Influenza Vaccine Projects 2020

GRANT REQUEST FOR PROPOSAL (RFP)

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07/27/2020

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# Table of Contents

Influenza Vaccine Projects 2020 .................................................................................................................. 1

RFP Part 1: Overview .................................................................................................................................. 3  
  1.1 General Information .......................................................................................................................... 3  
  1.2 Program Description ......................................................................................................................... 3  
  1.3 Funding and Project Dates ............................................................................................................ 4  
  1.4 Eligible Applicants .......................................................................................................................... 5  
  1.5 Questions and Answers ................................................................................................................... 6  

RFP Part 2: Program Details ....................................................................................................................... 7  
  2.1 Priorities .......................................................................................................................................... 7  
  2.2 Eligible Projects .............................................................................................................................. 8  
  2.3 Grant Management Responsibilities ............................................................................................... 10  
  2.4 Grant Provisions ............................................................................................................................ 11  
  2.5 Review and Selection Process ....................................................................................................... 15  

RFP Part 3: Application and Submission Instructions ............................................................................... 18  
  3.1 Application Deadline ....................................................................................................................... 18  
  3.2 Application Submission Instructions ............................................................................................... 18  
  3.3 Application Instructions ................................................................................................................. 18  

RFP Part 4: Attachments ............................................................................................................................. 19
RFP Part 1: Overview

1.1 General Information

- Announcement Title: Influenza Vaccine Projects 2020
- Minnesota Department of Health (MDH) Program Website: Request for Proposal (RFP) for Influenza Vaccine Projects 2020 (https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html)
- Letter of Intent Deadline: August 14, 2020
- Application Deadline: Funds will be awarded until expended, no new applications will be accepted after January 30, 2021.

1.2 Program Description

The primary purpose of this funding is to enhance influenza vaccination coverage as a critical part of COVID-19 response work. Increasing influenza vaccination coverage is an essential step to decrease stress on the health care system and at time when SARS-CoV-2 is expected to be circulating. Successful vaccination campaigns during the COVID-19 pandemic will also need to consider disease prevention measures, particularly implementation of social distancing and the use of personal protective equipment (PPE) or cloth face coverings by vaccinators and participants.

Additionally, the infrastructure to effectively deliver flu vaccine is expected to be foundational to COVID vaccine campaigns. Developing effective strategies to improve influenza vaccination in underserved, hard-to-reach and high risk populations this fall (2020) is timely preparation to ensure these populations can access COVID vaccine once it is available.

Funded vaccination activities will include populations with low influenza vaccination coverage, populations at high risk for complications from influenza and from COVID-19, populations with known coverage disparities, and providers/partners that work with these populations.

In addition to funding specific projects, MDH expects additional doses of influenza vaccine to be available to supplement these activities. Additional doses of flu vaccine are likely to be available no earlier than November and should be used to enhance late season vaccination. Providers will need to complete a “Provider Agreement” and be able to demonstrate satisfactory storage and handling practices to receive this vaccine. Completion of these items can be included in applicant’s proposals if the organization is not already enrolled in the Minnesota Vaccines for Children program or the Underinsured and Uninsured Adult Vaccine programs.

Applicants may submit an application for either or both of the projects described below.

**Project 1: Improve coverage through implementing best practices**

Routinely offering influenza vaccine in settings that serve uninsured and diverse populations has potential to significantly reduce disparities in coverage. However, health care providers serving these communities have constrained resources and are often unable to implement immunization best practices to fully maximize vaccine uptake. This project will fund grantees to
implement evidence-based and evidence-informed practices to increase vaccine uptake among diverse, hard-to-reach or high-risk patients seeking care in a clinic, pharmacy or public health setting. Funding should be focused on activities that have potential for more significant impact such as extended or enhanced hours to provide immunization-only visits, improving the utilization of the Minnesota Immunization Information Connection, conducting reminder or recall efforts, and offering flu vaccine at all patient encounters. MDH will prioritize clinics or organizations enrolled in the Uninsured and Underinsured Adult Vaccine (UUAV) Program (https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html).

Project 2: Mobile or Field Flu Vaccination

Convenience of obtaining flu vaccine is a significant predictor in uptake for adults. This project will fund grantees to administer flu vaccine in non-clinic settings such as workplaces, faith-settings, community centers, shelters, correctional facilities, assisted living facilities, and other non-clinic settings where vaccination may be easily accessed. Vaccine should be administered by mobile “field teams” or “strike teams.” Activities will be planned with elements that could help bolster COVID vaccination activities and report out specific metrics on the success of those tasks (e.g. calculating throughput or using MIIC to assess the patient’s vaccination history). MDH will prioritize organizations enrolled in the Uninsured and Underinsured Adult Vaccine (UUAV) Program (https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html).

