



Sentinel Surveillance for Outpatient Respiratory Disease

GRANT REQUEST FOR PROPOSAL (RFP)

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Land acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council.

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Sentinel Surveillance for Outpatient Respiratory Disease
- **Application Deadline:** September 12, 2023, 4:30 p.m. CST

1.2 Program Description

Case data no longer sufficiently describes outpatient COVID-19 disease characteristics and activity. Additionally, other circulating respiratory pathogens are not well described because, apart from flu and RSV, clinical tests are not routinely available.

To respond to the need for complete and accurate acute respiratory illness (ARI) outpatient data, the Minnesota Department of Health (MDH) is establishing Sentinel Surveillance for Outpatient Respiratory Disease (SSORD). The goal of SSORD is to conduct state-wide sentinel surveillance for outpatient COVID-19, influenza, and other respiratory diseases to accurately describe ARI activity and circulating pathogens.

Participating healthcare systems and clinics will provide deidentified patient visit data and submit specimens for testing at the MDH Public Health Laboratory (PHL). MDH SSORD staff will aggregate and analyze data to describe respiratory disease activity and circulating pathogens. Aggregated data and summary reports will be shared with participating health systems and clinic providers. Results will be shared with local public health, affected communities, and the general public to provide situational awareness and inform prevention measures.

MDH, in partnership with CDC, will provide financial compensation for courier services and personnel time.

1.3 Funding and Project Dates

Funding

MDH was awarded Centers for Disease Control (CDC) funding to establish state-wide respiratory disease sentinel surveillance in Minnesota. Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	500,000
Estimated Number of Awards	7-10
Estimated Award Maximum	50,000
Estimated Award Minimum	30,000

Match Requirement

There are no match requirements.

Project Dates

September 2023 – September 2024.

1.4 Eligible Applicants

MDH will consider applicants representing health systems that demonstrate the ability to reach a broad range of populations representing the demographics of Minnesotans. Health systems must fulfill the following criteria:

- Determine that data extraction and submission, as well as specimen collection and submission, is feasible for their health system.
- Demonstrate by developing a work plan, the capability of extracting requested data.
- Demonstrate willingness to provide requested data by including written tentative approval from data practices leadership.
- Can prioritize data analyst and clinic staff time for the project.
- Serve at least one out-patient clinic.
- Preference will be assigned to those health systems who serve underserved populations.
- Agree to collaborate with MDH as is described in the section below.

Collaboration

Participation in scheduled meetings with MDH staff and other participating health care entities is expected. It is up to the discretion of the health care entity to choose the representative who will participate. The health care representative will communicate relevant information as needed to other staff involved in the project.

Health care entities will be asked to collaborate with other participating entities by sharing best practices of project workflows and other information that will aid in collecting and submitting quality data.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email or phone to pam.gahr@state.mn.us. All answers will be responded to directly or posted within five business days.

Questions must be submitted no later than 5:00 p.m. on August 25. The State will post final answers to questions no later than 5:00 p.m. on August 30.

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 Pat 2: Program Details

2.1 Priorities

Health Equity Priorities

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

The goal of SSORD is to conduct sentinel surveillance for outpatient COVID-19, influenza, and other respiratory diseases, and to accurately describe Minnesota respiratory disease activity and circulating pathogens.

At least one site from each of Minnesota's seven preparedness regions (NE, NW, Central, West Central, Metro, SW, SE) will be selected and will ensure that rural Greater Minnesota communities are represented. Successful health care system and clinic applicants will serve a patient population with a range of age, race, ethnicity, sex, gender identity, and social vulnerability index. Priority will be given to health systems that serve populations who are at higher risk of adverse health outcomes, especially populations experiencing inequities and/or disparities.

This grant will serve:

- Minnesota patients of ages and from all racial and ethnic communities, including American Indians, and LGBTQI patients, disabled patients, and veterans.

Grant outcomes will include:

- Health system and clinic data representing the community in which they are located and the people they serve. Data on age, race, ethnicity, sex, gender identity and potentially other demographic factors will be collected, analyzed, and used to inform our understanding of risk factors.

2.2 Eligible Projects

Activity 1: Submit data describing patient population served.

Background

Participating health care systems or single clinics enumerate and describe patient population served to provide a proxy denominator when calculating population-based rates of outpatient visits for ARI, COVID-19, influenza, and other respiratory diseases.

Methods

1. **Method 1:** Determine the number of patients that are registered with the provider, clinic, or health system regardless of the number of times the patient has been seen in a given calendar year.

Stratify by demographic characteristics (i.e., see details under “Data Categories” below). Determine these numbers for three consecutive years to allow for calculating averages.

2. **Method 2:** Determine the number of unique persons (i.e., a patient is counted only once per year) that the provider, clinic, or health system has seen in a given calendar year for a three-year period. Stratify by demographic characteristics (i.e., see details under “Data Categories” below). Determine these numbers for three consecutive years to allow for calculating averages.

Timing

Population served estimation should occur close to the time that the health care system or clinic starts participating in SSORD.

