



# HIV Pre-Exposure Prophylaxis Funding

GRANT REQUEST FOR PROPOSAL (RFP) FOR GREATER MINNESOTA

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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:** Pre-Exposure Prophylaxis Grant Program
- **Minnesota Department of Health (MDH) Program Website:**
- [STD and HIV Request for Proposals \(RFP\)](https://www.health.state.mn.us/disease/stds/rfp/index.html)  
([www.health.state.mn.us/disease/stds/rfp/index.html](https://www.health.state.mn.us/disease/stds/rfp/index.html))
- **Release Date:** Monday Nov. 6, 2023
- **Proposal Deadline:** Friday, Dec. 8, 2023

### 1.2 Program Description

#### Funding Opportunity Description:

This program is authorized under the [Minn. Stat. § 145.924\(b\)](https://www.revisor.mn.gov/statutes/2022/cite/145.924/pdf) (<https://www.revisor.mn.gov/statutes/2022/cite/145.924/pdf>) that allows MDH to use state funds in support of human immunodeficiency virus (HIV) prevention activities. Funds are granted through a competitive process to agencies experienced in developing a prevention program that provide services to Minnesotan populations that continue to experience the highest burden of HIV and acquired immunodeficiency syndrome (AIDS).

#### Purpose

The purpose of this request for proposals (RFP) is to announce availability of HIV prevention grant funds. MDH is seeking organizations to apply for funding to design, develop, implement, monitor, and evaluate an innovative and comprehensive HIV pre-exposure prophylaxis (PrEP) program to curb the burden of HIV among rural communities at greatest risk of infection. MDH seeks to make the greatest impact by expanding PrEP services to Minnesotan residents in rural counties where PrEP use remains low and inadequate. Expanding PrEP care accessibility in rural Minnesota will increase demand and use, which is one of MDH's preventive priorities. In addition, this RFP will continue to support MDH's Advancing Health Equity Initiative, launched in 2014 to promote health equity and reduce disease prevalence among Minnesotans disproportionately affected by HIV and AIDS.

#### Project Description

PrEP is a safe and highly effective biomedical evidence-based intervention that is critical in the prevention of HIV but continues to be underutilized. PrEP is the preventive use of HIV medicine that can be taken as a daily pill or through regular injection. The daily regimen of PrEP consists of two oral antiretroviral drugs in a single pill, taken by persons who do not have HIV to reduce the risk of getting HIV. Current options for PrEP include daily oral PrEP medications – emtricitabine/tenofovir disoproxil fumarate (TDF/FTC), emtricitabine/tenofovir alafenamide (TAF/FTC; on-demand oral PrEP

– FTC/TDF and a long-acting injectable PrEP - Cabotegravir that was approved in 2019 for use by the U.S. Food and Drug Administration (FDA).

PrEP, when taken as prescribed, is highly effective and can reduce the risk of acquiring HIV via sexual contact by about 99% and by at least 74% among people who inject drugs (PWID) according to CDC. PrEP does not protect against pregnancy or other sexually transmitted infections (STIs), so it is best to use it with other risk reduction methods such as condoms and not sharing injection equipment.

## **Program Statement**

HIV, the virus that can cause AIDS, remains a persistent public health problem in Minnesota and nationwide. The number of people living with HIV/AIDS in the state has steadily increased since MDH began collecting data on HIV/AIDS. As of Dec. 31, 2022, 9,805 people with HIV are assumed to be alive and living in Minnesota. About 81% of them live in the 11-county metropolitan area and 19% live in Greater Minnesota. For the past 10 years, the average number of new HIV transmissions diagnosed in Minnesota is approximately 286 persons per year. MDH declared Minnesota's first ever HIV outbreak in February 2020. There are currently three outbreaks. Two are in Hennepin and Ramsey counties; one among people living in homeless encampments and the other among people whose risk behavior includes injection drug use (IDU) or a combination of male-to-male sex and injection drug use (MSM/IDU). The third outbreak is in the Duluth area. All three outbreaks continue to grow. These outbreaks disproportionately impact Native Americans and people who inject drugs (PWID).

