees to share implementation experiences and practical lessons.
- Assistance with continuous improvement, problem solving, and sustainability planning.
- Grant management guidance related to budgets, invoicing, documentation, reporting, and compliance.

Grant Payments

Per State Policy on Grant Payments, 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: On a quarterly basis. Invoices must be submitted in a timely fashion and are due 30 days after the end of each quarter. The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

Grantee Responsibilities

Each grantee is responsible for:

- Working with MDH to finalize an approved work plan and budget before grant activities begin.
- Completing the required activities and deliverables described in Section 2.2, Eligible Projects, and the approved work plan and budget.

- Maintaining adequate staffing, supervision, backup coverage, and oversight of all personnel and participating organizations involved in grant activities.
- Complying with the grant agreement and all applicable state, federal, Tribal, local, licensing, and organizational requirements, including requirements for participant safety and privacy.
- Participating in required MDH meetings, technical assistance, peer learning activities, and monitoring.
- Working with MDH and the MDH designated evaluator to carry out evaluation activities, collect and report required information using MDH approved tools and processes, and use findings and participant feedback to improve implementation.
- Maintaining complete and accurate fiscal and program documentation and submitting invoices, supporting documentation, progress reports, and final reports according to the required schedules.
- Promptly notifying MDH of significant changes or concerns affecting staffing, safety, program delivery, finances, reporting or the ability to complete approved work, and obtaining required approval before making changes.

See section 2.2 for detailed program requirements and the other subsections of Section 2.3 for reporting, monitoring, technical assistance, and payment requirements.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

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

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) (Minn. Stat. § 363A; See e.g. Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02). The MHRA is enforced by the Minnesota Department of Human Rights (https://mn.gov/mdhr/). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

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

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

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or 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.

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 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 Interest 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.

Non-Transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

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

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, 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)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 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) 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.

2.5 Review and Selection Process

Review Process

Funding will be awarded through a competitive review process with review by a committee representing content and community specialists with regional knowledge, and subject matter experts. 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:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate 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 be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are described in Attachment B: Grant Application Scoring Criteria. Applicants are encouraged to review the scoring criteria while preparing their applications and ensure that their responses address each required element.

Reviewers will initially score applications independently. The review committee will then meet to discuss the application, identify relevant strengths and concerns, and consider whether the scoring criteria have been applied consistently. Following the discussion, individual reviewers may revise their own scores. MDH will calculate final scores and consider the review committee's comments and recommendations when making award decisions.

Application scores will be an important factor in award decisions but may not be the only factor. MDH may also consider applicant eligibility, pre-award review findings, past performance, geographic distribution, the intended distribution of awards among priority communities, available funding, and the State's best interests.

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with Policy on Preaward Risk Assessment.

Notification

MDH anticipates notifying all applicants of award and non-award decisions via email by Jan. 2027. Notices will be sent to the applicant contact identified in the application.

A selected applicant that is not registered as a vendor in the State's SWIFT financial system must complete the required vendor registration process before a grant agreement can be executed. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

Before executing a grant agreement, MDH may negotiate revisions to the selected applicant's work plan or budget, complete applicable pre-award review, and request required documentation. A grant agreement is not final until it has been signed by authorized representatives of both the selected applicant and MDH.

The anticipated effective date is Mar. 30, 2027, or the date the grant agreement is fully executed, whichever is later. The grant agreement is expected to remain in effect through Jun. 29, 2028, contingent upon satisfactory grantee performance and continued funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time, on Dec. 4, 2026.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. 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 the application within one business day of the receipt of an application. If you do not receive an acknowledgement email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact health.diabetes@state.mn.us or 651-201-5425 after that time frame for further instructions.

3.2 Application Submission Instructions

Applications must be submitted to the following email: health.diabetes@state.mn.us **no later than 4:30 p.m. Central Time, on Dec. 4, 2026.**

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

3.3 Application Instructions

REQUIRED: Applicants must submit the following in order for the application to be considered complete:

- Application Form
- Applicant Conflict of Interest (COI) Disclosure Form
- Due Diligence Review Form
- Work Plan
- Budget (Excel template)

All application materials and instructions are attached and can be found online at MDH Diabetes Resources and Opportunities (www.health.state.mn.us/diseases/diabetes/resources/index.html)

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: Attachments

RFP attachments:

- Attachment A: Application Improving Child and Family Health Through Smart Moves for Kids (Word)
- Attachment B: Grant Application Scoring Criteria (Word)
- Attachment C: Work Plan Template (Word)
- Attachment D: Budget Summary and Narrative (Excel)
- Attachment E: Due Diligence Form (www.health.state.mn.us/about/grants/duediligence.pdf) (PDF)
- Attachment F: Applicant Conflict of Interest Disclosure Form (https://www.health.state.mn.us/about/grants/coiapplicant.pdf) (PDF)

Attachment A: Improving Child and Family Health Through Smart Moves for Kids Application Form

Applicants must download and complete the Application Form (Microsoft Word document) provided on the Diabetes Resources and Opportunities webpage (www.health.state.mn.us/diseases/diabetes/resources/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**	Exceptional response that fully addresses the criterion and demonstrates a very high likelihood of successful performance.
Very Good **or 4**	Strong response that fully addresses the criterion with only minor limitations.
Good **or 3**	Adequate response that meets the criterion and demonstrates a reasonable likelihood of successful performance.
Marginal **or 2**	Partially meets the criterion; meaningful weaknesses or missing information reduce confidence in successful performance.
Unsatisfactory **or 1**	Minimally addresses the criterion; substantial weaknesses indicate a low likelihood of successful performance.
Blank/did not answer or **(0)**	Does not address the criterion or provides no relevant information.

