



# Increasing Access to Syringe Services Programs for People Experiencing Homelessness and/or Housing Instability

GRANT REQUEST FOR PROPOSAL (RFP)

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*To obtain this information in a different format, call: 651-201-4011.*

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Increasing Access to Syringe Services Programs for People Experiencing Homelessness (SSP-PEH/PEHI)
- **Minnesota Department of Health (MDH) Program Website:** [STD and HIV Request for Proposals \(RFP\) - MN Dept. of Health \(state.mn.us\)](#)
- **Application Deadline:** 12/15/2023

### 1.2 Program Description

MDH is seeking proposals to expand access to comprehensive syringe services programs (SSPs) for people who inject and/or use drugs (PWID/PWUD) who are also people experiencing homelessness and/or housing instability (PEH/PEHI). Funds are granted through a competitive process to agencies proposing expansion of current SSP programming or establishment of new SSP programming. Services delivered under this funding will contribute towards achieving important goals and priorities of a variety of national, state, and local strategies and frameworks for infectious disease and overdose prevention and response. See Attachment C for helpful links to data sources and strategies.

MDH seeks to make the greatest impact by focusing on Minnesotans experiencing the highest burden of the epidemic. People who use drugs and who are experiencing homelessness and/or housing instability may have less consistent access to prevention and care, and therefore are more likely to experience potential harms related to drug use, such as HIV/Hepatitis C Virus (HCV) and overdose. About 30% of patients presenting to an Emergency Department (ED) as a result of substance misuse were experiencing homelessness, according to the [Homelessness and Substance Misuse Reported through the Minnesota Drug Overdose and Substance Use Surveillance Activity \(MNDOSA\)](#)

(<https://www.health.state.mn.us/communities/opioids/documents/mndosaunhousedrpt.pdf>).

Drug overdose is a common cause of death among people experiencing homelessness, accounting for one in three deaths among PEH in the recent [Minnesota Homeless Mortality Report](#) (<https://www.health.state.mn.us/communities/homeless/coe/coephmr.pdf>). From 2019-2021, people experiencing homelessness and/or housing instability made up about 34% of all positive HIV tests reported to MDH. People who inject drugs (PWID) account for about one in 10 HIV diagnoses in the U.S. (CDC, 2022) and 6% of new diagnoses in Minnesota each year from 2018-2020. Minnesota is also responding to two HIV outbreaks that are disproportionately impacting PWID and PEH. Surveillance data indicate that Native American/American Indian and Black/African American communities experience the greatest disparities in Minnesota related to mortality/morbidities associated with substance use and HIV incidence, homelessness, and non-fatal and fatal overdose.

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References and resources can be found at:

- [HIV/AIDS Statistics \(https://www.health.state.mn.us/diseases/hiv/stats/index.html\)](https://www.health.state.mn.us/diseases/hiv/stats/index.html)
- [Minnesota Interagency Council on Homelessness \(https://mich.mn.gov/resources\)](https://mich.mn.gov/resources)
- [Drug Overdose Dashboard \(https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html\)](https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html)

Consistent access to the comprehensive harm reduction services provided at SSPs is vital for people experiencing homelessness as national and state data indicate that PEH/PEHI are disproportionately impacted by infections, fatal overdose, and other harms that may be related to drug use. This grant opportunity will improve access to the myriad of services encompassed in a full-spectrum syringe services program. Various studies demonstrate that when PWID/PWUD have access to syringe services programs, they are:

- 50% less likely to acquire HIV or HCV.
- Five times more likely to enter treatment for substance use disorder.
- Three times more likely to reduce or stop injecting drugs.
- Less likely to die from an overdose.

## 1.3 Funding and Project Dates

### Funding

[MN Statute 144.0528 \(https://www.revisor.mn.gov/statutes/cite/144\)](https://www.revisor.mn.gov/statutes/cite/144) includes the Comprehensive Drug Overdose and Morbidity Prevention Act, which directs MDH to use state funds to expand support for syringe services programs serving people experiencing homelessness statewide.

