# Grant to Support Grieving Parents and Caregivers Experiencing the Death of an Infant or a Stillbirth in Minnesota

Request for proposal materials

Proposal Deadline: May 31, 2019

Grant to Support Grieving Parents and Caregivers Experiencing the Death of an Infant or a Stillbirth in Minnesota

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Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

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## Program Overview

### Introduction

This Request for Proposal (RFP) document provides the instructions, forms and information needed to complete the **Grant to Support Grieving Parents and Caregivers Experiencing the Death of an Infant or a Stillbirth in Minnesota** application. It is suggested that these instructions and a copy of the *Criteria for Grant Review Score Sheet* (Appendix A) be examined *prior* to writing the application.

MDH staff will be available to answer questions during the application process. For assistance, please contact **Michelle A. Chiezah at 651-201-3621**. In addition, MDH will maintain a **Frequently Asked Questions page on the state’s Infant Mortality Reduction Initiative website,** which will be updated regularly. To view the website visit [Infant Mortality Reduction Initiative (https://www.health.state.mn.us/people/womeninfants/infantmort/index.html)](https://www.health.state.mn.us/people/womeninfants/infantmort/index.html). Please note that MDH staff will *not* be able to help with writing the application.

#### Application Review, Scoring, and Funding Recommendations

This is a competitive grant application. Only complete and eligible applications will be reviewed and scored according to the *Criteria for Scoring* (Appendix A).

Reviewers may include MDH staff, staff from state agencies, and individuals from other organizations with experience in: maternal and child health, heath care, pastoral care, nursing, counseling, therapy, social work, project management, grant writing, and program planning, or individuals who have provided services to grieving families that have experienced a stillbirth or the death of an infant under one year**.** Reviewers will be required to identify any conflicts of interest and will not review an application if a conflict is identified.

Final funding recommendations will be based on the scores and comments from reviewers and the applicant’s ability to provide support statewide. It is anticipated that grant award decisions will be made in **July 2019.** Applicants will be notified whether or not their grant application is selected for funding.

If a vendor is awarded funds, they will need to sign up as a vendor in SWIFT if they are not a vendor already before the grant agreement can be created. Instructions on how to do that will be sent to the awarded applicant after the award has been announced.

A grant agreement will then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be **August 1, 2019,** or the date upon which all signatures to the agreement are obtained, whichever is later. The grant agreement will be in effect until **July 31, 2022**. There may be negotiations to finalize the work plan, grantee’s duties, and/or budgets before a grant agreement can be fully executed. If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual period the grant is in effect.

Awarded applicants will be legally responsible for assuring the implementation of the work plan, compliance with all state and federal requirements, including worker’s compensation, nondiscrimination, data privacy, budget compliance, and reporting requirements.

#### Applications and Data Privacy

In accordance with Minnesota Statute §13.599 applications are nonpublic until opened. Once opened, the name of the applicant, the address of the applicant, and the amount the applicant requested is public. All other data in an application is nonpublic data until completion of the evaluation process. After the evaluation process has been completed, all data submitted by the applicant is public.

If the applicant submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statute §13.37, the applicant must:

* Clearly mark all trade secret materials in its response at the time the response is submitted;
* Include a statement with its response 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 the State, its agents and employees, from any judgements 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 the State’s award of a grant contract. In submitting a response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

### Program Description

#### Background

Under Minnesota Statute §144.05, the Commissioner of Health, as the State’s official health agency, is responsible for developing and maintaining an organized system of programs and services, created to protect, maintain, and improve the health of all Minnesotans. The State is currently in need of a grantee to provide initial bereavement support services to parents experiencing a stillbirth or the death of an infant under one year of age. Under Minnesota Statute §144.0742, the State is empowered to enter into contractual agreement with a qualified public or private entity to offer the provision of statutorily prescribed health services to fill this need.

#### Infant Mortality and Stillbirths in Minnesota

Infant mortality is defined as the death of a live-born infant during the first year of life. Fetal deaths, by contrast, are deaths that happen in utero at any stage of pregnancy or during delivery. Fetal deaths occurring at 20 weeks of gestation or later are called stillbirths. This RFP is for infant deaths and stillbirths.

In Minnesota, approximately 70,000 infants are born alive each year, and between 350 and 380 die before their first birthday. In 2016, the last year for which data are available, 69,746 infants were born in the state and 354 of them died, resulting in an infant mortality rate of 5.1 infant deaths per 1,000 live births. Similarly, between 350 and 400 stillbirths occur in the state every year, and the fetal and infant death rates are usually about the same. In 2016, there were 375 stillbirths and the stillbirth rate was 5.4 per 1,000 live births plus fetal deaths.

Regardless of when and to whom these deaths happen, the sudden and unexpected loss of an infant is a tragic event that can have life-altering and devastating consequences for individuals and families, including prolonged grief, anger, fear, pain, guilt, depression, social isolation, and disconnectedness. Thus, parents or caregivers experiencing the loss of a baby are often in need of bereavement support services to help them cope.

#### Purpose of the Funding

The purpose of this RFP is to fund one organization with the capacity and expertise to directly provide an initial bereavement consultation statewide to grieving parents or caregivers who have experienced an infant loss or stillbirth in Minnesota. Priority will be given to an organization with experience providing grief and loss support services. The organization awarded this grant must, upon completion of the contract, be ready to immediately serve families statewide by coordinating resources, services, and related activities as appropriate.

Funding is currently available for **$130,000 per year** for the period of **August 1, 2019 – July 31, 2022**. The contract may be extended for an additional two years contingent on the availability of funds and the awarded applicant’s performance during the previous two years. Eligible applicants may include community health boards, tribal nations, and non-profit organizations.

Funding for this grant opportunity includes state and federal funds. The selected applicant is responsible for compliance with all federal and state regulations and requirements imposed on these funds, including the Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards.

#### Program Goals and Components

The primary goal of this RFP is to offer timely, high quality, culturally appropriate grief and loss support services to approximately 800 parents or caregivers statewide who experience an infant death or a stillbirth each year. This RFP outlines two priority components: (1) grief support activities targeting parents or caregivers, and (2) data collection and reporting requirements.

#### Grief Support Activities

For the purposes of this RFP, direct services refer to the provision of services offered to grieving parents to help them cope. Such services include, but are not limited to, consultations, referrals to local public health nursing agencies, and helping families to navigate bereavement-related resources or activities. The targeted population for direct services are parents, legal guardians, foster parents, and extended family members who provided immediate care to the deceased infant, or parents who experienced a stillbirth. Hereafter, the term *client(s)* is used in reference to any individual receiving grief and loss support services from this grant. Specific activities to be accomplished by the awarded applicant during the grant cycle include:

1. **Sending a Condolence Letter or Card**

To ensure that grieving families receive grief support services promptly, the awarded applicant is expected to send a condolence letter or a card to all parents or caregivers of a stillborn or deceased infant after being notified about the death by either a Medical Examiner’s Office, Coroner’s Office, or MDH. In addition to expressing sympathy, this communication is intended to initiate consultation services for parents/caregivers. Letters must be tailored depending on the type of infant death (e.g., sudden unexpected infant deaths), or stillbirths, and include the awarded applicant’s contact information.