In 2022, AIDSVu estimates that there were about 6,633 PrEP users in Minnesota. The CDC estimates there are one million Americans at substantial risk for HIV who could benefit from PrEP, but fewer than one in four actually use it. Also, CDC has estimated that successful expansion of PrEP access, in combination with other interventions, can be expected to prevent as many as one in five new HIV infections each year. CDC recommends PrEP as a comprehensive and essential evidence-based intervention that includes medication and other critical support services to prevent HIV transmission nationwide. In addition, CDC recommends that all sexually active adults and adolescent patients should receive information about PrEP. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians offer PrEP to persons at high risk of HIV. The 2019 "Grade A" recommendation given by USPSTF indicates a high certainty of net benefit for PrEP. This makes PrEP "a core primary care service" covered by most commercial and private health care plans that will increase affordability of PrEP for those who need it most.

## **Goal and Objectives**

The primary goal of this PrEP funding is to prevent as many new HIV infections as possible and/or reduce the risk of transmission to HIV negative people, especially in communities that continue to experience the highest rates of HIV. PrEP is a biomedical evidence-based intervention that significantly contributes towards achieving the goals of the National HIV/AIDS strategy, Eliminating HIV Epidemic Initiative (EHE), CDC's High Impact HIV Prevention (HIP)

approach, as well as the local legislatively mandated END HIV MN plan. Major objectives include:

- Increased HIV screening and re-screening among persons at elevated risk for HIV.
- Increased active referrals and rapid linkage of persons eligible for PrEP.
- Increased PrEP prescription among persons eligible for PrEP.
- Decreased risk behaviors for acquiring HIV infection.

## 1.3 Funding and Project Dates

### Funding

Funding will be allocated through a competitive process. If selected, applicants may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date. This one-time competitive grant has an estimated total award amount of \$600,000 state funding [Minn. Stat. § 145.924\(b\)](https://www.revisor.mn.gov/statutes/2022/cite/145.924/pdf) (<https://www.revisor.mn.gov/statutes/2022/cite/145.924/pdf>) for 18 months for PrEP programming. The actual award amounts will be determined based on available funds at the conclusion of the RFP process. Continuation of program funding beyond the initial 18 months will be subject to the availability of state and/or federal funds.

Funding	Estimate
Estimated Amount to Grant	\$600,000
Estimated Number of Awards	4-6
Estimated Award Maximum	150,000
Estimated Award Minimum	100,000
Length of Project Period	18 months
Anticipated Start Date	Jan. 1, 2024

### Match Requirement

Matching or cost sharing is not required.

### Project Dates

Funding cycle for this program announcement begins on Jan. 1, 2024, and ends on June 30, 2025.

### Geographic Service Area(s)

The geographic service area targeted for this PrEP funding is Minnesota's 76 rural counties referred to as "Greater Minnesota." *Greater Minnesota* is defined as geographic regions outside the 11-county metropolitan area. In 2022, 19% of 9,805 people assumed to be living with

HIV/AIDS in the state were residing in Greater Minnesota. The following 20 rural counties each had more than 20 living HIV/AIDS cases in 2022: Beltrami, Benton, Blue Earth, Carlton, Clay, Crow Wing, Goodhue, Kandiyohi, McLeod, Mower, Nicollet, Nobles, Olmsted, Otter Tail, Pine, Polk, Rice, St. Louis, Stearns, and Winona. Of the 262 newly diagnosed cases reported in 2022, 69 (26%) resided in 26 rural counties.

Applicants are expected to propose targeted geographic service area(s) (e.g., specific rural counties) in Greater Minnesota experiencing and burdened with HIV.

## 1.4 Eligible Applicants

Eligible applicants include community-based organizations, faith-based organizations, community health centers, Federally Qualified Health Centers (FQHCs), tribal governments, tribal health boards, educational institutions, county governments/community health boards, and any other public or private non-profit organizations. Eligible applicants' experience may include but is not limited to the following:

- Providing HIV prevention education, PrEP, testing, counseling, harm reduction/risk reduction and/or syringe services to individuals who are more vulnerable to HIV exposure.
- Assessing the needs of those more vulnerable to HIV exposure and providing active referrals to address those needs.