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 Out	\$960,000
Estimated Number of Awards	6
Estimated Yearly Award Maximum (establishing new SSP)	\$150,000-200,000
Estimated Yearly Award Maximum (expanding existing SSP)	\$100,000

Amount of dollars per grant and number of awards will depend on applications received and available funding.

### Match Requirement

There is no match requirement.

## Project Dates

The funding cycle for this program announcement begins in the first quarter of 2024, after contracts are finalized, and ends on Dec. 31, 2028. Each grant agreement will be written with flat funding and is based on availability of funds. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

## 1.4 Eligible Applicants

Eligible applicants include community-based organizations, community health centers, federally qualified health centers, tribal governments, faith-based organizations, educational institutions, county governments/community health boards, and any other public or private non-profit agency.

Eligible applicants' experience may include:

- Providing syringe services and harm reduction programming to the priority populations they apply to serve.
- Providing services to PEH/PEHI, in settings where PEH/PEHI may congregate, including clinical settings, shelters/transitional housing, supportive housing, encampments and/or other service or street outreach settings.
- Assessing the needs of those more vulnerable to HIV/HCV exposure, substance use disorder, overdose and other potential morbidities associated with drug use and providing active referrals to address those needs.

Applicants must assure the funding awarded from this RFP will supplement and not supplant existing programs.

## Collaboration

We encourage collaboration among agencies. If the applicant plans on working or contracting with other agencies to provide services required by the grant, please include MOUs or agreements with collaborating agencies as part of your application.

## 1.5 Questions and Answers

Upon review of this RFP, if an applicant has any questions or concerns, including ambiguity, conflict, discrepancy, omission, or any other error, please immediately notify MDH in writing, delivered via email to [HEALTH.HIV.STD.RFP@state.mn.us](mailto:HEALTH.HIV.STD.RFP@state.mn.us) and request a clarification and/or modification of this RFP. All such inquiries shall include name, telephone number, email address, and the section and page number in the RFP. The subject line of the email should read "SSP-PEH RFP Question."

Questions/inquiries regarding this RFP or the RFP process will be accepted until **4:30 p.m. Friday, Dec. 8, 2023**. MDH will respond to the person who sent the question and will post the final questions and answers on the MDH website **Monday, Dec. 11, 2023 by 4:30 p.m.** The SSP-

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PEH RFP Frequently Asked Questions can be found at: [STD and HIV Request for Proposals \(RFP\) \(www.health.state.mn.us/diseases/stds/rfp/index.html\)](http://www.health.state.mn.us/diseases/stds/rfp/index.html)

All proposals are to be developed based solely on the information contained in this document. To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

### **RFP Information Meeting**

MDH staff will offer an opportunity for potential applicants to participate in a webinar where they can ask questions related to the RFP, its requirements and processes, and expectations of the applicants. Applicants are strongly encouraged, but not required, to participate in the webinar. The webinars will be held on Nov. 14 in the afternoon and Nov. 15 in the morning. Further details will be available soon.

## 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 \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final\\_tcm36-312046.pdf\)](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 vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people can attain their highest possible level of health. For more information on health equity, please link to the [MDH Center for Health Equity \(https://www.health.state.mn.us/communities/equity/index.html\)](https://www.health.state.mn.us/communities/equity/index.html).

This RFP addresses health disparities in communities most impacted by substance use and homelessness. The grant is for organizations that have the experience and capacity to expand or establish access to syringe services programs for PWID/PWUD who are also experiencing homelessness and/or housing instability. In addition, the grant funding prioritizes supporting proposals aimed at serving PWUD/PEH who identify as Native American/American Indian and/or Black/African American, as these communities are experiencing the greatest disparities/inequities in the areas this funding proposes to address. Applicants proposing to reach either American Indian/Native American PWID/PWUD and PEH/PEHI or Black/African American PWID/PWUD and PEH/PEHI will receive five additional points.

Grant outcomes will include:

- Increased access to a full spectrum of syringe services programming for people who use drugs and are also experiencing homelessness and/or housing instability, including harm reduction supplies, HIV/HCV testing, and linkage to care and related services. These specific services are listed later in this RFP.