1. **Sudden Unexpected Infant Death (SUID)**

Sudden unexpected infant deaths constitute a subset of infant fatalities that happen abruptly and unexpectedly before age one from causes that are not immediately obvious at the time at death. As such, they require a scene investigation and an autopsy to ascertain the cause and manner of death. To ensure that families receive timely grief support services, the Medical Examiner or Coroner’s office will notify the awarded applicant about each sudden unexpected infant death that occurs in their jurisdiction. The awarded applicant, upon receiving this information, must send a condolence letter or card to the parents or caregivers of the deceased. In addition to expressing sympathy, the letter or card shall inform clients to expect a phone call for an initial consultation. Approximately 65 sudden unexpected infant deaths occur in Minnesota each year.

1. **Infant Deaths from Other Causes**

Every month, MDH will provide the awarded applicant with information about all infant deaths that occurred during the previous month regardless of cause. Upon receiving this information, the awarded applicant shall:

* compare the information (e.g., infant and parent names, parent addresses, infant date of birth, infant date of death) received from the medical examiner’s/coroner’s offices with the data received from MDH to determine if there are any missed SUID cases; and,
* send a condolence letter or card to the parents/caregivers of all deceased infants, including any missed SUID cases after being notified about the deaths.

The letter or card must clearly state that the family should expect a phone call for an initial consultation from the awarded applicant. Additionally, the letter must also mention that MDH may contact the family if their infant was diagnosed with a congenital anomaly. There are between 300 and 320 infant deaths from non-SUID related causes in the state every year.

1. **Stillbirths**

Every month, MDH will send the awarded applicant up-to-date reports regarding stillbirths identified in the state during the previous month(s). Using this information, the awarded applicant shall send a condolence letter or card to all parents who have experienced a recent stillbirth. The letter or card must mention that MDH may contact the family at a future date if their infant’s death certificate indicates that he or she was diagnosed with a congenital anomaly. There are between 350 and 400 stillbirths in Minnesota every year.

1. **Making an Initial Consultation**

The awarded applicant shall attempt to make an initial phone consultation to all parents/caregivers who have experienced a stillbirth or an infant death shortly after sending them a condolence letter or card. The purpose of the consultation is to assess the parent/caregivers’ needs, and to help them navigate grief and loss support services, such as online and in-persons support groups or other activities as appropriate. During the consultation, the awarded applicant shall inform parents who experienced a stillbirth with a congenital anomaly that MDH may contact them. The grantee must be able to access language translation/interpreter services to facilitate conversations with clients whose primary language is not English. The grantee is expected to make at least three attempts to contact the parents/caregivers by phone. Whenever all attempts to contact the parents/caregivers fail, the awarded applicant is required to contact the appropriate local public health agency or Tribal health department to seek assistance with reaching the family.

If the local public health or the Tribal health department reaches the family, the PHN is expected to provide feedback to the awarded applicant to inform them of the outcome of their efforts to reach the family if the family consents. If the family is interested in bereavement services, the awarded applicant is required to initiate a phone consultation or other communication with the family after receiving information from the PHN. The awarded applicant should close the case if the family declines help, or if all attempts to reach the family fail. It is anticipated that the awarded applicant will initiate approximately 800 phone consultations with families each year.

1. **Sending a Bereavement Packet**

During the consultation, the awarded applicant shall assess whether parents/caregivers would benefit from a bereavement packet. If parents/caregivers choose to receive a packet, the awarded applicant should decide on whether the packets are delivered by mail, via a public health nurse, or in-person (e.g., during a home visit). All packets, regardless of how they are delivered, must be dispatched within one business dayof completing the consultation.

At a minimum, the packets must contain grief and loss support resources and materials, information about local agencies within the parent/caregiver’s immediate community offering bereavement services, and organizations that offer financial assistance to cover funeral related costs. Although the packets are intended for parents/caregivers, the awarded applicant may choose to add supplemental materials upon state approval, including those that target other grieving family members, such as surviving siblings and grandparents. The awarded applicant may also send packets, if available, to professionals requesting them, such as health care and childcare providers. MDH must review and approve all educational materials provided.

1. **Providing Follow-up Consultation Services**

The three-month, sixth-month, and one-year anniversary of the death, as well as birthdays and holidays are dates that have particular family significance, and can sometimes evoke painful and overwhelming feelings of loss and grief. To help families cope, the awarded applicant is expected to contact each bereaved family at the three-month, six-month, and one-year anniversaries; this schedule should be adjusted based on a family’s needs. For cases that have been lost to follow-up, the awarded applicant is required to document this for reporting purposes.

1. **Keeping an Up-to-Date Website**

The awarded applicant is expected to keep its website up-to-date with bereavement information, resources, and materials for families and others in the public at-large to download or view on their own. This includes providing culturally appropriate bereavement informational resources that address grief and loss in racial and ethnic populations and immigrant groups. In addition, the awarded applicant is strongly encouraged to make grief support materials available on its website in multiple formats and languages widely spoken in Minnesota such as Hmong, Somali, and Spanish. Such materials may target surviving siblings, grandparents, childcare providers, and health care professionals, or others the awarded applicant deems appropriate. MDH must review and approve all educational materials created or purchased using these grant funds.

#### Data Collection and Reporting

To ensure that the goals specified in this RFP are achieved, the awarded applicant will be required to collect data and submit written narrative reports to MDH quarterly. MDH will provide a template throughout the grant cycle. The awarded applicant must submit the data and the written report **no later than 30 days after each quarter** has ended.

Quarterly reporting will allow MDH to monitor the awarded applicant’s progress towards achieving the goals specified in the RFP, and help to identify any challenges and successes experienced by the awarded applicant during the grant cycle. At a minimum, the quarterly reports will include the following information:

* Data/information on process measures.
* Progress of activities outlined in the work plan, including completed activities, progress made, successes, challenges and barriers encountered.
* An updated work plan may be submitted if there are any changes in activities, timeline, etc., from the work plan submitted initially.
* A cumulative dataset containing individual records in Microsoft Excel or CSV formats. A list containing examples of data variables to be used for data collection purposes is provided in Appendix E. MDH will work with the awarded applicant to finalize the data fields after the grant is awarded and will provide limited technical assistance on the analysis and reporting as needed.

**Required Process Measures for Reporting**

Monitoring and reporting of activities are critical in ensuring that the awarded applicant is making progress toward achieving the goals specified in the RFP. The awarded applicant will be required to submit the following information in the quarterly reports (see also Appendix G):

* **Referrals received** by type of death (SUID/SIDS, other infant deaths, and stillbirths)
* **Condolence Letters/Cards**
	+ Number of condolence letters or cards sent to parents/caregivers
	+ Number of condolence letters or card returned to sender/undeliverable
* **Initial consultation**
	+ Number of newly referred clients who were reached by phone
	+ Number of newly referred clients who were not reached by phone after three attempts
	+ Number of cases still in process (i.e., for cases with less than three attempts made to date)
	+ Number of newly referred clients who completed an initial consultation
		- Number of clients referred to in-person support groups
		- Number of clients referred to online support groups
		- Number of clients referred to individual therapy or counseling
		- Number of clients referred to local public health
		- Number of clients referred to other sources
	+ Number of newly referred clients who declined further services at initial consultation
	+ Number of times language translation services were used for the initial consultation
* **Bereavement Packets**
	+ Number of bereavement packets sent to parents/caregivers
	+ Number of bereavement packets returned to sender/undeliverable
	+ Number of bereavement packets sent to providers/professionals
* **Follow-up Consultation Services**
	+ Number of three month follow-up letters sent
	+ Number of six month follow-up letters sent
	+ Number of 12 month follow-up letters sent
* **Website**
	+ Number of updates to website made (i.e., new articles, postings, etc.)
	+ Number of unique users to website
	+ Number of social media posts/actions targeting parents, caregivers, and providers with links to the awarded applicant’s website

#### Questions

All applicants are strongly encouraged to submit questions about this RFP by **Friday, May 17, 2019,** to Health.InfantMortality@state.mn.us. All answers to questions will be posted within three business days on the state’s Infant Mortality [Reduction](https://health.state.mn.us/people/womeninfants/infantmort/index.html) Initiative website found here: [Infant Mortality Reduction Initiative (https://www.health.state.mn.us/people/womeninfants/infantmort/index.html)](file:///C%3A%5CUsers%5Cmannis1%5CDesktop%5Cwww-dev2%5Cdocs%5Cpeople%5Cwomeninfants%5Cinfantmort%5CInfant%20Mortality%20Reduction%20Initiative%20%28https%3A%5Cwww.health.state.mn.us%5Cpeople%5Cwomeninfants%5Cinfantmort%5Cindex.html%29)

## Project Narrative and Work Plan

The project narrative and work plan describes the applicant’s organization and activities to be accomplished. To assist applicants, MDH has provided detailed instructions on what information should be included and what grant reviewers will be looking for in proposals submitted. Use 12-point font, single-spaced, with one inch margins.