Frequency

The estimate may be used for up to three years if there has been no substantial change in the size or demographic distribution of the population served.

Data Categories

1. **Age groups:** 0-11 months, 12-23 months, 2-4 years, 5-17 years, 18-24 years, 25-49 years, 50-64 years, and 65 years and older.
2. **Race:** American Indian Alaskan Native, Asian, Black African American, Native Hawaiian Pacific Islander, White, Other, Unknown, refused to answer.
3. **Ethnicity:** Hispanic, Non-Hispanic, Unknown, refused to answer.
4. **Sex:** Male, Female, other.
5. **Gender:** Male, Female, other.

Data Submission

Data are submitted securely to MDH via REDCap form.

Activity 2: Submit weekly visit data including a) line-list of visits for ARI and b) aggregate number of visits for any reason, by age group.

Background

ARI visit information will help describe Minnesota respiratory disease activity, including geographic incidence and spread, common symptoms and diagnoses, and demographic risk factors. Aggregate data on visits for any reason will provide the context (i.e., a denominator) for describing ARI activity in the community.

Methods

Data Submission:

1. Submit data to MDH via a secure web-based application for managing data (i.e., REDCap).
2. Submit weekly on Tuesday for visits occurring Sunday through Saturday of the preceding week.

ARI Visit Data:

1. ARI is defined as at the patient having at least one respiratory symptom.
2. Respiratory symptoms can include but are not limited to:

SENTINEL SURVEILLANCE FOR OUTPATIENT RESPIRATORY DISEASE

- a. Fever*
- b. Cough
- c. Sore throat
- d. Rhinorrhea/runny nose
- e. Coryza/stuffy nose
- f. Wheeze
- g. Shortness of breath
- h. Apnea
- i. Loss of taste
- j. Loss of smell
- k. Conjunctivitis
- l. Earache

*Fever should be accompanied by another respiratory symptom.

- 3. The line list consists of one line for each ARI visit during the previous week.
- 4. The line list is deidentified at the patient level.
- 5. The line list includes:
 - a. Required:
 - i. Clinic ID
 - ii. Visit Date
 - iii. Age or DOB
 - iv. Sex and Gender
 - v. Race
 - vi. Ethnicity
 - vii. In-house test results
 - b. Preferred:
 - i. Symptoms
 - ii. Zip code
 - iii. Insurance status
- 6. Data can be extracted by methods that best suit each health system's electronic health records (EHR), software programs, and data practices. Choices include:
 - a. Pre-determined ICD-10 Code list.
 - b. Chief complaint.
 - c. Other method identified in conjunction with MDH SSORD staff.

Clinic ID	Visit date	Age or DOB	Sex	Gender	Race	Ethnicity	SC2 +	Flu +	Other test +
123	1/1/23								
123	1/2/23								
123	1/3/23								

- 7. Visits for Any Reason Data:
 - a. Number of outpatient visits for any reason by age group.

- b. Age groups are: 0-11 months, 12-23 months, 2-4 years, 5-17 years, 18-24 years, 25-49 years, 50-64 years, and 65 years and older.

Activity 3: Submit ARI specimens for respiratory panel testing at MDH-PHL.

Background

Specimens collected from patients with ARI and sent to the MDH PHL for testing will provide information on the specific pathogens circulating in communities. The MDH PHL respiratory panel includes, testing for enterovirus, rhinovirus, adenovirus, bocavirus, seasonal coronaviruses, influenza (including subtypes), metapneumovirus, parainfluenza, chlamydia pneumoniae, legionella, and mycoplasma pneumoniae. The results will enhance our knowledge of circulating pathogens for which there are not routine clinical tests.

Specimen Collection

1. Specimens should be collected in a non-biased manner (i.e., avoid collecting specimens from patients based on symptoms or age for example).
2. Collect specimens from patients with at least one symptom of ARI.
3. All patients meeting the respiratory illness definition should be offered testing or asked to volunteer a swab until the goal number of specimens per week is reached.
4. Symptoms may include, but are not limited to fever, cough, sore throat, shortness of breath/difficulty breathing, nasal congestions, body aches, wheezing.
5. Providers should collect specimens regardless of clinical suspicion or rapid test results.

Sampling Protocol

1. Participating sites will designate one or more provider to collect specimens from patients with ARI.
2. Specimens should be collected systematically such as from the first 10 patients of the week who present with a respiratory symptom, or another clinic site-identified and non-biased system of collection.
3. During the respiratory season when ARI visits are higher, the partnering site in consultation with MDH can choose an appropriate sampling method. For example:
 - a. First respiratory illness patients of the week (up to 10) -- would likely require freezing samples.
 - b. Sample ARI patients on a single day of the week -- may be appropriate for clinics closer to MDH Lab and/or clinics with large numbers of ARI visits.
4. Patient refusal is expected. Continue collecting specimens until the proposed number is met.
5. Acceptable swab types include throat, nasal, and nasopharyngeal.

