



# 2020-2021 Indian Health Grant Program

REQUEST FOR PROPOSAL (RFP)

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07/30/2019

To obtain this information in a different format, call: 651-201-3845.

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** 2020-2021 Indian Health Grant Program RFP
- **Minnesota Department of Health (MDH) Program Website:**  
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#indian>
- **Application Deadline:** 3:00 PM, October 4, 2019

### 1.2 Program Description

Per Minnesota Statute 145A.14, the purpose of the Indian Health Grant Program is to provide assistance to eligible applicants to furnish clinical health services for American Indians who reside off reservations.

### 1.3 Funding and Project Dates

#### Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	\$348,000
Estimated Number of Awards	4-5
Estimated Award Maximum	\$100,000
Estimated Award Minimum	Not applicable

#### Match Requirement

The Indian Health Grant Program does not require matching funds.

#### Project Dates

Funding is provided for two years, January 1, 2020 – December 31, 2021. It is expected that applicants will be able to complete the proposed project during the grant period.

### 1.4 Eligible Applicants

Eligible entities include nonprofit organizations, governmental or tribal entities providing clinical health services to American Indians who reside off reservations. For purposes of this program, the following definitions apply.

“Clinical health services” means outpatient or ambulatory services for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent nor emergent care. Eligible health services include preventative, medical, dental and mental health. Clinics may provide one or more of these services and are not required to provide all.

“Resides off reservation” means persons not living on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as American Indians by the group in which they claim membership.

## Collaboration

For non-tribal entities, collaboration with the American Indian patient population or established organizations representing the American Indian population is required.

## 1.5 Questions and Answers

Consultation and guidance in completing the application process is available upon request. For assistance, contact Debra Jahnke, Office of Rural Health and Primary Care, at 651-201-3845, toll free from Great Minnesota at 1-800-366-5424 or at [debra.jahnke@state.mn.us](mailto:debra.jahnke@state.mn.us).

All questions regarding this RFP must be submitted by email or phone to Deb Jahnke at [debra.jahnke@state.mn.us](mailto:debra.jahnke@state.mn.us) or 651-201-3845. If MDH determines that questions and answers should be published, all answers will be posted within five business at [Indian Health Grant Program](#).

Please submit questions no later than 12:00 p.m. Central Time, on September 20, 2019.

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

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

The vision of the [Minnesota Department of Health](#) is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity at [MDH Center for Health Equity](#).

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](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goal of the Indian Health Grant program is to increase access to clinical services for American Indian people who do not live on Indian Reservations. Proposed projects may overlap with services provided to reservation residents. However, applications must provide a clear and definitive way to differentiate outcomes to the non-reservation residents.

### 2.2 Eligible Projects

Eligible projects include clinical health services for American Indian people that do not live on Indian Reservations. Proposed projects must result in a direct and quantifiable patient benefit for this population.

“Clinical health services” means outpatient or ambulatory services for the diagnosis or treatment of illness or injury or the maintenance of health. Clinics may be stationary or mobile and must not be solely for the purpose of urgent nor emergent care. Eligible health services include preventative, medical, dental and mental health. Clinics may provide one or more of these services and are not required to provide all.

#### 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

## 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. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

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

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. The Indian Health Grant program requires quarterly submission of written progress reports and annual final summary reports at the end of each year in the project period.

### Grant Monitoring

Minn. Stat. §16B.97 and Policy on Grant Monitoring 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.

### Technical Assistance

Consultation and guidance in completing the application process is available upon request. For assistance, contact Debra Jahnke, Office of Rural Health and Primary Care, at 651-201-3845, toll free from Great Minnesota at 1-800-366-5424 or at [debra.jahnke@state.mn.us](mailto:debra.jahnke@state.mn.us).

Technical assistance will also be available to grantees for invoicing and reporting. It is the grantee's responsibility to meet all obligations in the contract. Changes to the contract require prior approval from MDH.

### Grant Payments

Per State Policy on Grant Payments, 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 quarterly.

Invoices for reimbursement of grant expenditures must include supporting documentation for proof of expenditures. Reimbursements will not be processed until the narrative progress report is received.

## 2.4 Grant Provisions

### 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](#) and [Conflict of Interest Policy for State Grant-Making](#).

**Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP.** The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties.
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties.

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

### Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

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

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

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

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

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

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

## **Audits**

Per [Minn. Stat. §16B.98](#) Subdivision 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](#). 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. Minnesota Rules, part [5000.3500](#).