## 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 "PrEP RFP Question."

Questions/inquiries regarding this RFP or the RFP process will be accepted until **4:30 p.m. Central Standard Time, Friday, Dec. 1, 2023**. MDH will respond to the person who sent the question and will post the question and answer on the MDH website. The PrEP 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 proposals, 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. 28 in the afternoon at 2 p.m. and Nov. 29 in the morning at 11 a.m. 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.

MDH released the [Advancing Health Equity in Minnesota: Report to the Legislature \(www.health.state.mn.us/communities/equity/reports/ahe\\_leg\\_report\\_020114.pdf\)](http://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf) in 2014. This report assesses Minnesota's health disparities and recommends various strategies to promote health equity. The following quote is a summary introduction to the report at [Health Equity Reports and Publications \(www.health.state.mn.us/communities/equity/reports/index.html\)](http://www.health.state.mn.us/communities/equity/reports/index.html):

*A statewide health assessment shows that not all people in Minnesota have the same chance to be healthy. People of color, American Indians, people with disabilities, people living in poverty, and members of the LGBTQ community have less opportunity for health and experience worse health outcomes in Minnesota.*

This RFP focuses on identifying HIV health disparities in communities most impacted by HIV as prioritized through HIV surveillance and HIV testing data. Some Minnesota rural regions, especially Central, Southeast, Northwest and Southwest continue to experience greater burden of HIV epidemic disproportionately than other rural regions. This RFP designates funds to address the disproportionate rate of HIV transmission by promoting and implementing PrEP care services to prevent HIV infections and reduce new HIV cases. To address these inequities, applicants that propose a specific **geographic service area** that includes more than 15 of the following Minnesota's rural counties: Benton, Blue Earth, Carlton, Clay, Crow Wing, Goodhue, Kandiyohi, McLeod, Mower, Nicollet, Nobles, Olmsted, Otter Tail, Pine, Polk, Rice, St. Louis, Stearns, and Winona will receive extra points during the proposal evaluation process.

#### Collaboration:

MDH recognizes that achieving health equity will happen only as we work together. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and to consider equity in deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the funding availability table) than single-organization applicants. Multi-organization collaborations



must submit signed memoranda of understanding (MOU) or letters of commitment that clearly specify what each organization will do with this proposal.

Applicants proposing a referral model or collaborative model (see additional info in section 2.2) must partner with other community-based organizations and a primary care facility to offer seamless coordination, referral and linkage, prescription of PrEP, and the entire provision of PrEP care services.

MDH recognizes the sovereignty of tribal nations. We will only fund non-tribal-led projects in tribal communities if the applicant has full support of the tribal government. If a non-tribal applicant proposes to work with a tribal government or tribal community, the applicant must be prepared to provide written verification that the tribal government approves of the project before a grant agreement can be made final. Written verification will be requested at the time an award is offered.

## 2.2 Eligible Projects

### Priority Populations

The priority populations for this program are HIV-negative persons who are at greatest risk of HIV acquisition through sexual transmission and/or injection drug use, specifically those in rural counties of Minnesota. CDC recommends that all sexually active adult and adolescent persons should receive PrEP education. This includes MSM, heterosexual men and women at greatest risk, PWID, and HIV negative partners in mixed-status couples, including heterosexual couples seeking natural conception. In addition, CDC encourages providers to offer PrEP as a core primary care service to reduce missed opportunities for PrEP provision.

### Purpose and Goal of PrEP Programs

The purpose of this program is to make PrEP services more accessible and available, and to increase its use by HIV negative persons who are most vulnerable to HIV exposure, specifically in rural counties with the highest rates of new HIV diagnoses and prevalent cases. This program should also incorporate elements that increase awareness of and access to non-occupational post-exposure prophylaxis (PEP), when appropriate, in communities with disproportionately high rates of new HIV diagnoses.