Shipping and Handling

1. Store specimens at refrigeration temperature and ship to MDH public health lab PHL within 72 hours of collection.
2. Freeze specimens if specimens will not arrive at MDH PHL within 72 hours of collection.
3. MDH staff will work with the participating site to provide shipping materials and to facilitate a shipping method as needed.

Data Elements

Required:

1. Assigned Clinic ID or ILINet Provider identifier (ID).
2. Specimen ID.
3. Specimen collection date (assumed to be visit date).
4. Patient date of birth (preferred; age in years is acceptable if DOB is unavailable).
5. Influenza and SC2 test results.
6. Patient ethnicity.
7. Patient race.
8. Patient zip code or county of residence (or zip code or county of submitting facility if patient location is not available).

Optional:

1. Other (non-influenza, non-SC2) respiratory virus test results.
2. Specimen type.
3. Illness onset date.
4. Influenza vaccination status (self-report or medical chart/registry review at time of visit).
5. Pregnancy status.
6. Rapid/prescreening test results.
7. Gender.

Anticipated Project Timeline

Phase	Activity	Deliverables	Dates
Pre-Initiation	Determine and document staffing considerations for performing data extraction and submission	Documentation of planning for staffing considerations for performing data extraction and submission	September 2023
Pre-Initiation	Determine and document staffing considerations for performing specimen collection and shipping	Documentation of planning for staffing considerations for performing specimen collection and shipping	September 2023
Pre-Initiation	Develop and document work plan for project (i.e., data and specimen components)	Documentation of work plan for project (i.e., data and specimen components)	September 2023
Initiate	Perform data extraction and submission	Data in satisfactory content and form is received by MDH SSORD staff via REDCap weekly.	October 2023 - September 2024
Initiate	Perform specimen collection and shipping	Specimens received in MDH PHL weekly.	October 2023 - September 2024
Initiate	Participate in MHD/SSORD Collaborative calls	Participation in calls	October 2023 - September 2024
Maintain participation	Review and address opportunities for improvement on data quality, timeliness of data submission, specimen collection and specimen submission processes.	Documentation of review and improvements identified and implemented (if applicable).	October 2023 - September 2024

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.
- A listing of ineligible expenses will be included in the grant agreement.

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement is attached as MDH Grant Agreement. Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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.

Grant Monitoring

[Minn. Stat. § 16B.97 \(www.revisor.mn.gov/statutes/cite/16B.97\)](http://www.revisor.mn.gov/statutes/cite/16B.97) and Minnesota's [Policy on Grant Monitoring \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

The monitoring schedule for each grantee will be determined based on the monitoring requirements for that grant.

Technical Assistance

MDH will provide technical assistance to grantees through regular check-ins 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 grant funds as appropriate.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

Grantees can submit invoices to MDH as frequently as monthly. Invoices must be for actual expenditures, not estimates, and must be supported by documentation. MDH may request additional documentation from grantees before approving invoices. MDH will provide grantees with invoice templates.

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](http://www.revisor.mn.gov/statutes/cite/471.345) (www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](http://www.revisor.mn.gov/statutes/cite/177.41) (www.revisor.mn.gov/statutes/cite/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 \(http://www.mmd.admin.state.mn.us/process/search\)](http://www.mmd.admin.state.mn.us/process/search).
 - [Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program \(https://mnucp.metc.state.mn.us/\)](https://mnucp.metc.state.mn.us/).
 - [Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN. The list of debarred vendors is available at: <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 [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Interest form (Attachment G) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.

- A grantees or applicant's objectivity in performing the grant work is or might be otherwise impaired.
- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599 (<https://www.revisor.mn.gov/statutes/cite/13.599>), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37 (<https://www.revisor.mn.gov/statutes/cite/13.37>), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599 (<https://www.revisor.mn.gov/statutes/cite/13.599>), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37 (<https://www.revisor.mn.gov/statutes/cite/13.37>), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents, and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade

secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

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

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes \(https://www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per [Minn. Stat. § 16B.98 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. § 363A.02 \(https://www.revisor.mn.gov/statutes/?id=363A.02\)](https://www.revisor.mn.gov/statutes/?id=363A.02). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

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

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee with content and practical knowledge of infectious disease surveillance and epidemiology. 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 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 the table below:

Factor	Points
Project Overview as submitted on attachment C in the Project Narrative	10
Work Plan for Deliverables as submitted on attachment C in the Project Narrative	35
Qualifications and Experience as submitted on attachment C in the Project Narrative	35
Cost Detail as submitted on attachment D Cost Proposal	20
Total Points	100

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of](#)

Nongovernmental Organizations (https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

Notification

MDH anticipates notifying all applicants via email of funding decisions by September 20.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH via email no later than 4:30 p.m. CST, on September 12, 2023.

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

3.2 Application Submission Instructions

Applications must be submitted by email to:

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0882
651-201-5649
pam.gahr@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
- Attachment D: Project Budget
- Attachment E: Due Diligence Form
- Attachment F: Agency Certification
- Attachment G: Conflict of Interest Form

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: Project Budget
- Attachment F: Agency Certification
- Attachment G: Conflict of Interest Form