The Minnesota Department of Health will be administering the grants, prioritizing grantees best positioned to accomplish the goals described above.

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.

Project 1: Improve coverage through implementing best practices

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Project 2: Mobile or Field Vaccination

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### Funding

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### Match Requirement

There are no match requirements under this project.

### Project Dates

The funding for these projects are estimated to begin September 14, 2020 and end on June 30, 2021.

### 1.4 Eligible Applicants

**Project 1: Education and best practices around flu vaccine.**
- Health care organizations, priority given to clinics and community health centers
- Community Health Boards
- County and City Governments
- Tribal Governments
- Community-based organizations
- Pharmacies

Applications to Project #1 must demonstrate:

- Experience providing technical assistance and or training to health care providers administering vaccine

**Project 2: Field or On-site Vaccination**
- Health care organizations
- Community health boards
- County and city governments
- Tribal governments
- Community-based organizations
- Correctional health providers and correctional facilities
- Pharmacists and pharmacies
- Community vaccinators

Applications to Project #2 must demonstrate:

- The ability to train staff in vaccine administration, including mechanisms to ensure these skills are maintained.
- That all applicable licensing and Board of Practice regulations in the State of Minnesota will be followed.
Applicants to either project should demonstrate:

- The ability to reach adult patients that have limited access or cost barriers to routine immunization services. These groups may include: underinsured or uninsured patients, persons of color, or living in an underserved community (e.g. Amish, recently immigrated, persons experiencing homelessness, people who are incarcerated), or the ability to reach populations at particularly high risk of COVID or influenza, including health care workers, residents of long-term care facilities, or persons with chronic health conditions.
- Previous partnership with MDH, or local public health organization.
- Preparation to track flu doses administered and ideally be able to compare the funded flu season to past seasons.
- The ability to use the entire budget period to complete activities.
- Experience providing vaccine services. In collaborative applications at least one applicant organization must have experience providing vaccine services.

Projects that are aimed at adult populations are highly encouraged, however projects that have the potential to improve vaccine coverage among families will also be considered (e.g. school-located vaccination projects) especially if the project addresses a regional gap in vaccine access. Projects that target families must include both adults and children.

Funded projects will be regionally representative to best ensure access to vaccination in Greater Minnesota.

**Collaboration**

Applicants are encouraged to submit collaborative applications to develop a more comprehensive proposal with a broader scope. For example, community health boards may assist clinics in their area with immunization best practices or clinics applying together may implement in multiple sites.

**1.5 Questions and Answers**

All questions regarding this RFP must be submitted by email to health.flu@state.mn.us and will be responded to directly or posted each week on Fridays at Request for Proposal (RFP) for Influenza Vaccine Projects 2020 [https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/rfp.html).

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**
RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goals of this grant are to improve seasonal influenza vaccine coverage among underserved and high risk populations and to improve capacity for COVID vaccine campaigns.

This grant will serve:

- Communities with lower flu vaccination coverage including Black, Latinx, Native American and recently immigrated groups.
- People that have difficulty accessing routine immunization services and primary care.

Grant outcomes will include:

- Successful facilitation of projects that
  - Enhance resources for clinics serving people with barriers to immunization services
  - Increased access to influenza vaccine for underserved communities
  - Measurable increase in the number of influenza vaccine doses administered by funded organizations and coverage improvements in their corresponding geographic areas

Other Competitive Priorities

Successful applications will:

- Demonstrate successful flu vaccination projects with robust participation and uptake.
- Incorporate MIIC into each step of the vaccination process through training of key staff.
- Demonstrate capability to reach diverse patients.
- Provide adequate access in Greater MN and underserved geographic areas.
- Improve access to flu vaccine through Minnesota’s public vaccine programs.
- Develop effective strategies for upcoming COVID vaccination campaigns.
- Establish relationships with critical infrastructure businesses (e.g. healthcare, food production, utilities, first responders) for COVID mitigation strategies.
2.2 Eligible Projects

Project 1: Implement or enhance practices for administration of flu vaccine to both improve availability and efficiency in clinic settings. Applicants should briefly describe how their clinic currently uses the Minnesota Immunization Information Connection (MIIC) and include at least one strategy that expands their use of MIIC capabilities. Additionally, projects must include strategies for adapting to vaccination during the COVID-19 Pandemic and a summary of how lessons learned can contribute to pandemic vaccination.