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

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process. A committee of volunteers will be established to review all eligible and complete applications received by the deadline and make award recommendations. MDH will recruit volunteer reviewers representing a broad range of health professionals with experience in grant writing and review and the American Indian culture. Reviewers will be required to identify any conflicts of interest and will not review a proposal if they have a direct relationship with the applicant.

MDH will consider all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

### Selection Criteria and Weight

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Review criteria can be found in Section 4 of this document.

### 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.

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State policy requires programs 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](#).

### **Notification**

Applicants will be notified of award decisions by U.S. Postal mail and email, if possible, in November 2019.

## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

All applications **must** be received by MDH no later than 3:00 p.m. Central Time, on October 4, 2019. If applications are mailed, they **must be received** by MDH by the deadline.

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

### 3.2 Application Submission Instructions

Applications may be submitted electronically via email to [debra.jahnke@state.mn.us](mailto:debra.jahnke@state.mn.us).

Applications may also be submitted on paper via U.S. Postal Service or courier to the following addresses:

Postal address:

Debra Jahnke  
Minnesota Department of Health  
Office of Rural Health & Primary Care  
P.O. Box 64882  
St. Paul, MN 55164-0882

Courier/Hand-Delivery:

Minnesota Department of Health  
Office of Rural health & Primary Care  
85 E 7th Place, Suite 220  
St. Paul, MN 55101

- Only one copy of the application is required. Faxed applications will not be accepted.
- Paper submissions must be single-sided, unbound, 8.5"x11" paper except for the Applicant Financial Documents (see Section 3.3 for more detail).
- Narrative portions (excludes forms and financial documents) of the application must use 12-point font, single spacing, one-inch margins, include the name of the applicant on each page and be numbered consecutively.
- Applications must include all required components in the order specified. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**
- Incomplete applications will be rejected and not evaluated.
- By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The

submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

- **All costs incurred in responding to this RFP will be borne by the applicant.**

### 3.3 Application Instructions

Applicants must submit the following in order for the application to be considered complete:

- Grant Application Face Page (included in Part 4 of this document)
- Governing Board Resolution (sample included in Part 4 of this document)
- Due Diligence Review Form (see [Indian Health Grant Program](#) website)
- Applicant Financial Documents (nonprofits only)
- Project Abstract (1-page limit)
- Project Budget Form (form included in Part 4 of this document)
- Budget Justification Narrative (4-page limit)
- Project Narrative
  - Applicant Information (2-page limit)
  - Project Description (6-page limit)
  - Project Work Plan (4-page limit)
- Biographical Sketch Form (form included in Part 4 of this document)
- Letters of Support

#### Grant Application Face Page Form

The Face Page form is required for all applications. The Application Face Page form is included in Part 4 of this document. Face Page forms are not required to meet font, margin and page number formats.

#### Governing Board Resolution

A signed Governing Board Resolution is required for all applications. The resolution certifies the organization may apply for this grant program, will comply with the statutory requirements and may enter into a grant contract with the State of Minnesota. Applicants should plan accordingly with their Governing Board to pass the resolution prior to the final application deadline. A sample resolution form may also be found in Part 4 of this document. Governing Board Resolutions are not required to meet font, margin and page number formats.

#### Due Diligence Review Form

State policy requires programs 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](#). The form is accessible on the [Indian Health Grant Program](#) website. Items of significant concern must be discussed with the grant applicant and resolved to the satisfaction of state agency staff before a grant is awarded. This is not applicable to government or tribal organization applicants.

## Applicant Financial Documents

Nonprofit organizations must submit the one of the following, based on annual income levels, for the previous full accounting period (12 months):

- Organizations with annual income of under \$50,000 or who have not been in existence long enough to have completed IRS Form 990 or an audit must submit the most recent board-reviewed internal financial statements
- Organizations with annual income over \$50,000 and under \$750,000 must submit the most recent IRS Form 990 or a Certified Financial Audit
- Organizations with annual income over \$750,000 must submit the most recent Certified Financial Audit

This is not applicable to government or tribal organization applicants.

## Project Abstract

The project abstract should follow the following format: 1-page limit, 12-point font and one-inch margins. The abstract should include:

1. Organization name and the address where the project will take place
2. A brief overview of the project as a whole.
3. Specific, measurable objectives that the project will accomplish
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, how" of a project.

## 2-Year Project Budget Form

The cost items included in the Grant Funds Requested column are those that will be supported by grant funds. Non-grant funds are not required but may be provided to offer grant reviewers a better understanding of the total cost of the *grant project*. The budget should be specific to the grant project described in the applicant's project narrative and is not intended to represent the organization's total budget. The form may be found in Part 4 of this document. Forms are not required to meet font, margin and page number formats.