The Project Narrative is divided into distinct sections and should be submitted in the sequence below:

1. **Organization Background Information** *(two pages maximum)*

Please provide the following background information to help reviewers become more knowledgeable about your organization:

* A brief summary of your organization’s history, mission, and goals.
* A brief description of your organization’s administrative structure, including information about the Board of Directors.
* A brief description of programs and services currently offered by your organization.
1. **Organizational Capacity** *(four pages maximum)*

To help reviewers determine if your organization has the capacity and expertise to accomplish the activities and goals outlined in this RFP, please provide the following information:

* Describe the professional expertise, education, certifications, or licenses held, and other applicable trainings received by key staff who will be providing or overseeing services provided under this contract.
* Describe the population(s) served by your organization (e.g., ages, gender, race/ethnicity, geographic location), and include information about the number of clients served on average each year.
* Describe your organization’s experience with providing evidence-based, culturally appropriate bereavement services, including grief counseling to individuals and families who have experienced infant deaths, sudden unexpected infant deaths, and stillbirths.
* Describe your organization’s experience, capacity and expertise, in providing bereavement services to populations experiencing health inequities such as those who communicate in a language other than English, racial and ethnic communities, including American Indians, those in poverty, LGBTQ clients, and those with disabilities.
* Describe how your organization plans to integrate the required grief support activities of this grant into existing work, and discuss any barriers or challenges the organization may encounter and how your plan to overcome them.
* Describe current strategies used by your organization to find, engage, and interest families in support services from hard-to-reach populations (e.g., homeless families).
* Explain your organization’s experience with, or ability to, provide or coordinate services for clients statewide.
* Provide other information, which demonstrates that organization has adequate facilities, client-friendly hours and location(s), if applicable, and the ability to provide confidential services.
* Describe how your organization is currently funded and provide information about the infrastructure in place to manage contracts or grant funds.
1. **Linkages and Collaborations** *(two pages maximum)*

Establishing linkages and collaborations with other organizations is critical in coordinating outreach activities and services for clients, sharing information and educational resources, and engaging with stakeholders and providers in the community. Please provide the following information to help reviewers learn more about your organization’s experience collaborating with other agencies:

* Describe your organization’s past and current history of collaborating with community groups, public health agencies, Tribal health departments, health care providers, or organizations providing bereavement services to families.
* Provide the names of organizations that you have collaborated with and discuss the scope of your partnership or collaboration and the outcome (s) of the partnership.
1. **Proposed Additional Activities** *(two pages maximum)*

Applicants have an opportunity to implement a new activity or expand an existing program/activity to benefit grieving parents or caregivers. Please provide the following information to help reviewers determine if the activity aligns with the purpose and goals of this grant:

* Describe any new or existing activities that your organization plans to implement or expand using these funds, and explain why you have chosen that activity or activities over others.
* Describe any curriculum or modules that your organization will use to guide the activities, if any, and explain why the organization chose this curriculum/model over others (if applicable).
* Discuss which group(s) or population(s) (e.g., race/ethnicity and age) you would target for specific activities and explain whether such activities will be administered in-person or online, and provide information about who will facilitate each activity.

If the applicant chooses an activity for a specific population and not others, briefly explain why the activity was selected for that population.

1. **Work plans** *(10 pages maximum, may use 11 point font)*

All applicants must submit a three-year work plan with their application (Form B). A work plan is a tool used by organizations to outline activities, goals, and objectives to be completed for a specific project. It specifies the timeframe for completing all activities and identifies staff or contractors responsible for each. Each work plan, when approved by the State, will become part of any future established grant agreement between the State and the selected applicant. The work plan must capture all grief support activities required by this RFP, as well as any other relevant activities that your organization proposes to use the grant funds to accomplish during the grant cycle. All proposed activities must be discussed in the narrative.

The following elements must be included in the work plan and discussed in detail in the narrative:

* Goals for each component
	+ Goals should be clear and stated in one sentence.
* SMART Objectives
	+ SMART objectives are specific, measurable, achievable, realistic, and time bound. Objectives are created to measure progress towards achieving established goals.
* Target population
	+ The population identified for an intervention, program, or services, including any breakdown of subsets of the population identified for specific services.
* Activities
	+ Specific types of activities or interventions that will be implemented to achieve the specified outcomes.
* Timeline
	+ The period when activities or strategies will start and end.
* Activity Rationale
	+ A brief and clear justification for each identified activity. The rationale answers the question of “why” it is important to implement an activity or intervention.
* Staff Responsible
	+ The organization identifies and assigns a person to lead each activity to ensure that they are completed.
* Resources needed
* Resources needed to accomplish the activity such as printed materials (e.g., brochures, flyers, and pamphlets).
* Anticipated barriers/challenges
	+ Identifies likely barriers or challenges that may impede implementing a strategy or that may adversely affect outcomes.
1. **Data Collection and Reporting** *(two pages maximum)*
* Describe your organization’s experience with collecting and reporting confidential data.
* Describe past or current steps taken by your organization to protect confidential client data/information and privacy.
* Explain if your staff have had any trainings in data privacy, and their expertise in collecting, analyzing, and reporting de-identified data to funding agencies.

## Budget Section

### Introduction

Before writing the budget, consider the specific activities planned and the resources (staffing, supplies, equipment, etc.) needed to conduct those activities. Are there resources already available? Are there resources that need to be purchased? Which items will need to be replaced during the grant period? Give consideration to the skills needed to carry out the grant activity and comply with any requirements, particularly the financial aspect of the grant. Budgeting for a financial staff person is allowable. Remember to include any training that will be needed for paid staff or volunteers.

Costs of entertainment, including amusement, diversion and social activities where no grant program information is disseminated, and any costs directly associated with such costs (tickets to shows/movies/sporting events, meals, lodging, rentals, transportation, and gratuities) are **unallowable**.

### Food and Beverage Costs

Generally the cost of food is not an allowable item. However, if there will be group meetings or grant activities where there is justification for a grantee to provide food, please include those food costs in the “Other” line of the budget and follow the guidelines below.