Projects must include:

▪ **Identification of an “immunization champion”** to lead and facilitate this project. This role should include being the MIIC use lead for the applicant organization.

▪ **Improvement of capability to use MIIC**, specifically related to timely dose entry into MIIC or use of MIIC tools like Client Follow-up and the Single Vaccine Assessment Report.

Consultation with MIIC Regions and Regional Coordinators ([https://www.health.state.mn.us/people/immunize/miic/participate/regions.html](https://www.health.state.mn.us/people/immunize/miic/participate/regions.html)) should be included where appropriate (for primary care and local public health settings).

▪ **At least one activity to improve uptake.** (e.g. reminder/recall campaign, social media outreach, patient education, expanded access to vaccination service hours)

▪ **Strategies that encourage vaccination through January and later.**

▪ **Report of lessons learned that can be applied to COVID vaccination.** (MDH will provide a template for reporting.)

▪ **Evidence that vaccinators can adhere to current COVID prevention recommendations**, including social distancing and appropriate use of PPE and source control. (Costs associated with this may be included in the budget or may be a part of the organization’s normal operational budget.)

Projects may include:

▪ **Addition of staff time to administer flu vaccine.**

▪ **Purchases to increase storage and handling capacity**, material purchases to increase the efficiency of vaccinating (e.g. ancillary supplies, data loggers). Purchases should directly relate to best practices described by the Centers for Disease Control’s vaccine Storage and Handling Toolkit ([https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html](https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)).

▪ **Materials and staff time needed for adoption of guidelines for immunization services during the COVID-19 pandemic** ([https://www.cdc.gov/vaccines/pandemic-guidance/index.html](https://www.cdc.gov/vaccines/pandemic-guidance/index.html)).

▪ **Improvement of technical capability**, potentially the upgrading of an EMR interface specific to immunization, limited purchase of equipment like iPad or laptops, dedicated staff time or training on MIIC or other immunization-related informatics or technology.

Resources:

▪ **Standards for Adult Immunization Practice** ([https://www.izsummitpartners.org/adult-immunization-standards/](https://www.izsummitpartners.org/adult-immunization-standards/))
• General Best Practice Guidelines for Immunizations (https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
• Immunization Action Coalition (https://immunize.org/clinic/)
• The Community Guide: Vaccination (https://www.thecommunityguide.org/topic/vaccination)
• Pandemic Guidance: Vaccine Guidance During a Pandemic (https://www.cdc.gov/vaccines/pandemic-guidance/index.html)

Project 2: Provide flu vaccine in non-clinic settings (field or mobile vaccination). Projects will focus on expanding availability of flu vaccine by vaccinating in convenient settings (pharmacies, shelters, community centers, workplaces, correctional facilities etc). Projects should include plans for entering vaccinations into MIIC within 7 days (sooner if at all feasible). Projects can be a new endeavor or expand existing vaccination projects. Additionally, projects must include strategies for adapting to vaccination during the COVID-19 Pandemic and a summary of how lessons learned can contribute to pandemic vaccination.

Projects **must** include:

- Integration with COVID response activities where applicable and a plan to adhere to current guidelines to prevent COVID transmission.
- Incorporation of MIIC into each step of the vaccination process through training of key staff and plan for entering vaccinations into MIIC within 7 days of administration.
- Report of lessons learned that can be applied to COVID vaccination. (MDH will provide a template for reporting.)

Projects **may** include:

- Expansion of existing health services to include influenza vaccination (e.g. correctional health, community health screenings, workplace vaccination, syringe service providers, long term care facilities).
- Strategies that integrate influenza vaccination with other ongoing outbreaks like hepatitis A and syphilis.
- Materials and staff time needed for timely data entry into MIIC.
- Purchases to transport and store vaccines in the field and to increase the efficiency of vaccinating (e.g. ancillary supplies, data loggers). Purchases should directly relate to best practices described by the Centers for Disease Control’s vaccine Storage and Handling Toolkit (https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html).
- Stipends for volunteers, interpreters may be included when needed to serve hard to reach communities.
- Enhanced outreach to critical infrastructure and essential workforce groups. Including, but not limited to: health care workers, first responders, utility workers, food production
workers and other Tier 1 or 2 groups listed in the Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic (https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Guidance.pdf)