The primary goal is to prevent new HIV infections and reduce the risk of transmission to HIV negative people, especially in rural communities including rural communities (or people) of color, that continue to experience the highest rates of HIV. PrEP program activities should strive to support the following key objectives:

- Increased PrEP education, promotion, access/demand for PrEP services, availability, and use.
- Increased periodic screening for risk and HIV testing among persons at risk for HIV infection.
- Increased screening among HIV-negative persons for PrEP eligibility.
- Increased active referral and rapid linkage of persons eligible for PrEP to a PrEP provider.

- Increased prescription of PrEP to persons eligible for PrEP.
- Increased screening and referral for health care benefits, behavioral health, and prevention and essential support services.

Applicants will adhere to relevant policies that govern the provision of PrEP and will ensure that services are appropriate to the client's culture, geographic location, housing status, language, sex, sexual orientation, gender identification, age, and developmental level.

## **Required Program Activities**

A PrEP care system is defined as a system of PrEP service delivery for HIV negative persons at ongoing risk of infection. Applicants must propose a comprehensive PrEP care system consisting of three key phases in the delivery of PrEP services. This includes screening for PrEP eligibility, initiation, and follow-up. Each of the required phases includes several specific activities that must be implemented as well. Progress must be made in each phase to achieve the primary goal of preventing/reducing new HIV transmissions.

### **Screening for Eligibility:**

The screening phase includes engagement of the community and clients, navigation of services, and an initial clinical evaluation of persons with PrEP need. Key activities include:

- Promoting PrEP awareness and education to facilitate PrEP access and availability.
- Identifying, engaging, and recruiting individuals at greatest risk for acquiring HIV.
- Assessing for HIV risk, testing, basic education, and screening for PrEP eligibility.
- Providing active referrals and rapid linkage of PrEP care for eligible users.

### **PrEP Initiation:**

The PrEP initiation phase includes prescribing PrEP medication and conducting other required laboratory testing that occurs on the same day. Key activities include:

- Facilitating access and linkage to PrEP care and prescribing PrEP.
- Reviewing the PrEP basics – education, laboratory tests and initiation of PrEP, and referral and linkage to a pharmacy for PrEP medication.
- Other activities may include scheduling appointments, assessing health care coverage and other related fees, providing counseling, prescribing PrEP medications and filling prescriptions (through prescribing provider), and monitoring initial PrEP use and medical adherence.

### **PrEP Follow-up:**

The follow-up phase includes activities that promote and support adherence to PrEP, meaning that clients are consistently taking PrEP as prescribed and are staying in PrEP care. Key activities include:

- Visits at three-month intervals for daily PrEP and two-month intervals for long-acting injectable PrEP to monitor safety, HIV status, and adherence according to PrEP clinical practice guidelines. These visits also include laboratory tests, HIV risk behavior assessment,

screening for bacterial STIs, assessment of renal function, adherence counseling, and a new three-month prescription for PrEP (through prescribing provider).

- Referrals to support medication adherence, follow-up care, and proven effective behavioral risk reduction service.
- Access to clean needles/syringes and drug treatment services for people who use drugs, as appropriate.

Applicant should propose strategies that ensure PrEP users receive all information, resources, and support needed to take PrEP as prescribed and remain in PrEP care. In addition, applicants should develop workflow protocols for rapid linkage to medical care for persons who test positive while on PrEP and for support to those that discontinue PrEP.

## Implementation Models

The applicants must indicate whether the PrEP services are provided using an in-house model or a referral model (also known as a collaborative model).

- **In-house PrEP model:** The entire range of PrEP care services are provided at a single location under one roof; an “in-house one-stop shop” that may require some resources from other partners. Applicants will describe how the agency will implement all PrEP services in house.
- **Referral model** (or collaborative model): PrEP care services are mainly provided by referral services delivered through a well-coordinated network of one or more trusted partners that include community-based organizations, health care organizations and pharmacies. Each partner offers a specific PrEP service(s) that together seamlessly complete the PrEP care services delivery. Applicants proposing a collaborative model must name or identify partner organizations that will provide each PrEP service. A memorandum of Understanding (MOU) or a letter of commitment (LOC) formalizing the partnership must be submitted for each referral partner that provides one or more of the required PrEP care services.