* Food can only be provided if the majority of the attendees are non-grantee staff.
* Grant funds may not be used to provide food for award dinners, grant project celebrations or parties, etc.
* Grant funds may be used to provide food for grant activities listed in the budget justification and is approved in grant agreement under “Other”.
* If meals are provided, the following limits as stated in the [Commissioner’s Plan (https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp), apply:
	+ Lunch – MDH will reimburse for actual costs up to $11.00/person, whichever is lower. This $11.00 includes beverages.
	+ Dinner – MDH will reimburse for actual costs up to $16.00/person, whichever is lower. This $16.00 includes beverages. Dinner can only be provided if event is after 6:00 p.m.
	+ Snacks – MDH will reimburse for actual costs up to $4.00/person, whichever is lower. MDH encourages the purchase of healthy snacks.
	+ Alcoholic beverages are never allowed.
* Tribal Nation grantees should follow food allowances as listed in the [GSA rates](http://www.gsa.gov/portal/category/26429).

### Required Budget Forms

The applicant will need to complete and submit the following budget forms. Detailed instructions for each form are on the form. These forms are in addition to the programmatic forms required in this RFP. The Budget Justification Form and the Budget Summary Forms are available in Microsoft Excel format upon request to Michelle.Chiezah@state.mn.us.

One Budget Justification Form (Form C) for the first year of the grant from **August 1, 2019 to July 31, 2020**

One Budget Summary Form (Form D) that covers the first year of the grant from **August 1, 2019 to July 31, 2020**

Indirect Cost Questionnaire (Form E). This is for non-Community Health Board applicants only.

Due Diligence Form (Form F). For non-profit applicants only.

### Budget Scoring

The Budget Justification Form and the Budget Summary Form will be used for scoring the budget portion of the application. If supplementary information is included, it will not be taken into consideration for scoring purposes. Be sure to double check the calculations and use whole dollar amounts, no decimals.

### Program Requirements

#### Submission Requirements

* All applicants **must** complete this [short survey](https://survey.vovici.com/se/56206EE324308B63) ([https://survey.vovici.com/se/56206EE35A861770](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsurvey.vovici.com%2Fse%2F56206EE35A861770&data=02%7C01%7Cpaula.naughton%40state.mn.us%7C49c02665f4fe4bf4f83d08d6b2fedfcd%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C636893205071230704&sdata=zpn1GiNUqDllHXYj6I2HsGr6YQB0PQ2wh4ctuIpV0cY%3D&reserved=0)) as part of the application process.
* Current/previous grantees: go to [**SWIFT**](https://supplier.swift.state.mn.us/psp/fmssupap/SUPPLIER/ERP/h/?tab=SUP_GUEST) and login and confirm that your organization’s name, address, locations, banking information, phone numbers, and other contact information is correct.
* Program Narrative must not exceed 10 pages, use 12-point font, and be single-spaced with one-inch margins
* Applicant Face Sheet (Form A)
* Work Plan (Form B)
* Budget Justification (Form C) for the first year of the grant period
* Budget Summary (Form D) for the first year of the grant period
* Copy of letter granting 501(c)3 status, if applicable (for non-profits only)
	+ If applicant has tax exempt status from the Minnesota Department of Revenue, include a copy of exemption letter
* Indirect Cost Questionnaire (Form E) (for non-Community Health Board applicants only)
* Due Diligence (Form F). This is only required from non-profit applicants
* All pages are numbered consecutively
* The entire application should be submitted as one PDF document for the proposal and one Excel document for the budget to **Michelle.Chiezah@state.mn.us**
* Please submit everything in the order listed on the Checklist on page 32
* Please adhere to the page limits for the Project Narrative Specified in the RFP. The Work Plan may use 11-point font. Any sections that exceed the specified page limit will not be reviewed, scored, or considered in the review process.
* If applicant is using a fiscal agent, it must be stated on the Face Sheet. *A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds that has authority to sign the grant agreement. A fiscal agency is a different entity than the entity that will actually perform the work/grantee’s duties.*

**Application Deadline:**

Email your responses as one PDF document for the proposal and one Excel document for the budget to Michelle.Chiezah@state.mn.us by **11:30 p.m. on Friday, May 31, 2019.** Late or incomplete applications will not be reviewed. MDH is not responsible for technological issues that prevent the application from arriving on time.

## Forms

### Application Face Sheet (Form A)

### Work Plan (Form B)

### Budget Justification (Form C)

### Budget Summary (Form D)

### Indirect Questionnaire (Form E)

### Due Diligence (Form F)

### Application Checklist (Form G)

### Form A: Application Face Sheet

***General Applicant Information***

Applicant Legal Name (do not use a “doing business as” name):

Business Address (street, city, state, zip):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

DUNS Number (if you have one):

**Director of Applicant Agency Information**

Name:

Business Address (street, city, state, zip):

Phone Numbers:

Email:

***Financial Contact for this Application***

Name:

Phone Numbers:

Email:

***Contact Person for this Application***

Name:

Business Address (street, city, state, zip):

Email:

***Requested Funding***

Total Amount Requested $

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency’s governing board of the agency’s intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant:

Date of Signature:

### Form B: Work Plan

 **Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **SMART OBJECTIVES** | **TARGET** **POPULATION** | **ACTIVITIES** | **ACTIVITY RATIONALE** | **TIMELINE** | **STAFF RESPONSIBLE** | **RESOURCES NEEDED** | **ANTICIPATED BARRIERS/CHALLENGES** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

**Form B: Work Plan— Data Collection and Reporting**

**Goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **DATA COLLECTION & REPORTING ACTIVITIES** | **TIMELINE** | **STAFF RESPONSIBLE** | **RESOURCES AVAILABLE OR NEEDED** | **ANTICIPATED BARRIERS/CHALLENGES** |
| --- | --- | --- | --- | --- |
| Identify data collection tool (e.g., spreadsheet, client management database, electronic health record, etc.) |  |  |  |  |
| Summarize data for reporting for process measures | Quarterly |  |  |  |
| Prepare and submit quarterly report narrative | Quarterly |  |  |  |
| Securely submit cumulative dataset containing individual records in Microsoft Excel or CSV format | Quarterly |  |  |  |

### Form C: Budget Justification - Instructions

#### Introduction

You will need to account for all your grant program costs under six different line items. The following paragraphs provide detailed information on what costs can go into those six lines. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in a delayed grant agreement if your application is selected for funding.

All costs under this grant must be prorated to reflect fair share of the expense to this program. For example, if a computer is purchased for one staff person who works .5 FTE on this grant and .5 FTE on another program, the cost for that computer should be split 50 – 50 by this grant and the other program.

If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

It is strongly suggested that applicants incorporate into their budgets the costs of appropriate financial staff to provide financial oversight to the grant. This could be through contracting with an individual or organization or a direct hire.

You are required to complete a Budget Justification form for the time period of August 1, 2019 – July 31, 2020.

#### Salary and Fringe:

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant (see example below), the expected rate of pay, and the total amount applicant expects to pay the position for the year. Grant funds can be used for salary and fringe benefits for staff members *directly* involved in applicant’s proposed activities.

Any salaries from the administrative support, accounting, human resources, or IT support, **MUST** be supported by some type of time tracking in order to be included in the Salary and Fringe line. Salary and fringe expenses not supported by time reporting documentation may be included in the indirect line if these unsupported salaries and fringe were included on the Indirect Cost Questionnaire form and approved by MDH. Any salary and fringe expenses not supported, not included on the Indirect Cost Questionnaire, and not approved by MDH are unallowable and may not be charged to this grant.