Resources:

- Vaccine Recommendations and Guidelines of the ACIP (https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Immunization Action Coalition (https://immunize.org/clinic/)
- MIIC User Guidance and Training Resources (https://www.health.state.mn.us/people/immunize/miic/train/index.html)

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Cost of vaccine
- Incentives
- Refreshments

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. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.
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 quarterly, due on the first of the month** until all grant funds have been expended and all of the terms in the grant agreement have been met. Grantees will be expected to track both process measures and number of doses administered and will be provided a reporting form from MDH.

**Technical Assistance**

MDH will provide technical assistance to grantees through monthly scheduled conference calls and individual ad hoc calls when requested. MDH will assist with development of materials and messaging for use by grantees as well as providing or facilitating training on the use of MIIC as appropriate.

**Grant Payments**

Per [State Policy on Grant Payments](http://www.mn.gov/admin/images/grants_policy_08-08.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.

### 2.4 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. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41, et. seq.

(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 (Office of State Procurement TG/ED/VO List Directory (http://www.mmd.admin.state.mn.us/process/search));
- Metropolitan Council’s Targeted Vendor list: Minnesota Unified Certification Program (Minnesota Unified Certification Program (https://mnucp.metc.state.mn.us/) or

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 Report (http://www.mmd.admin.state.mn.us/debarredreport.asp).

Conflicts of Interest
MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per 2019 Minnesota Statutes Minn. Stat.§16B.98 (https://www.revisor.mn.gov/statutes/?id=16B.98) and Conflict of Interest Policy for State Grant-Making (https://mn.gov/bms-stat/assets/grants_policy_08-01.pdf).

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

▪ a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
▪ a grantee’s or applicant’s objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, 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 Minnesota Statute Section 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 Minnesota Statute Section 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 (Minnesota Statutes chapter 13) 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 2019 Minnesota Statutes Minn. Stat.§16B.98 (https://www.revisor.mn.gov/statutes/?id=16B.98) Subdivision 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. 

2019 Minnesota Statutes Minn. Stat. §363A.02 (https://www.revisor.mn.gov/statutes/?id=363A.02). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part Minnesota Administrative Rules 5000.3500 (https://www.revisor.mn.gov/rules/?id=5000.3500)

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing the Minnesota Department of Health. 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 numeric 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 based on scoring criteria outlined in Attachment A.

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/bms-stat/assets/grants_policy_08-06.pdf)

Notification

MDH anticipates notifying all applicants via email of funding decisions within 30 days of a confirmed receipt of application.
RFP Part 3: Application and Submission Instructions

PRE-APPLICATION/LETTER OF INTENT/NOTICE OF INTENT

Applicants are strongly encouraged to submit a non-binding letter of intent by August 14, 2020. While prospective applicants are strongly encouraged to submit a letter of intent, it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a letter of intent; likewise, an applicant is not obligated to submit an application just because they submitted a letter of intent.

Applicants may email a letter of intent to Jennifer Heath by 12 a.m. on August 14, 2020 at or to health.flu@state.mn.us.

3.1 Application Deadline

Applications will be accepted until all funds are expended or until 4:30 p.m. January 30, 2021.

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

Applications will be reviewed on an ongoing basis as they are received and must be submitted no later than 4:30 pm on January 30, 2021. Available funding will be awarded on a first come, first served basis. Awards will be determined based on merits of the proposal and the associated budget (see funding restrictions). Applicants must meet all of the criteria outlined in this notice of availability. If at any time funds become unavailable, MDH reserves the right to cancel this funding announcement.

3.2 Application Submission Instructions

Applications must be submitted via email to health.flu@state.mn.us.

3.3 Application Instructions

You must submit the following in order for the application to be considered complete: Attachment B: Agency Information Cover Page and Checklist, Attachment C: Project Narrative Form/Application form and detailed Instructions, Attachment D: Budget Forms, Attachment E: Due Diligence Form, Attachment F: Agency Information Certification.

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

- Attachment A: Score Sheet and Evaluation Criteria
- Attachment B: Agency Information Cover Page and Checklist
- Attachment C: Project Narrative Form/Application form and detailed Instructions
- Attachment D: Budget Forms
- Attachment E: Due Diligence Form
- Attachment F: Agency Information Certification