Minnesota Department of Health

# Application Form

2024 Long COVID Network & Capacity Building Grants

**Instructions:** Please address all prompts below. Applicants are encouraged to review the Application Scoring Criteria (Appendix A in the Request for Proposals).

The completed Application Form should not exceed 12 pages. This cover page does not count towards the page limit. To ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 11-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., “A1”).

The Application Form, along with the Work Plan, Budget, Due Diligence Review form, and Conflict of Interest Disclosure form, should be submitted together via email to [health.longCOVID@state.mn.us](mailto:health.longCOVID@state.mn.us) with the subject line “**Long COVID RFP Application – [applicant organization name]**” no later than 11:59 p.m. CDT on Friday, April 5*.* Late or incomplete applications will be rejected. All forms, templates, and the full Request for Proposals can be found at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals (www.health.state.mn.us/diseases/longcovid/funding/2024grants.html)](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

## Organizational Information

Lead organization name:

Mailing address:

Federal Employer Identification Number (EIN):

Primary contact name:

Phone:

Email:

Annual funding amount requested\*:

\*Organizations must request one annual amount of funding that does not vary from year to year. For example, if an applicant requests $100,000 annually and is fully funded, that applicant would receive $300,000 over the course of the three-year grant cycle. Funding is contingent upon availability and satisfactory grantee performance.

## Section A: Organizational Capacity and Values (20 Points)

**A1.** Provide a brief overview of the lead organization, including history, mission, and major programming, and your organization’s goals for understanding and addressing the impacts of COVID-19, long COVID, and related conditions.

*If the applicant is partnering or subcontracting with other organizations, a brief description of each participating organization should also be included.*

**A2.** Describe how your project proposal fits within your organization’s current programming and broader work.

**A3.** Describe how your organization fosters equity, trust, and belonging with the population(s) you propose to serve. Include your organization’s commitment to advancing health equity through culture, programming, and partnerships, your history of co-creation with the community, and the lived experiences and/or training of your organization’s staff.

**A4.** Describe your organization’s experience and capacity in collaborating with other partners and organizations to address aligned goals, objectives, and programming.

## Section B: Project Narrative (20 Points)

**B1.** Describe the extent of the disparities and/or barriers related to the COVID-19 pandemic and long COVID in your target population(s).

**B2.** Describe the strategies will you use to address the disparities and/or barriers described above and how they will contribute to the Long COVID grant objectives. Please include high-level descriptions across the entire three-year grant period.

**B3.** Provide a brief overview of the activities that will support your strategies and how they are rooted in research and/or promising strategies*.*

**B4.** Describe why you believe your proposed activities will be effective in the populations(s) served (rationale may include lived experiences, organizational experiences, research, etc.).

## Section C: Community Engagement and Collaboration (20 Points)

**C1.** Describe how your proposed strategies and activities were co-created with the community served and/or how the community served will be involved in the co-creation of project strategies and activities moving forward.

**C2.** Describe how your proposed project builds upon activities, projects, or services led by other organizations in the community/communities served and/or how your project fills an unmet need or gap in the field. Include how you will align your project with the other community activities, projects, or services in meaningful and mutually beneficial ways.

**C3.** Describe how you will collaborate with stakeholders such as other community organizations, local public health, other government agencies, or health systems, contributing to building systems that heal, not harm.