**Full time equivalent (FTE):** The percentage of time a person will work on this grant project. Each position that will work on this grant should show the following information:

**EXAMPLE:**

Public Health Nurse: $30.40/hourly rate

x2,080/annual hours (or whatever your agency annual standard is)

$63,232 annual salary

Multiply annual salary by your agency’s fringe rate:

$63,232 annual salary

x 23% fringe rate (use your agency fringe rate, 23% is just an example)

$14,543 fringe amount

Provide the breakdown of what your fringe rate includes:

 6.20% FICA

 1.45% Medicare

 3.00% Retirement

 12.35% Insurance

 23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

$63,232 annual salary

 +$14,543 fringe

$77,775/annual salary and fringe total

Multiply the annual salary and fringe total by the FTE being charged to this grant:

$77,775 annual salary and fringe total

X .50 FTE assigned to grant

$38,888 total to be charged to grant for this position

#### Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

Applicant responses must include:

* Description of services to be contracted;
* Anticipated grantee/consultant’s name (if known) or selection process to be used;
* Length of time the services will be provided; and,
* Total amount to be paid to the grantee.

#### Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. List any minimal travel requirements of the grant such as attending a statewide trainings/conference, etc. If none, delete these instructions. If project staff will travel during the course of their jobs or for attendance at educational events, itemize the costs, frequency, and the nature of the travel. Grant funds cannot be used for out-of-state travel without prior written approval from MDH. Minnesota will be considered the home state for determining whether travel is out of state.

**Non-tribal applicants:**

Budget for travel costs (mileage, lodging, and meals) using the rates listed in the [State of Minnesota’s Commissioner’s Plan](file:///C%3A%5CUsers%5Cmannis1%5CDesktop%5Cwww-dev2%5Cdocs%5Cpeople%5Cwomeninfants%5Cinfantmort%5CState%20of%20Minnesota%27s%20Commissioner%27s%20Plan) (<https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf>

Hotel and motel expenses should be reasonable and consistent with the facilities available. Grantees are expected to exercise good judgement when incurring lodging expenses.

Mileage will be reimbursed at the current IRS rate at the time of travel.

**Tribal Nation applicants:**

Budget for travel costs (mileage, lodging, and meals) using the rates provided by the [General Services Administration (GSA)](http://www.gsa.gov/portal/category/100120) (http://www.gsa.gov/portal/category/100120). Current lodging amounts and meal reimbursement rates vary depending on where the travel occurs in Minnesota.

Consult the breakdown of the [GSA meal and incidental expenses reimbursements (http://www.gsa.gov/portal/content/101518)](file:///C%3A/Users/ManniS1/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/J0F1KN6H/GSA%20meal%20and%20incidental%20expenses%20reimbursements%20%28http%3A/www.gsa.gov/portal/content/101518%29) for current rates for Tribal Nations.

Mileage will be reimbursed at the current IRS rate at the time of travel.

#### Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment. Include the costs expected to be incurred to ensure that community representatives, partners, or clients who are included in the applicant’s process or program can participate fully. Examples of these costs are fees paid to translators or interpreters. Grant funds may not be used to purchase any individual piece of equipment that costs more than $5,000, or for major capital improvements to property.

#### Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to: staff training, and, incentives. Grant funds cannot be used for capital purchases, permanent improvements; cash assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the “Other” line should represent the appropriate fair share to the grant.

#### Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. These costs are often allocated across an entire agency and may include administrative, executive and/or supervisory salaries and fringe, rent, facilities maintenance, insurance premiums, etc.

The following are examples that could be included in indirect costs:

* Your department pays a general percentage to the city/county attorney’s office or the sheriff’s department and these costs cannot be specifically attributed to an individual grant.
* Your CHB or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.
* The CHBs accounting system does not allow community health services (CHS) administrator’s time to be directly attributed to specific grant activities.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines of Salaries and Fringe, Supplies, Contractual Services, or Other. They **should not** be included in the indirect line.

The following are examples of administrative costs that should be included in direct lines of the budget and/or invoice:

* The CHS administrator’s time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
* A portion of secretarial/administrative support, accounting, human resources or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
* Printing and supplies that your accounting system is able to track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation**. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%.**

If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate.

Please go to the next page to start completing the Budget Justification Form.

#### Form C: Budget Justification

#### Complete one form for the first year of the grant period of August 1, 2019 – July 31, 2020.

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period:       to

#### Salary and Fringe

For each proposed funded position, list the title, the full time equivalent based on 2,080 hour/year, the expected rate of pay, fringe rate (%), total annual salary and fringe, and the percent of each position being charged to the grant. Failure to provide the requested detail for each position may result in a delayed grant agreement. Please refer back topages 21-22 for an example of how to show the salary/fringe expenses. Be sure to include a breakdown of your fringe benefit costs in the specified area below.

*Justification:*

Fringe Benefits Breakdown:

**Total Salary and Fringe Requested $**

#### Travel

Explain the expected instate travel costs, including mileage, parking, lodging, and meals. If program staff will travel, itemize the costs, frequency and nature of the travel. Be sure to use the current IRS mileage rate and the appropriate meal amounts referenced on page 15.

*Justification:*

1. **Total Travel Requested $**

#### Supplies and Expenses

Explain the expected costs for items and services that will be purchased to run the grant program. Include telephone expenses that are part of this proposal; cell phones and new telephone equipment to be purchased, if applicable. Estimate postage if part of the project. List printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum and software. Generally supplies include items that are consumed during the course of the project, equipment under $5,000 and items such as rent for program space, participant transportation, participant training and other direct costs as needed.

*Justification:*

**Total Supplies and Expenses Requested $**

#### Contractual

List the services that are expected to be contracted out, the grantee’s name, whether the grantee is a non-profit or for-profit entity, the length of time the services will be provided and the total amount expected to be paid. Supplies and travel of the grantee should be included here, if applicable. Itemize equipment rented or leased for the project.

*Justification:*

1. **Total Contractual Requested $**

#### 5. Other

Briefly describe any expenses that do not fit in any other category. Examples include applicant staff training, incentives, gift cards, and emergency need cards.

*Justification:*

**Total Other Requested $**

#### Subtotal

Add up the totals for lines 1 through 5.

**Subtotal $**

#### Indirect

If applicable, enter the indirect cost rate being requested. The maximum that can be used is 10% unless using a federally approved indirect rate. **%**

Multiply the indirect percentage by the Subtotal and enter the dollar amount here. Be sure to use whole dollar amounts, no decimals. $

#### Total

This is the sum of line 6 (subtotal) and line 7 (indirect). Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

**Total $**

### Form D: Budget Summary

#### Complete one form for the first year of the grant cycle of August 1, 2019 – July 31, 2020.

*Applicant information*

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period: **August 1, 2019 — July 31, 2020**

This form is used to capture the summarized information from the Budget Justification Form(s). Please enter zero (0) in the Total Proposed Amount column if no grant funds will be expended in a line item.

Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

**Line Item Amount**

1. Salary and Fringe $
2. Travel $
3. Supplies and Expenses $
4. Contractual $
5. Other $
6. Subtotal $
7. Indirect $
8. Total $

### Form E: Indirect Cost Questionnaire

#### For Non-CHB applicants only

#### Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs are a portion of any grant awarded, not in addition to the grant award. Please refer to pages 23-24 for more detailed information on indirect costs.

#### Instructions

Please complete the information below and return this form as part of the application.

1. Name of applicant agency:
2. **Are you requesting an indirect rate?**

[ ]  Yes [ ]  No

1. **Do you have an approved Indirect Cost Rate Agreement with a Federal agency?**

[ ]  Yes and that is the rate being requested. Please submit a copy of your current rate with this completed form.

[ ]  Yes but requesting a rate different from our federally approved rate.

[ ]  No – Please continue completing the rest of this form.

1. **Non-federal indirect rate being requested**:

Up to 10% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.