## Service Delivery Strategy

Applicants must propose an evidence-informed strategy or strategies to successfully deliver PrEP care services. There are a variety of PrEP services delivery strategies that have been demonstrated to be effective including:

- PrEP navigation
- TelePrEP/telehealth
- Mobile-based
- Home-based
- Technological

Applicants may propose to use one or multiple service delivery strategies that best fit the organizational structure/setting/location and priority rural population(s) needs to implement

the program as planned and achieve intended outcomes. There is no one size fits all PrEP service delivery strategy.

Applicants must offer all required PrEP activities regardless of the implementation model and service delivery strategies proposed. The core activities include PrEP awareness, education, and promotion; engagement/identification and recruitment of potential PrEP users, screening for PrEP eligibility, referral and linkage of eligible individuals, initiation/prescription of PrEP, and adherence support and retention.

### **Grantee Program Expectations**

Applicants should propose to develop an innovative and comprehensive PrEP care program that will identify HIV negative people at greatest risk who stand to benefit the most, screen them for PrEP eligibility, and prescribe PrEP. People with HIV who had been unaware of their HIV status identified during screening will be rapidly linked to medical care services. Successful applicants awarded grant funds are expected to:

- Develop, implement, monitor, and evaluate 18-month work plan that includes all required core components of the PrEP care continuum.
- Monitor, measures and track program goals, objectives, and activities.
- Adhere and comply with the U.S. Public Health Service's PrEP clinical providers' guideline and supplement.
- Develop PrEP policies, procedures and workflow protocols within the organization that align with CDC PrEP guidance.
- Collect, track, document, and report on aggregate non-identifiable client-level quantitative data. Client-level demographic data will include (at a minimum) race/ethnicity, age range, risk category, and gender identity.
- Enter non-identifiable client-level HIV testing data into the EvaluationWeb online data system or a comparable data software system such as an electronic health record (EHR) that can generate required data variables.
- Develop a budget plan, including a budget justification narrative, that aligns funding allocations with proposed work plan activities.
- Provide ongoing staff training on PrEP related topics to effectively deliver PrEP services in coordination with other health care services.
- Prioritize the provision of services to populations known, through local epidemiologic data, review of service utilization data, or strategic planning processes, to be at disproportionate risk for HIV infection.
- Submit quarterly progress reports throughout the grant performance period that include both quantitative and qualitative data. Funded organizations must submit progress reports within 21 days of the end of reporting period.
- Submit qualitative data that include program successes and challenges, including strategies to resolving the anticipated challenges.

## Program Evaluation

Applicants are required to collect, track, document, and report data to demonstrate their ability to meet the program goals and objectives. Applicants must propose key performance measures for each activity along the PrEP care continuum. Evaluation variables may include but are not limited to the following:

- Number of individuals assessed for HIV risk.
- Of those assessed for HIV risk, the number of individuals who test negative.
- Number of individuals screened for PrEP eligibility.
- Number of individuals eligible for PrEP who are actively referred to PrEP providers.
- Number of individuals eligible for PrEP rapidly assisted with linkage to prescribing providers.
- Number of individuals eligible for PrEP that were prescribed PrEP.
- Number of individuals who initiated PrEP (started taking PrEP medication through self-reporting).
- Number of Individuals on PrEP supported to adhere to PrEP care.
- Number of individuals on PrEP who were retained in PrEP care.

## Other Required Grant Activities

PrEP does not prevent other sexually transmitted diseases, hence other prevention strategies are needed such as condom use, harm reduction intervention, and syringe services program.

### Condom Distribution Activities

Condoms are highly effective in preventing the sexual transmission of HIV and other STIs. Project proposals must include a method for distributing and tracking condoms 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.