## Budget Justification Narrative

The budget justification should include an explanation for each of the cost items for which grant funds are being requested on the Budget Form and follow the following format: 4-page limit, 12-point font, one-inch margins, page numbers and name of applicant on each page. The 4-page limit is specific to the budget narrative and does not include the Budget Form.

Justification for each cost item should provide detail on how the budgeted cost items were calculated. Every cost item for which grant funds are being requested should clearly tie to the project description in Section II (B) of the project narrative as well as to the work plan activities stated in Section III (C).

Explanations for each cost item should include:

- The total grant funds requested for the cost item as shown on the Budget Form
- Details on how the budgeted cost item was calculated

The following examples provide illustrations of the type of information necessary. Examples for each cost item are *not* included.

EXAMPLE Salary: Total Grant Funds Requested \$44,358

- Jane Doe, Registered Nurse; annual salary \$29,572; 0.75 FTE for grant = \$22,179
- Remaining salary costs will be supported by organization funds.
- $22,179 \times 2$  years of grant = \$44,358 (Total should match budget form.)

EXAMPLE Fringe: Total Grant Funds Requested \$8,428

- RN annual salary supported by grant \$22,179
- Fringe Benefits @19% = \$4,214 Fringe benefits include: life/health insurance, FICA, unemployment, worker's compensation insurance coverage.
- $\$4,214 \times 2$  years of grant = \$8,428 (Total should match budget form.)

EXAMPLE Travel: Total Grant Funds Requested \$668

- Rate of reimbursement per mile = \$0.58 (Mileage reimbursement paid by Indian Health Grant funds cannot exceed the Federal IRS mileage reimbursement rate unless otherwise negotiated directly with the State of Minnesota).
- Mileage = \$58; 100 miles of travel planned for project activities XYZ x \$0.58
- Lodging = \$200; 2 nights at estimated rate of \$100
- Meals = \$76; 2 travel days at per diem rate of \$38
- Out-of-state travel is discouraged and must be approved specifically by the MDH grant manager.
- $\$334 \times 2$  years of grant = \$668 (Total of travel should match budget form.)

## Project Narrative

In addition to providing details about the proposed grant project, the purpose of the Project Narrative is provide context for the project. The applicant information section not only documents eligibility but also the capability of the organization to successfully provide services to the American Indian population.

The Project Narrative must be in 12-point font and single spaced with one-inch margins. Each page must also include the name of the applicant and a consecutive page number. The narrative should follow the content format below. Failing to provide all the requested information and in the order prescribed may result in a lower score during the application review.

### I. Applicant Information (2-page limit)

#### A. Eligibility and Organizational Background

1. Describe the organization's eligibility status (nonprofit organization, governmental or tribal entity) as well as the organization's mission and goals.

2. Describe the programs and services provided by the organization.
3. Describe the organization's geographic service area (you may upload a map as a separate attachment).
4. Describe the organization's patient population.

**II. Project Description and Collaboration (6-page limit)**

**A. Problem Statement**

Provide a clear and concise statement of need experienced by the American Indian community that the proposed grant project is intending to address. Detailed demographics and health issues do not need to be included in this section but should be provided under Project Need.

**B. Project Description: The proposed project should address the problem described in the problem statement. Please include the following:**

1. A description of the population to be served (keeping in mind the grant program is intended to provide services to the American Indian populations living outside of a reservation).
2. A description of what will be done and an overview of how it will be done (as reflected in more detail in the Work Plan) to provide a broader picture of how activities are accomplished.
3. Specific information about the project's target population and how many patients (in numbers) will benefit from the project.

**C. Project Need**

Provide local (or patient) demographic data and health information that correlates to the problem statement and describe how it supports the need for the grant project. State and National data may be provided in addition to local data to support the existence and severity of the problem described in the problem statement.

**D. Evidence of Best Practice**

Provide justification that the proposed project is culturally appropriate and will improve health outcomes for the targeted population.

**E. Support and Collaboration**

Non-tribal entities must provide an explanation of how the project is supported by the American Indian community or in collaboration with the American Indian community. Letters of support are strongly encouraged.

**III. Project Work Plan (4-page limit)**

This section works well in table format but may be provided in narrative or table format. The work plan does not need to be provided in both formats. A sample table in section IV. below.

**A. Project Goal(s)**

Goal statements are optional but may help the applicant formulate measurable objectives. One goal statement is sufficient.