1. **Please list the expenses included in your indirect cost pool below, or attach a copy of your current indirect cost allocation plan to this form.**

### Form F: Due Diligence Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

|  |  |
| --- | --- |
| Organization | Information |
| Name of MDH Grant Program applying for: |  |
| Organization Name: |  |
| Organization Address: |  |
| If the organization has an Employer Identification Number (EIN), please provide EIN here: |  |
| If the organization has done business under any other name(s) in the past five years, please list here: |  |
| If the organization has received grant(s) from MDH within the past five years, please list here: |  |

|  |  |
| --- | --- |
| Section 1: Organizational Structure | Points |
| 1. How many years has your organization been in existence?

[ ]  Less than 5 years (5 points) [ ]  5 or more years (0 points) |  |
| 1. How many paid employees does your organization have (part-time and full-time)?

[ ]  1 (5 points)[ ]  2-4 (2 points)[ ]  5 or more (0 points) |  |
| 1. Does your organization have a paid bookkeeper?

[ ]  No (3 points)[ ]  Yes, an internal staff member (0 points)[ ]  Yes, a contracted third party (0 points) |  |
| Section 1 Point Total |  |
| **Section 2: Systems and Oversight** | Points |
| 1. Does your organization have internal controls in place that require approval before funds can be expended?

[ ]  No (6 points)[ ]  Yes (0 points) |  |
| 1. Does your organization have written policies and procedures for the following processes?
* Accounting
* Purchasing
* Payroll

[ ]  No (3 points)[ ]  Yes, for one or two of the processes listed, but not all (2 points)[ ]  Yes, for all of the processes listed (0 points) |  |
| 1. Is your organization’s accounting system new within the past twelve months?

[ ]  No (0 points)[ ]  Yes (1 point) |  |
| 1. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?

[ ]  No (3 points)[ ]  Yes (0 points) |  |
| 1. Does your organization track the time of employees who receive funding from multiple sources?

[ ]  No (1 point)[ ]  Yes (0 points) |  |
| Section 2 Point Total |  |

|  |  |
| --- | --- |
| Section 3: Financial Health | Points |
| 1. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?

[ ]  Not Applicable (N/A) (0 points) – if N/A, skip to question 10[ ]  No (5 points) – if no, skip to question 10[ ]  Yes (0 points) – if yes, answer question 9A |  |
| 9A. Are there any unresolved findings or exceptions? [ ]  No (0 points) [ ]  Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved. |  |
| 1. Have there been any instances of misuse or fraud in the past three years?

☐ No (0 points) ☐ Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.  |  |
| 1. Are there any current or pending lawsuits against the organization?

☐ No (0 points) – If no, skip to question 12 ☐ Yes (3 points) – If yes, answer question 11A  |  |
| 11A. Could there be an impact on the organization’s financial status or stability?☐ No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability.☐ Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability. |  |
| 1. From how many different funding sources does total revenue come from?

☐ 1-2 (4 points) ☐ 3-5 (2 points) ☐ 6+ (0 points)  |  |
| Section 3 Point Total |  |

Minnesota Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over $25,000 (excluding formula grants).

|  |  |
| --- | --- |
| **Section 4: To be completed by nonprofit organizations with potential to receive award over $25,000 ONLY** (excluding formula grants) | Points |
| 1. Does your nonprofit have tax-exempt status from the IRS?

[ ]  No - If no, go to question 14[ ]  Yes – If yes, answer question 13A | Unscored |
| 13A. What is your nonprofit’s IRS designation? [ ] 501(c)3[ ]  Other, please list:  | Unscored  |
| 1. What was your nonprofit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?

**Enter total revenue here**:  | Unscored |
| 1. What financial documentation will you be attaching to this form?

[ ]  If your answer to question 14 is less than $50,000, then attach your most recent Board-approved financial statement [ ]  If your answer to question 14 is $50,000 - $750,000, then attach your most recent IRS form 990[ ]  If your answer to question 14 is more than $750,000, then attach your most recent certified financial audit | Unscored |

### Signature

I certify that the information provided is true, complete and current to the best of my knowledge.

* Signature:
* Name & title:
* phone number:
* email address:

### Form G: Grant Application Checklist

Use this checklist to ensure that you have included all the required items for your grant application. Any application that does not contain all required items will be considered incomplete and may not be reviewed.

**Have you included the following required items?**

[ ]  Face Sheet

[ ]  Project Narrative

[ ]  Work Plan

[ ]  Budget Summary Form

[ ]  Budget Justification Form

[ ]  Due Diligence Form (non-profits only)

[ ]  Indirect Cost Questionnaire

[ ] Current Grantee’s: go to [SWIFT](https://supplier.swift.state.mn.us/psp/fmssupap/SUPPLIER/ERP/h/?tab=SUP_GUEST) and login and confirm your information is correct.

**DEADLINE**: **11:30 p.m. C.S.T., Friday, May 31, 2019**.

## Appendices

Appendix A: Criteria for Scoring Applications

Appendix B: Infant Mortality and Stillbirths (Fetal Deaths) Data

Appendix C: Link to MDH Grant Agreement Sample

Appendix D: Glossary of Terms

Appendix E: Database Fields

Appendix F: Infant Mortality and Stillbirths Resources

Appendix G: Quarterly Process Measures for Reporting

### Appendix A: Criteria for Scoring Applications

1. **Organizational Background Information (10 points)**
* Does the applicant clearly describe their organization by providing information about the organization’s history, mission, goals, structure, and Board of Directors?
* Does the applicant clearly describe programs and services currently provided by their organization?
1. **Organizational Capacity (30 points)**
* Is it clear that staff employed by the applicant have the appropriate credentials to provide services covered by this grant?
* Does the applicant clearly describe the populations served and demonstrate an established history of providing evidence-based, culturally appropriate bereavement services to families who have experienced an infant death or a stillbirth?
* Does the applicant clearly demonstrate that it has the experience and capability to provide bereavement services to racial/ethnic communities, including American Indians, those in poverty, LGBTQ clients, those with disabilities, and those who communicate in a language other than English?
* Does the applicant clearly describe how they plan to integrate the required grief support activities of this grant into existing work, and discuss likely barriers or challenges they may encounter during implementation, and how they plan to overcome them?
* Is it clear that the applicant has an adequate staffing level or a reasonable plan to increase staffing in a timely manner to accommodate new clients and fulfill the requirements of this grant?
* Does the applicant clearly describe strategies currently used by their organization to recruit, retain, and engage hard-to-reach populations, such as homeless families and immigrant communities?
* Is it clear that the applicant has a history of, and the capacity to, provide and coordinate bereavement services statewide?
* Does the applicant appear to have adequate facilities, client-friendly hours and location(s), if applicable, and the ability to provide confidential services, and the capacity to manage grants?
* Is it clear that the applicant is adequately funded and has the infrastructure in place to manage these funds?
1. **Linkages and Collaborations (10 points)**
* Does the applicant have any experience working with Medical Examiner’s or Coroner’s offices, or have linkages to local public health agencies, nursing agencies, Tribal health departments, health care providers, or other organizations that provide bereavement services or serve as a connecting point for grieving families?
* Are these collaborations or partnerships effective, well-established, and likely benefit grieving individuals or families?
1. **Work Plan (30 points)**
* Does the work plan identify clear goals, objectives, target population, activities, timeline, rationale, lead person for each activity, resources needed to accomplish activities, and anticipated barriers/challenges?
* Does the proposed timeline identified by the applicant for each activity seem feasible?
* Are the proposed activities/strategies likely to be effective with the target population as documented by past history and experience, or as proven and reported in appropriate professional literature?
* Does the work plan clearly capture any new activities proposed by the applicant or existing activities to be expanded, populations to be targeted, and a timeline to fully implement or expand these activities?
* Does the applicant show in their work plan how they plan to serve populations experiencing adverse social and economic conditions, which contribute to health inequities, such as those living in poverty, racial and ethnic communities, American Indians, LGBTQ individuals, people who communicate in a language other than English, and those with disabilities?
* Overall, is the work plan sufficiently detailed, clear, easy to understand, and demonstrates a clear relationship between the identified problem, goals, objectives, and activities?
1. **Data Collection and Reporting (10 points)**
* Is it clear that the applicant has the experience or a history of collecting and reporting confidential data, including taking precautions to protect client information and privacy, and staff have received training in data privacy?
* Is it clear that the applicant has staff, resources, and experience with collecting, summarizing, and reporting data to funding agencies?
1. **Budget (10 points)**
* Are the Budget Justification Forms C and Budget Summary Form D complete and mathematically accurate?
* Do the amounts in the Budget Justification Form C and the Budget Summary Form D match?
* Is the information contained in the Budget Justification Form C consistent with what the applicant proposed in the work plan?
* Are the projected costs reasonable, cost-effective, and sufficient to accomplish the proposed activities?