Goals of proposed programming could include:

- Reduction in transmission of HIV/HCV.
- Increased linkage to HIV/HCV treatment/care.
- Increased overdose reversals.
- Decreases in other morbidities associated with lack of access to harm reduction tools, including overdose, wounds, etc.

This grant opportunity is for organizations that have demonstrated experience and commitment in the following areas:

- **Culturally-specific providers and services:** Organizations that reflect (in staffing and leadership) the priority population(s) being served or that will be served *and* organizations with demonstrated skill and experience providing culturally responsive services to the priority population(s) being served or that will be served.
- **Harm reduction:** Organizations that have demonstrated commitment to the principles of harm reduction in service provision, policy, and practice. Visit the National Harm Reduction Coalition's [Principle of Harm Reduction \(https://harmreduction.org/about-us/principles-of-harm-reduction/\)](https://harmreduction.org/about-us/principles-of-harm-reduction/) page for more information.

Other priorities:

This grant opportunity also aims to partner with organizations that have a demonstrated commitment, in policy and programming, to implementing housing first approaches, as applicable. Visit [Housing First \(https://endhomelessness.org/resource/housing-first/\)](https://endhomelessness.org/resource/housing-first/) for more information on this approach.

## 2.2 Eligible Projects

Eligible projects should expand access to SSPs for people experiencing homelessness. These funds can be used in two different ways:

- **To expand an existing SSP to better serve PEH/PEHI.** An existing SSP is one that receives funding specific to offering syringe services and is currently publicly advertising its services as a SSP.
- **To establish an SSP within an organization that is serving the priority population of PWID/PWUD who are also PEH/PEHI.** Examples of these spaces could include, but are not limited to, clinics, shelters, day centers, low-barrier housing programs, street outreach organizations, and libraries.

## Required Activities of Applicants

### Syringe and Safer Use Supply and Exchange

- Needs-based distribution of sterile syringe and other safer use supplies (smoking, snorting, and other means of consumption).
- Collection of used syringes/sharps from participants and other community members. Harm reduction programs shall encourage, but not require, participants to return used syringes when able/willing, including providing them with adequate sharps containers. Applicants shall not apply a one-for-one syringe exchange model.

### HIV/HCV Testing

- Funded programs must provide a minimum of 50 rapid HIV and 50 rapid HCV tests annually for their participants.
- Funded programs must have a clear plan to link clients who have a reactive rapid HIV or HCV test to confirmatory HIV/HCV testing and/or HIV/HCV care.

### **Overdose Prevention/Response**

- Funded programs must provide overdose education including risk factors, prevention methods, identification, and how to appropriately respond to an overdose.
- Funded programs must also provide supplies related to both drug testing (fentanyl/xylazine testing strips) and overdose response (Narcan/naloxone kits). Programs may use a portion of this funding to purchase test strips and naloxone.

### **Safer Sex Education and Supplies**

Condoms and other safer sex supplies are highly effective in preventing the sexual transmission of HIV and other STIs. Project proposals must include a plan for distributing condoms/safer sex supplies distributed to persons at risk for HIV and STIs. Funded programs will have access to the annual MDH Condom Distribution Project. Condom supplies via the Condom Distribution Project are not guaranteed and the amount of product offered each year varies. Please refer to [Condom Distribution Project \(www.health.state.mn.us/diseases/hiv/partners/condoms.html\)](http://www.health.state.mn.us/diseases/hiv/partners/condoms.html) for more information.

### **Other Harm Reduction Services and Referrals**

Funded programs must also be prepared to provide a variety of information and referrals to assist participants in reducing other harms, engaging in care, and accessing other vital services, depending on their specific needs and readiness. Such information could include education and tools related to wound care, STI prevention, safer injection/smoking/snorting practices, resources/safety tips for sex workers, resources/tools related to injectable medications such as insulin and/or hormones, sexual assault and intimate partner violence referrals, referrals to treatment for substance use disorder, referrals to housing and shelter providers, referrals to medical care, and others.

### **Community Engagement**

SSPs should be prepared to educate their participants as well as other community members and organizations on the benefits of SSP services. Engaging with community could include providing outreach and education to clients' family, neighbors, community organizations, and other service providers like emergency medical services and law enforcement. By providing education about the benefits of SSP programming to the greater community, grantees increase access, reduce stigma, and improve community relationships. (MDH can provide technical assistance in this area, upon request).