Priority Community, Need, and Relationships – (15 points)

Evaluation Criteria	Score
Applicant demonstrates established relationships, trust, and relevant experience with children, families, and community it proposes to serve.	/5
Applicant clearly identifies the priority community and geographic area it proposes to serve and explains how the proposed population fits the priorities of this RFP.	/5
Applicant demonstrates an understanding of the community's strengths, needs, circumstances, and barriers to accessing comparable child-and family-centered programming.	/5
Total points for this section	/15

Organizational Readiness and Sustainability – (20 points)

Evaluation Criteria	Score
Applicant describes relevant organizational experience delivering programs for children and families, coordinating multicomponent programs, or implementing comparable community or health initiatives.	/5
Applicant demonstrates sufficient organizational capacity, leadership support, administrative infrastructure, and ability to manage the grant requirements.	/5
Applicant identifies anticipated implementation risks, such as staffing changes, recruitment challenges, scheduling, space, or partner capacity, and proposes credible contingency strategies.	/5

Evaluation Criteria	Score
Applicant presents a credible approach to building the staffing, partnerships, referral pathways, financing, organizational commitment, and community support needed to continue Smart Moves for Kids beyond the grant period.	/5
Total points for this section	/20

Implementation Team and Delivery Capacity – (20 points)

Evaluation Criteria	Score
Applicant identifies the people or positions responsible for program coordination, nutrition, physical activity, behavior change, and caregiver support and clearly explains how responsibilities will be assigned.	/5
Proposed team members collectively demonstrate relevant knowledge, skills, professional or lived experience, and community relationships needed to perform their assigned functions.	/5
Applicant demonstrates sufficient staffing capacity, supervision, coordination, and backup coverage to complete training and deliver at least two full cohorts.	/5
Applicant demonstrates readiness to establish or maintain appropriate program space, scheduling, equipment, accessibility supports, child safety practices, and other operational conditions necessary for safe and consistent delivery.	/5
Total points for this section	/20

Recruitment, Engagement, and Partnerships – (15 points)

Evaluation Criteria	Score
Applicant presents a credible approach to recruiting, enrolling, engaging, and retaining eligible children and participating caregivers from the proposed priority community.	/5
Applicant identifies and demonstrates capacity for partnership, appropriate referral sources, and program partners and explains how referral, communication, and coordination processes will function.	/5
Applicant explains how participating children, caregivers, and community members will inform planning, delivery, learning, and improvement.	/5
Total points for this section	/15

Program Approach, Learning, and Evaluation – (10 points)

Evaluation Criteria	Score
Applicant demonstrates an understanding of Smart Moves for Kids requirements, including program fidelity, family-centered delivery, weight-inclusive and non-stigmatizing implementation, and the process for reviewing proposed adaptations.	/5
Applicant describes a feasible approach to collecting required information, protecting participant privacy, reviewing implementation experience and participant feedback, and improving delivery between cohorts.	/5
Total points for this section	/10

Work Plan – (10 points)

Evaluation Criteria	Score
Proposed activities and timelines are complete, feasible, appropriately sequenced, and consistent with the required pre-implementation and implementation activities described in the RFP.	/5
The work plan clearly identifies responsible individuals or organizations, deliverables, timelines, and measurable indicators of progress.	/5
Total points for this section	/10

Budget and Budget Narrative – (10 points)

Evaluation Criteria	Score
The requested level of funding is reasonable, allowable, adequately justified, and proportionate to the proposed activities, staffing, and number of cohorts.	/5
The budget aligns with the application and work plan, allocates costs to the correct State fiscal year, and includes necessary implementation expenses and participant supports.	/5
Total points for this section	/10

Attachment C: Work Plan Template

Applicants must submit a proposed work plan that provides an overview of what the applicant plans to accomplish during the grant period (Mar. 2027 – Jun. 2028), including all planning, needs assessment, and implementation activities. Proposed activities and expenses must not begin before Mar. 30, 2027, or the date the grant agreement is fully executed, whichever is later. A grantee's work plan may be revised during the grant period in consultation with MDH, with support from the MDH designated evaluator, as appropriate.

Attachment D: Budget Summary and Narrative

Applicants must submit a budget that details how funds will be used during the full grant period (Mar. 2027 – Jun. 2028). Any budget revisions during the grant period are subject to MDH review and approval.

Attachment E: Due Diligence Form

Applicants must complete the Due Diligence Form (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.

Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the Adobe Acrobat website.

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/Recipient Conflict of Interest Disclosure

Applicants must complete the Applicant/Recipient Conflict of Interest Disclosure (PDF) (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.

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