**Appendix B: Infant Mortality and Stillbirths (Fetal Deaths) Data**

**Table 1: Leading Causes of Infant Mortality: Minnesota, 2012-2016**

|  |  |  |
| --- | --- | --- |
| Cause of Death | # of Infant Deaths | Percentage (%) |
| Congenital Anomalies | 457 | 26.0 |
| Prematurity | 433 | 24.7 |
| Obstetric Conditions | 222 | 12.6 |
|  SUID/SIDS | 219 | 12.5 |
| Injury | 30 | 1.7 |
| Birth Asphyxia | # | # |
| All Other | 378 | 21.5 |

#indicates unstable proportion; numbers are not displayed when there are fewer than 20 cases. SUID includes

Sudden infant death syndrome (SIDS) and other sleep-related infant deaths.

Source: Minnesota Department of Health. Linked birth/death file.

**Table 2: Infant Mortality Rates by Selected Maternal Characteristics: Minnesota, 2012-2016**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic | # of Infant Deaths | Number of Births | Infant Mortality Rate(Per 1,000 live births) |
| **Minnesota** | 1,755 | 347,463 | 5.1 |
| **Maternal Age**Under 2020-3435+ | 1381,294322 | 13,676278,223 55,558 | 10.14.75.8 |
| **Maternal Race/Ethnicity** Black/African American American IndianAsian/Pacific IslanderHispanic\*Non-Hispanic WhiteOther & Unknown | 356641501301,03025  | 38,4426,23227,15023,843249,2942,502 | 9.310.35.55.54.110.0  |
| **Maternal Education**Less than high school High school/GEDMore than high school | 2704161,009 | 36,13757,960249,545 | 7.57.24.0 |
| **Geographic Location** **Urban/Metro Total**HennepinRamseySuburbs\*\***Greater MN/Rural\*\*\***CentralNortheastNorthwestSouth CentralSoutheastSouthwestWest Central | **992**424249319**763**22010386821296578 | **198,952**83,01339,07976,860**148,489**46,08916,12111,11016,49330,57414,22213,880 | **5.0**5.16.44.2**5.1**4.45.46.04.73.54.85.4 |
| **Nativity Status**Foreign-bornUS-born | 3351,402 | 63,356283,844 | 5.34.9 |
| **Marital Status**MarriedSingle, widowed, divorced  | 879870 | 234,266113,074 | 3.87.7 |
| **Medicaid Status**Birth Medicaid Financed Non-Medicaid Financed Birth | 1,011744  | 151,541195,921 | 6.73.8 |

\* Hispanic can be of any race. \*\*Suburbs include the following metro counties: Anoka, Carver, Dakota, Scott, and Washington. Source: Minnesota Department of Health. Linked Birth/Death File \*\*\*Greater MN/Rural locations are based on the State Community Health Services Advisory Committee (SCHSAC) geographic configurations of Minnesota counties into seven regions: Central, Metro, Northeast, Northwest, South Central, Southeast, Southwest, and West Central..

**Table 3: Stillbirth (Fetal Death) Rates by Selected Maternal Characteristics: Minnesota, 2012-2016**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic | # of Infant Deaths | Number of Births | Fetal Death Rate(Per 1,000 live births plus fetal deaths) |
| **Minnesota** | 1,862 | 347,463 | 5.4 |
| **Maternal Age**Under 2020-3435+ | 891,374399 | 13,676278,223 55,558 | 6.54.97.2 |
| **Maternal Race/Ethnicity**Black/African AmericanAmerican IndianAsian/Pacific IslanderHispanic\*Non-Hispanic WhiteOther & Unknown | 346691571241,11155  | 38,4426,23227,15023,843249,2942,502 | 9.0 11.15.85.24.522.0  |
| **Maternal Education**Less than high schoolHigh school/GEDMore than high school | 2373851,064 | 36,13757,960249,545 | 6.66.64.3 |
| **Geographic Location** **Urban/Metro Total**HennepinRamseySuburbs\*\***Greater MN/Rural\*\*\***CentralNortheastNorthwestSouth CentralSoutheastSouthwestWest Central | **1,112**498267302**749**23810048841517652  | **198,952**83,01339,07965,077 **148,489** 46,08916,12111,11016,49330,57414,22213,880 | **5.6**6.06.84.2**5.0**5.26.24.35.14.95.33.7 |

\*Hispanic can be of any race. \*\*Suburbs include the following metro counties: Anoka, Carver, Dakota, Scott, and Washington. Totals for the urban/metro region do not include deaths classified as missing or “other.” Source: Minnesota Department of Health. Birth and fetal death files. \*\*\*Greater Minnesota/Rural locations are based on the State Community Health Services Advisory Committee (SCHSAC) geographic configurations of Minnesota counties into seven regions: Central, Metro, Northeast, Northwest, South Central, Southeast, Southwest, and West Central.

### Appendix C: Grant Agreement Sample

This is sample language only. If awarded a grant your actual language may vary.

[Minnesota Department of Health (www.health.state.mn.us/docs/about/org/cfh/expl-nonchb.pdf)](https://www.health.state.mn.us/docs/about/org/cfh/expl-nonchb.pdf)

### Appendix D: Glossary of Terms

|  |  |
| --- | --- |
| Term | Definition |
| **Congenital Anomalies** | Physical and/or neurological defects that are present at delivery. |
| **Fetal Death** | A death that occurs before delivery or during pregnancy regardless of the length of gestation, and is not due to an induced termination of pregnancy. |
| **Fetal Mortality Rate** | Number of fetal deaths per 1,000 live births plus fetal deaths |
| **Gestational Age** | The number of weeks between the first day of the last menstrual period and the date of delivery, irrespective of whether a live birth fetal death. |
| **Infant Mortality**  | The death of a live-born infant during the first year of life. |
| **Low Birthweight** | Refers to an infant weighing less than 2,500 grams (five pounds, eight ounces at birth). |
| **Neonatal Period** | Death of an infant from 28 days to 364 days old. |
| **Postneonatal Period** | The period from 4 weeks to 52 weeks after birth. |
| **Preterm/Premature** | Refers to an infant born before 37 weeks of gestation. |
| **Stillbirth** | A fetal death that occurs later in pregnancy at 20 weeks of gestation or more. |
| **Sudden Infant Syndrome (SIDS)**  | The sudden death of an infant under 1 year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. |
| **Sudden Unexpected Infant Deaths (SUID)** | A term used to describe and classify deaths that occur suddenly and unexpectedly to infants less than one year old. SUID includessudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), infections, poisoning, and deaths for which the cause is unknown.  |

### Appendix E: Suggested Database Fields

The awarded applicant is expected to collect information on clients and report cumulative data to MDH quarterly. Below are **examples** of the types of data that the awarded applicant may collect and report to MDH. MDH will work with the awarded applicant to finalize the data fields after the grant is awarded and will provide limited technical assistance on the analysis and reporting as needed.