- A goal is a restatement of a public health problem in a way that describes what conditions will prevail if the problem is resolved or reduced. A goal is long term and not necessarily measurable, but it clearly establishes a connection between public health problems/priorities and the applicant’s intentions.
- For example, an applicant may find during its community assessment that local American Indian women experienced a high-risk birth rate exceeding state averages. Based on this finding and other related data, an organization might establish the following goal: To reduce American Indian infant mortality due to high-risk birth.

**B. Objectives for Each Project Goal**

Identify and include one or more objectives the proposed project is intending to achieve.

- Must be tangible, measurable and achievable outcomes specific to what the proposed grant project is intending to accomplish. *Grantees will be required to report measurable results from the objectives at the end of the grant period.*
- Should be patient-centered with the focus on the targeted population and not on organization activities.
- Must include a current base percentage or number so that intended change is clear and measurable. *It is expected that the grant project and objectives will be achieved within the grant period.*
- Should pertain to what will happen within the target population, not what the clinic will “do” (which are activities within the work plan).
- Objectives contain four common elements:
  1. An indicator (how the problem will change)
  2. A target (a “who” or a “what,” generally the client)
  3. A time frame (when), and

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4. The amount of measurable change expected in the indicator, or the target.

Objectives **must** be in the following format:

By (when, date) \_\_\_\_\_, (% or # of change from a stated base) \_\_\_\_\_ of (what population) \_\_\_\_\_, will (indicator – do what, change how) \_\_\_\_\_.

For example:

By December 31, 2021, 95% (from 86.5% in 2015) of American Indian Women will initiate prenatal care before the third trimester of pregnancy.

If a proposed objective includes that the grantee will do something, it would be considered an activity and will not score favorably in the review.

C. **Activities for Each Project Objective (includes timeline and staff responsible)**

Provide detailed activities which describe how the objective(s) will be accomplished by the applicant organization.

- Each activity must include the name and title of the person responsible for the activity and a time period in which the activity will be completed.
- *Grantees will be required to report progress of activities and accomplishments on a quarterly basis during the grant period.*

**IV. Sample Table Format for Work Plan** (narrative or table format, not both)

PROJECT GOAL 1: (What conditions will prevail if the problem is resolved or reduced in long term.)

Objective A: (Must be measurable and achievable, see guidance above for required format.)		
Activities	Staff Responsible	Time Frame
1. (activity detail)	(name/title)	(complete date)
2.	(name/title)	(complete date)
3.	(name/title)	(complete date)
4.	(name/title)	(complete date)

Objective B: (Must be measurable and achievable, see guidance above for required format.)		
Activities	Staff Responsible	Time Frame
1.	(name/title)	(complete date)

### **Biographical Sketch Form**

A biographical sketch should be included for all professional personnel directly involved with the proposed grant project. It is not necessary to include financial or administrative support personnel. The biographical sketch form is included in Part 4 of this document and are not required to meet font, margin and page number formats. Brief resumes may be provided in lieu of the form as long as each resume includes the required content.

### **Letters of Support**

Letters of support from the American Indian community being served by the project are strongly encouraged, especially for non-tribal applicant organizations. Letters of support are not required to meet font, margin and page number formats.

### **Other Supporting Documents**

Applicants may submit additional information to support the application, such as service area maps.

## RFP Part 4: Attachments

The Due Diligence Review Form required for non-profit applicants is available on the [Indian Health Grant Program](#) website.

- Attachment A: Grant Application Face Page
- Attachment B: Governing Board Resolution Sample
- Attachment C: 2-Year Project Budget Form
- Attachment D: Biographical Sketch Form
- Attachment E: Program Statute 145A.14
- Attachment F: Application Scoring Criteria

## Attachment A: Grant Application Face Page

Form is located on following page.



## Indian Health Grant Program GRANT APPLICATION FACE PAGE

**1. Applicant Organization** (with which grant agreement is to be executed)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

MN State SWIFT Vendor ID \_\_\_\_\_ SWIFT Vendor Remit Location Code \_\_\_\_\_

Type of Organization (check one): Tribal entity  Nonprofit 501(c)(3)  Government

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**2. Contact Person For Grant Project**

Name/Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

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**3. Project Organization** (if different than number 1)

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

---

**4. Director of Project Organization** (if different from number 2)

Name/Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

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**5. Grant Amount Request** \_\_\_\_\_

**FINAL APPLICATION:** I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Final Application Signature	Title	Date

## Attachment B: Governing Board Resolution Sample

### Indian Health Grant Program

#### Governing Board Resolution

Be it resolved that:

1) \_\_\_\_\_ may apply for a Indian Health Grant  
(Applicant Organization)

from the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) \_\_\_\_\_ certifies that it will comply with the  
(Applicant Organization)

requirements of the Indian Health Grant Program, including the requirements in Minnesota Statutes, section 145A.14.