### Meaningful Involvement of People with Lived Experience

HIV prevention 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 opportunities to involve people who are more vulnerable to HIV exposure and/or are living with HIV/AIDS. Applicants must describe how they will use insight and recommendations from engagement activities to inform the HIV prevention programming activities. 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, funded organizations will give incentives to individuals with lived experience for their time providing feedback or services. Incentives are an allowable expense under this grant funding.

### Stigma Reduction Interventions

According to the National HIV/AIDS Strategy, HIV stigma and discrimination can pose complex barriers for people at risk for HIV, preventing them from learning their HIV status and accessing medical care, treatment, and supportive services. Applicants shall look for ways to provide innovative interventions that decrease the effects of stigma in prevention efforts.

### Confidentiality

All HIV and HCV testing and related records pertaining to clients on PrEP are confidential and funded programs must take precautionary measures to secure all such information.

### 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
- Research projects
- Syringe related supplies including safer smoking and snorting supplies
- Medications
- Personnel costs for the provision of PrEP medication and recommended clinical care associated with PrEP
- HIV treatment, viral hepatitis treatment, primary care services for PrEP or PEP

## 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. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit **written progress reports at least quarterly** until all grant funds have been expended and all of the terms in the grant agreement have been met.

Minimum key data variables required for this PrEP program include:

- Number of persons served under each program activity
- Aggregate non-identifiable client demographic information for persons initiating PrEP for first time
- Number of PrEP users that refill their prescription

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
- 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.

Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/cite/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.
- 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.

Grantees must participate in monthly check-in calls with grant managers from MDH and annual site visits.

## 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 (e.g., data collection tools) and messaging for use by grantees.

## 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.

## 2.3 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](https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/) (<https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/>).
  - Metropolitan Council's Targeted Vendor list: [Minnesota United 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.



- 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:  
[\(https://mn.gov/admin/osp/government/suspended-debarred/\)](https://mn.gov/admin/osp/government/suspended-debarred/)

### 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 Disclosure form (Form B) and submit it as part of the completed proposal.** Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired.
- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

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

- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

## Public Data and Trade Secret Materials

All proposals 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 proposals and their contents are private or nonpublic until the proposals are opened.

Once the proposals are opened, the name and address of each applicant and the amount requested is public. All other data in a proposal 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 proposals 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 proposals is copyrighted or otherwise protected does not prevent public access to the proposal or its contents. ([Minn. Stat. § 13.599](https://www.revisor.mn.gov/statutes/cite/13.599) (<https://www.revisor.mn.gov/statutes/cite/13.599>), subd. 3(a)).

If an applicant submits any information in a proposal 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 proposal at the time it is submitted,
- Include a statement attached to its proposal 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 a proposal 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 a proposal 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 proposal 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 proposal will become public; in the event a data request is received for proposal 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.

## 2.4 Review and Selection Process

### Review Process

All complete, eligible proposals will be reviewed by a review team representing a diverse group of people that consist of individuals reflecting affected communities, community members, 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.

Decisions to fund an award are based on the strengths and weakness of the proposal as identified by reviewers. The results of the peer review are advisory in nature, MDH makes the final determination of funding based on many factors: availability of funds, reviewers' average numeric scores and preliminary recommendations, representation, and service area reach.

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 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 proposal, provided the proposal, 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 proposal. Therefore, it is important that all applicants ensure that all sections of their proposals 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 standardized scoring system to determine the extent to which the applicant meets the selection criteria. Please see Attachment A 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](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf). ([https://mn.gov/admin/assets/grants\\_policy\\_08-06\\_tcm36-207113\\_tcm36-207113.pdf](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf)).