### **Meaningful Involvement of People with Lived Experience**

Harm reduction programs are most successful when people with lived experience are involved in all aspects of program design, implementation, and evaluation. Applicants must demonstrate how their program creates engagement opportunities with people who have lived experiences/are members of the priority populations to inform the programming of the SSP. Applicants that do not currently have people with lived experience involved in their programs must describe how they will begin the process for involving them. In progress reports,

applicants will be required to share how insight and recommendations have informed service delivery. Ideally, SSP projects will compensate individuals with lived experience for their expert insights. Compensation (stipend, incentives) is an allowable expense under this grant funding.

### **Data Tracking**

We recognize that collecting too much client-level data can pose barriers to engagement with services. Applicants should propose to develop (and have qualified staff responsible for) collecting, analyzing, and reporting both aggregate and client-level, non-identifiable data. Aggregate and client-level evaluation variables will include, but are not limited to, the following:

- Number of **unique/unduplicated** participants who utilize the exchange.
- Number of **new** participants enrolled during each reporting period.
- Number of sterile syringes and other safer use kits distributed.
- Number of used syringes collected/disposed of.
- Number of naloxone/Narcan kits distributed.
- Number of other supplies distributed using this grant funding, such as drug testing strips, wound care kits, condoms/safer sex supplies, etc.
- Number of outreach activities or other events conducted to prioritized population(s).
- Number of HIV and HCV tests conducted, results, and linkage to care information.
- With each rapid HIV test conducted, funded programs must collect de-identified client-level variables covering demographic and risk information. This data for each test must be entered monthly into a program called [Evaluation Web](https://www.health.state.mn.us/diseases/hiv/partners/evalweb/index.html) (<https://www.health.state.mn.us/diseases/hiv/partners/evalweb/index.html>).
- Grantees are required to complete and submit to MDH a case report form, which includes client-level data, within 24 hours of a positive HIV or HCV test.

Funded programs must have a system to consistently collect and track the client-level and aggregate-level data listed above. MDH will provide a training (mandatory and free) and technical assistance to agencies on providing tests, tracking testing data, and reporting newly identified cases of HIV/HCV.

### **Confidentiality**

All HIV and HCV testing and related records pertaining to clients are confidential and funded programs must take precautionary measures to secure all such information. TA will be provided in this area when needed.

### **Eligible Expenses**

Eligible expenses include:

- All supplies necessary for required activities, including:
  - Syringes and safer smoking/snorting/consumption supplies.
  - Sharps containers and sharps collection/clean-up supplies.
  - HIV/HCV rapid tests and associated testing supplies.

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- Wound care supplies.
- Naloxone/Narcan and associated supplies.
- Fentanyl/xylazine and other rapid drug screening strips.
- Hygiene supplies.
- Safer sex supplies.
- Promotional items.
- Incentives/stipends.
- Transportation costs.
- Salary.
- Fringe.
- Equipment: laptop, cell phone, etc.
- Space.
- Mobile unit costs, retro- fitting.
- Contractor costs.
- Travel and subsistence (mileage, hotel, food, parking).
- Staff training.
- Other items not listed, but that would be vital for specific programs to conduct required activities.

### **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.
- Medications (with the exception of Naloxone/Narcan).

## **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 and the State's Authorized Representative has been 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 quarterly** until all grant funds have been expended and all terms in the grant agreement have been met.

Quarterly progress reports outlining activities related to the grant, with specific emphasis on program objectives. Data must be entered in a timely manner. Reports will include updates on the data referenced in the data tracking portion of the required activities listed above.

The quarterly progress reporting schedule will be as follows. If a due date falls on a weekend day, the report will be due on the business day prior to the due date.

- First quarter (January – March) due April 21 (depending on contract execution)
- Second quarter (April – June) due July 21
- Third quarter (July – September) due Oct. 21
- Fourth quarter (October – December) due Jan. 21

## Grant Monitoring

MDH will conduct annual monitoring visits and financial reconciliations throughout the grant period. They will be scheduled individually with each grantee. Funded applicants will also participate in quarterly grantee calls with MDH.

Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/?id=16B.97>) and 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.
- Financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

## Technical Assistance

MDH will provide technical assistance to grantees through quarterly grantee calls, required trainings and individual ad hoc calls when requested. MDH will assist with development of materials and messaging for use by grantees. MDH will provide additional TA, as required, in SSP development for agencies that are awarded funding to establish new SSP programs.

## Grant Payments

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

The invoicing and payment schedule will be monthly.

## 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 \(https://www.revisor.mn.gov/statutes/cite/471.345\)](https://www.revisor.mn.gov/statutes/cite/471.345). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41 \(https://www.revisor.mn.gov/statutes/cite/177.41\)](https://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/) or
  - [Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts.

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- 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 [Department of Administration Office of State Procurement: Suspended/Debarred Vendors](http://www.mmd.admin.state.mn.us/debarredreport.asp)  
<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 [Form D: Applicant Conflict of Disclosure](https://www.health.state.mn.us/diseases/respiratory/attachgoi.pdf) (<https://www.health.state.mn.us/diseases/respiratory/attachgoi.pdf>) form 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.

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- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

### Public Data and Trade Secret Materials

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

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

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

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

All complete, eligible applications will be reviewed by a community advisory committee representing a diverse group of people that consist of individuals reflecting affected communities, MDH employees, other government staff, and other experts in the field. Reviewers will score the proposals in accordance with the detailed descriptions of scoring criteria in the proposal evaluation and selection section of this RFP. Incomplete proposals and non-eligible applicants will not be accepted.

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 using a standardized scoring system to determine the extent to which the applicant meets the selection criteria. Please see [Attachment A: Application Evaluation Scoring Criteria \(https://www.health.state.mn.us/diseases/stds/rfp/pehattacha.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/pehattacha.docx) for more information on the evaluation criteria.

### 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.

## Proposal Evaluation and Selection Process

Complete proposals received by the deadline will be reviewed and scored based on the following:

<b>Form</b>	<b>Item</b>	<b>Maximum Possible Points</b>
<b>A</b>	<i>Notice of Intent</i>	<i>0</i>
<b>B</b>	<i>Agency Cover Page/Agency Information Certification</i>	<i>0</i>
<b>C</b>	<i>Table of Contents</i>	<i>0</i>
<b>D</b>	<i>Applicant Conflict of Interest Form</i>	<i>0</i>
<b>E</b>	<i>Program Narrative:</i>	
	• <i>Program Organizational Capacity</i>	<i>20</i>
<b>E</b>	• <i>Program Design and Implementation</i>	<i>30</i>
<b>E</b>	• <i>Equity Section</i>	<i>20</i>
<b>F</b>	<i>Budget Forms</i>	
	<i>F1: Budget Justification Form</i>	<i>5</i>
	<i>F2: Budget Summary Form</i>	<i>5</i>
	<i>F3: Indirect Cost Questionnaire</i>	<i>0</i>
<b>G</b>	<i>Due Diligence Review</i>	<i>0</i>
	<b><i>Total Possible Score</i></b>	<b><i>80</i></b>

Each reviewer will independently score and submit individual scores for each proposal. All reviewers' scores will be tabulated and ranked. Reviewers' recommendations will be taken into consideration by MDH when making final funding decisions.

### Notification

MDH anticipates notifying all applicants via email of funding decisions, awards and denials, the week of Feb. 5, 2024. All decisions are final. MDH reserves the right to negotiate changes to the proposed activities and budgets submitted. If requested, applicants will be provided feedback on their proposal.

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## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

Notice of Intent: All applicants who are interested in submitting a proposal for the HIV Prevention Projects grant are encouraged but not required to submit [Form A: Notice of Intent \(https://www.health.state.mn.us/diseases/stds/rfp/pehforma.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/pehforma.docx) by email to [HEALTH.HIV.STD.RFP@state.mn.us](mailto:HEALTH.HIV.STD.RFP@state.mn.us) on or before **Friday, Nov. 17, 2023, 11:59 p.m.**

**All proposals must be received by MDH no later than 11:59 p.m. Central Time, on Friday, Dec. 15, 2023.** Proposals must be emailed to [HEALTH.HIV.STD.RFP@state.mn.us](mailto:HEALTH.HIV.STD.RFP@state.mn.us). MDH will not accept proposals sent by postal mail or facsimile (fax).