3) \_\_\_\_\_ may enter into a grant agreement with  
(Applicant Organization)

the State of Minnesota if the grant application is successful.

4) \_\_\_\_\_ is hereby authorized to execute  
(Name and Title of Authorized Official)

agreements, contracts and certifications as required to implement the organization's participation in the Minnesota Indian Health Grant Program.

I certify that the above resolution was adopted by the \_\_\_\_\_  
(Governing Body)

of \_\_\_\_\_ on \_\_\_\_\_.  
(Applicant Organization) (Date)

#### SIGNED:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

#### WITNESSED:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## Attachment C: 2-Year Project Budget Form

Form is located on following page.



## Indian Health Grant Program

### 2-YEAR PROJECT BUDGET FORM

Categories	Grant Funds Requested	Non-grant funds contributed	Total
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Personnel:			
Administrative salaries			
Administrative fringe			
Clinical salaries			
Clinical fringe			
Contracted medical salaries			
Interpreter or other direct client services salaries			
<b>Personnel Total</b>			

Non-Personnel:			
Office operations			
Travel			
Equipment			
Medical supplies			
Consultants/Subcontractors			
Space rental			
Other:			
Other:			
Other:			
<b>TOTAL</b>			

## Attachment D: Biographical Sketch Form

### Indian Health Grant Program

#### BIOGRAPHICAL SKETCH

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages as necessary and follow the same general format for each person. Brief resumes may be provided in lieu of the form as long as each resume includes the required content. It is not necessary to include financial or administrative support personnel.

NAME and TITLE:

ROLE IN PROPOSED PROJECT:

EDUCATION:

For each professional education program, include the following:

- Institution Name
- Institution Location
- Degree (if applicable) and Completion Date
- Field of Study (if applicable)

PROFESSIONAL EXPERIENCE:

Starting with present position, list training and experience relevant to the proposed project.

## Attachment E: Program Statutes

### **Minnesota Statute 145A.14 Special grants.**

Subd. 2. **Indian health grants.** (a) The commissioner may make special grants to establish, operate, or subsidize clinic facilities and services to furnish health services for American Indians who reside off reservations.

(b) Applicants must submit for approval a plan and budget for the use of the funds in the form and detail specified by the commissioner.

(c) Applicants must keep records, including records of expenditures to be audited, as the commissioner specifies.

## Attachment F: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. The following is a guide used by grant reviewers to score Indian Health Grant applications.

- A. All legal and procedural conditions of eligibility are met.
- Organization is a governmental, tribal or nonprofit entity.
  - Proposed services are for American Indian persons not residing on Indian reservation land who are members of an organized tribe having a treaty relationship with the federal government and who are regarded as Indians by the group in which they claim membership.
  - Application was received by the stated deadline.
  - Application Face Sheet is completed and signed.
  - Governing Board Resolution is completed and signed.
  - Non-profit organizations have included a completed Due Diligence Review Form.
  - Non-profit organizations have included the appropriate financial documents.
  - Project Budget Form encompasses the two years of the project period and is completed.
  - A Budget Justification Narrative including calculations for both years of the grant period and for each cost item supported by grant funds is completed.
  - A Project Narrative is complete with all required components.
  - A Work Plan in narrative OR table format is complete with all required components.
  - Biographical Sketches are included for each staff relevant to the grant project.
- B. Evidence that proposed activity will positively affect identified priority community health problems.
- The American Indian community has been clearly identified by numbers and geography and was included in the community assessment process (if conducted).
  - The proposal includes an identified community health problem, goals, objectives and activities for the proposed grant project.
  - The objectives are written in the correct required format, client-centered and measurable.
  - The activities in the work plan include staff assignment and a defined timeline for completion.
  - There is a clear relationship between the identified community health problem and the goals, objectives and activities presented in the proposal.
  - There is evidence that the proposed activities will improve population health status and are culturally acceptable.

## 2020-2021 INDIAN HEALTH GRANT PROGRAM

- The proposed project budget expenditures are clearly connected to program objectives and activities.
- C. Non-tribal entities must provide evidence of support or collaboration from the American Indian community.
- There is evidence of support for the proposed project from the American Indian community.
  - Are there indications of support from affected American Indian members targeted by the proposed project?
  - Are there indications of support from other health and social service organizations serving the American Indian community?
  - If there was a planning process, did it involve members of the American Indian community?