## Proposal Evaluation and Selection Process

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

Form	Item	Maximum Possible Points	Award Score
A	Agency Cover Page/Agency Information Certification	0	
B	Applicant Conflict of Interest	0	
C	Table of Contents	0	
D	Program Organizational Capacity Narrative	30	
E	Program Activities Narrative		
	PrEP Implementation Model	0	
	Service Delivery Strategy(ies)	0	
	Program Summary	0	
	Targeted Geographic Service Area(s)	3	
	Priority Population(s)	2	
	Anticipated PrEP Service Needs and Barriers	5	
	Work Plan Narrative	30	
	Data Collection and Performance Measures	10	
	Coordination, Collaboration and Partnership	10	
	Evaluation	5	
F	Budget Narrative		
	F1 Budget Justification Narrative	3	
	F2 Line-Item Budget Summary	2	
	F3 Indirect Cost Questionnaire	0	
G	Due Diligence Review	0	
	Total Possible Score	100	

Each reviewer will independently score and submit their individual scores for each proposal. All reviewers' scores will be tabulated, averaged, 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 the week of Jan. 1, 2024, whether or not their proposal was selected for funding. All decisions are final. MDH reserves the right to negotiate changes to the proposed activities and budgets submitted. All applicants will be provided feedback on their proposal.

## RFP Part 3: Proposal and Submission Instructions

### 3.1 Proposal Deadline

All proposals **must** be received by MDH no later than **11.59 P.M. Central Time, on Friday Dec. 8, 2023**, the proposal due date. Proposals must be emailed to [health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us). Proposals submitted in MDH e-mail system after the proposal due date will not be considered for review. MDH will **not** accept paper copies of 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 e-mail delivery, computer, or technology problems.

Please do not wait until the last minute to submit the proposal. If you wait until the last minute, there is a strong possibility that the proposal will not be received without errors by the deadline. On-time submission requires that electronic proposals be error-free and made available to MDH for processing.

### 3.2 Proposal Submission Instructions

Proposals must be submitted electronically via e-mail address only at [health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us). Each applicant is required to submit through **one e-mail only** with two electronic files as attachments. **File one** must contain the program organizational capacity narrative form D, program description narrative form E, budget justification narrative form F1, and line-item budget summary form F2, and Indirect cost Questionnaire form F3. File two must contain all other required forms and documentation, as well as appendices the applicant chooses to submit. Please adhere to no more than two files as additional files will not be accepted.

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 Address:

### 3.3 Proposal Instructions

Applicants must submit **ALL** required forms (**Form A – 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://STD and HIV Request for Proposals (RFP) (www.health.state.mn.us/diseases/stds/rfp/index.html)).

Incomplete proposals will be rejected and not evaluated.

Proposals must include all required proposal 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 proposal that does not meet these requirements.**

By submitting a proposal, 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.

### **Step 1**

Complete the Agency Cover Page/Agency Information Certification (Form A). 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 Conflict of Interest Form (Form B).

### **Step 3**

Complete the proposal Table of Contents Form (Form C). The table of contents must have page numbers referenced.

### **Step 4**

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

- Program Organizational Capacity Narrative (Form D)
- Program Activities Narrative (Form E) (consists of four sections)
- Budget Forms (Budget Forms Instructions, Form F1, Form F2 and Form F3) **Do not** submit budget form instructions.

### **Step 5**

Complete the Due Diligence Review (Form [G](#)).

### **Step 6**

A complete proposal must include Forms A 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. Central standard time on Friday, Dec. 8, 2023.**

**Incomplete proposals will be rejected and not evaluated.**

Proposals must include all required proposal 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 proposal that does not meet these requirements.**

By submitting a proposal, 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.



## RFP Part 4: PrEP Funding RFP Forms

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

- Form A: Agency Cover Page/Agency Information Certification
- Form B: Applicant Conflict of Interest Disclosure
- Form C: Table of Contents
- Form D: Program Organizational Capacity Narrative
- Form E: Program Activities Narrative
- Budget Justification Instructions
  - Form F1: Budget Justification Narrative
  - Form F2: Line-Item Budget Summary
  - Form F3: Indirect Cost Questionnaire
- Form G: Due Diligence Review Form

## **RFP Part 5: Attachments**

- Attachment a: Grant Proposal Score Sheet Guide
- Attachment B: Definitions
- Attachment C: Resource Links