**Late proposals 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.

### 3.2 Application Submission Instructions

Applicants must include the following information in the body of the email when they submit their proposal:

- Contact Name
- Contact Title
- Agency/Clinic
- Mailing Address
- City, State, Zip
- Email

### 3.3 Application Instructions

Applicants must submit **ALL** required forms (**Form B – Form G**) for the proposal to be considered complete. All forms can be downloaded from [STD and HIV Request for Proposals \(RFP\) \(www.health.state.mn.us/diseases/stds/rfp/index.html\)](http://www.health.state.mn.us/diseases/stds/rfp/index.html).

#### Step 1

Complete the [Form B: Agency Cover Page/Agency Information Certification \(https://www.health.state.mn.us/diseases/stds/rfp/pehformb.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/pehformb.docx). This form provides contact information and other information required by the State. A signature of the director of the applicant agency is required in the certification section. Please also use the checklist on this form to check each component as it is completed.

#### Step 2

Complete the proposal [Form C: Tale of Contents](https://www.health.state.mn.us/diseases/stds/rfp/pehformc.docx) (<https://www.health.state.mn.us/diseases/stds/rfp/pehformc.docx>). You will need a separate Form C for each proposal.

### Step 3

Complete the [Form D: Applicant Conflict of Interest Disclosure](https://www.health.state.mn.us/diseases/respiratory/attachgcoi.pdf) (<https://www.health.state.mn.us/diseases/respiratory/attachgcoi.pdf>)

### Step 4

Complete one of each of these forms. Questions that require responses are provided on each form. These forms are scored by reviewers.

- [Form E: Program Narrative Questions](https://www.health.state.mn.us/diseases/stds/rfp/pehforme.docx) (<https://www.health.state.mn.us/diseases/stds/rfp/pehforme.docx>)
  - The Application Narrative contains three of the five scored sections:
    1. Program Organizational Capacity (20 points)
    2. Program Design and Implementation (30 points)
    3. Equity Section (20 points)
- [Form F: Budget Forms](https://www.health.state.mn.us/diseases/stds/rfp/pehformf.docx) (<https://www.health.state.mn.us/diseases/stds/rfp/pehformf.docx>), includes:
  - Budget Justification (Form F1) Instructions
  - Form F1: Budget Justification
  - Form F2: Budget Summary Forms
  - Form F3: Indirect Questionnaire

### Step 5

Complete the [Form G: Due Diligence Review](https://www.health.state.mn.us/diseases/stds/rfp/pehformg.docx) (<https://www.health.state.mn.us/diseases/stds/rfp/pehformg.docx>). You only need to complete one Form I.

### Step 6

A complete proposal must include Forms B through Form G. Non-governmental and/or non-tribal organizations must also include the Financial Statement, IRS Form 990, or the Certified Financial Audit Form. **Complete proposals are due by 11:59 p.m. on Friday, Dec. 15, 2023.**

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

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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: SSP-PEH RFP Forms and Attachments

The following forms are available for download at [STD and HIV Request for Proposals \(RFP\) \(www.health.state.mn.us/diseases/stds/rfp/index.html\)](http://www.health.state.mn.us/diseases/stds/rfp/index.html):

- Form A: Notice of Intent (Optional)
- Form B: Agency Cover Page/Agency Information Certification
- Form C: Table of Contents
- Form D: Applicant Conflict of Interest Disclosure
- Form E: Program Narrative Questions
  - Program Organizational Capacity
  - Program Design and Implementation
  - Equity Section
- Budget Forms Instructions
  - Budget Justification (Form F1) Instructions
  - Form F1: Budget Justification
  - Form F2: Budget Summary Forms
  - Form F3: Indirect Cost Questionnaire
- Form G: Due Diligence
- Attachment A: Application Evaluation Criteria (Scoresheet)
- Attachment B: Definitions
- Attachment C: Resource Links