1. Case number (index child/stillbirth)
2. Date of death/stillbirth
3. Case report received from Medical Examiner/Coroner's office? (yes/no)
4. Date of ME/Coroner report
5. Case report received from MDH (Yes/No)
6. Date of MDH report
7. Referral Type (SUID/SIDS, Other Infant Death, Stillbirth)
8. Mother’s DOB
9. Client type (mother, father, legal guardian, foster mother, foster father, extended family member providing immediate care)
10. Client race/ethnicity
11. Client Street Address (current known address)
12. Client City of Residence (current known address)
13. Client State of Residence (current known address)
14. Client Zip code (current known address)
15. Client County of Residence (current known address)
16. Client phone number (current known phone number)
17. Date condolence letter or card sent (Goal: within 1 business day of referral)
18. Condolence letter or card returned (Yes/No)
19. Date of 1st phone call attempt Goal: 3-5 business days of condolence card sent
20. Result of 1st call attempt (Spoke to client, Left a message with other/Voicemail, No answer/No voice message left)
21. Date of 2nd phone call attempt
22. Result of 2nd call attempt (Spoke to client, Left a message with other/Voicemail, No answer/No voice message left)
23. Date 3rd phone call attempt
24. Result 3rd call attempt (Spoke to client, Left a message with other/Voicemail, No answer/No voice message left)
25. Consulted local public health agency or Tribal Health to help find client (Yes/No)
26. LPH or Tribal Health referral agency (Please provide specific city, county, multi-county community health board, or tribal agency)
27. Did LPH or Tribal Health find the client (Yes/No)
28. Initial consultation outcome (completed consultation, client declined further services, did not reach client, or client lost to follow up)
29. Date of Initial Consultation (probably same as successful phone attempt, but might be scheduled and completed later)
30. Client preferred language
31. Translation services used(Yes/No)
32. Date Bereavement Packet Sent (Goal: within 1 working day of Initial Consultation)
33. Did grantee refer the parent to an in-person support group (Yes/No)
34. Did grantee refer the parent to an online support group (Yes/No)
35. Did grantee refer the parent to individual therapy or counseling (Yes/No)
36. If the grantee referred the client to other services, please describe
37. Date 3 month follow-up letter sent (Goal: 3 months from date of death)
38. 3 month follow-up letter successfully delivered (Goal: i.e., was not returned to sender) (Yes/No)
39. Date 6 month follow-up letter(G 6 months from date of death)
40. 6 month follow-up letter successfully delivered (i.e., was not returned to sender) (Yes/No)
41. Date 1 year follow up letter Goal: 1 year from date of death
42. 1 year follow up letter successfully delivered (i.e., was not returned to sender) (Yes/No)
43. Date Case Closed

### Appendix F: Infant Mortality and Stillbirths Resources

[Data Brief: 2010-2016 SUID Trends (https://www.health.state.mn.us/communities/injury/pubs/documents/SUIDdatabrief2018.pdf)](https://www.health.state.mn.us/communities/injury/pubs/documents/SUIDdatabrief2018.pdf)

[Infant Mortality: Facts & Figures (https://data.web.health.state.mn.us/infant\_mortality)](https://data.web.health.state.mn.us/infant_mortality)

[Infant Mortality Reduction Plan for Minnesota - Part One (https:/www.health.state.mn.us/docs/people/womeninfants/infantmort/infantmortality.pdf)](https://www.health.state.mn.us/docs/people/womeninfants/infantmort/infantmortality.pdf)

[Birth Defects - MN Public Health Data Access (https:/data.web.health.state.mn.us/birth)](https://data.web.health.state.mn.us/birth)

[MN Health Statistics Annual Summary (https:/www.health.state.mn.us/data/mchs/genstats/annsum/index.html)](https://www.health.state.mn.us/data/mchs/genstats/annsum/index.html)

[National Center for Health Statistics - Fetal Deaths (https:/www.cdc.gov/nchs/nvss/fetal\_death.htm)](https://www.cdc.gov/nchs/nvss/fetal_death.htm)

[Center for Disease Control - Stillbirth Data (https:/www.cdc.gov/ncbddd/stillbirth/data.html)](https://www.cdc.gov/ncbddd/stillbirth/data.html)

[Contact Informa - Find a local health department or community health board (https:/www.health.state.mn.us/communities/practice/connect/findlph.html)](https://www.health.state.mn.us/communities/practice/connect/findlph.html)

[MN Community Health Boards and Tribes (Map) (https:/www.health.state.mn.us/communities/practice/connect/docs/chb.pdf)](https://www.health.state.mn.us/communities/practice/connect/docs/chb.pdf)

### Appendix G: Quarterly Process Measures for Reporting

| **Quarterly Process Measures** | **Total** | **Q1** | **Q2** | **Q3** | **Q4** |
| --- | --- | --- | --- | --- | --- |
| **Referrals received by type of death** |  |  |  |  |  |
| SUID/SIDS |  |  |  |  |  |
| Other infant deaths |  |  |  |  |  |
| Stillbirths |  |  |  |  |  |
| **Condolence Letters/Cards** |  |  |  |  |  |
| Sent to parents/caregivers |  |  |  |  |  |
| Returned to sender/undeliverable |  |  |  |  |  |
| **Initial consultation** |  |  |  |  |  |
| Newly referred clients reached by phone |  |  |  |  |  |
| Newly referred clients not reached by phone (after 3 attempts) |  |  |  |  |  |
| Still in process (less than 3 attempts made to date)  |  |  |  |  |  |
| Newly referred clients who completed an initial consultation |  |  |  |  |  |
| * Clients referred to in-person support groups
 |  |  |  |  |  |
| * Clients referred to online support groups
 |  |  |  |  |  |
| * Clients referred to individual therapy or counseling
 |  |  |  |  |  |
| * Clients referred to local public health
 |  |  |  |  |  |
| * Clients referred to other sources
 |  |  |  |  |  |
| Newly referred clients who declined further services at initial consultation |  |  |  |  |  |
| Times language translation services were used for the initial consultation |  |  |  |  |  |
| **Bereavement Packets** |  |  |  |  |  |
| Bereavement packets sent to parents |  |  |  |  |  |
| Bereavement packets returned to sender/undeliverable/no known |  |  |  |  |  |
| Bereavement packets sent to providers/professionals |  |  |  |  |  |
| **Follow-up Consultation Services** |  |  |  |  |  |
| 3 month follow-up letters sent |  |  |  |  |  |
| 6 month follow-up letters sent |  |  |  |  |  |
| 12 month follow-up letters sent |  |  |  |  |  |
| **Website** |  |  |  |  |  |
| Updates to website made (i.e. new articles, postings, etc.) |  |  |  |  |  |
| Unique users to website (ex. google analytics) |  |  |  |  |  |
| Social media posts/actions targeting parents, caregivers, and providers with links to website |  |  |  |  |  |