



Mental Health Grants for Health Care Professionals – FY2024

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3634
siham.abdellah@state.mn.us
www.health.state.mn.us

01/12/2024

To obtain this information in a different format, call: 651-201-3830.

Table of Contents

| | |
|--|-----------|
| Mental Health Grants for Health Care Professionals – FY2024..... | 1 |
| RFP Part 1: Overview | 3 |
| 1.1 General Information | 3 |
| 1.2 Program Description..... | 3 |
| 1.3 Funding and Project Dates | 3 |
| 1.4 Eligible Applicants..... | 4 |
| 1.5 Questions and Answers | 4 |
| RFP Part 2: Program Details | 5 |
| 2.1 Priorities..... | 6 |
| 2.2 Eligible Projects..... | 7 |
| 2.3 Grant Management Responsibilities | 8 |
| 2.4 Grant Provisions | 9 |
| 2.5 Review and Selection Process | 13 |
| RFP Part 3: Application and Submission Instructions | 15 |
| 3.1 Application Deadline | 15 |
| 3.2 Application Submission Instructions | 15 |
| 3.3 Application Instructions..... | 15 |
| RFP Part 4: Application Guidance..... | 16 |
| Section 1. Organization and Applicant Information | 16 |
| Section 2. Project Information..... | 16 |
| Section 3. Organization Background..... | 16 |
| Section 4. Project Narrative and Work Plan | 16 |
| Section 5. Budget and Budget Narrative | 18 |
| Section 6. Applicant Conflict of Interest Disclosure | 19 |
| Section 7: Required Attachments | 19 |
| RFP Part 5: Attachments..... | 20 |
| Attachment A: Application Evaluation Criteria | 21 |
| Attachment B: Due Diligence Review Form | 23 |
| Attachment C: Applicant Conflict of Interest Disclosure | 28 |

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Mental Health Grants for Health Care Professionals FY2024
- **Minnesota Department of Health (MDH) Program Website:**
[ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#mhhcp)
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#mhhcp>
- **Application Deadline:** March 8, 2024 at 11:59 pm Central Time

1.2 Program Description

The Mental Health Grants for Health Care Professionals program, authorized by [2022 Session Laws Chapter 99, Article 1, Section 46](#), and updated in [2023 Session Laws Chapter 70, Article 3, Section 94](#), awards grants to health care entities for the purpose of establishing or expanding evidence-based or evidence-informed programs focused on improving the mental health of health care professionals. Grants are awarded to programs that address barriers to and stigma among health care professionals associated with seeking mental health care and substance use disorder services, encourage professionals to seek support and care, identify risk factors for mental health conditions and suicide, develop and make available resources to support health care professionals with self-care and resiliency, or identify and modify structural barriers in health care delivery that create unnecessary stress in the workplace.

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 | \$1,000,000 |
| Estimated Number of Awards | 10 |
| Estimated Award Maximum | \$200,000 |
| Estimated Award Minimum | \$25,000 |

Match Requirement

No match required.

Project Dates

Application Open: January 12, 2024

RFP Webinar: February 1, 2024 at 10:00 am Central Time

Application Close: March 8, 2024 at 11:59 pm Central Time

Award Announcement: April 15, 2024

Grant Period: June 1, 2024 - May 31, 2025

1.4 Eligible Applicants

The following types of health care entities are eligible to apply for the Mental Health Grants for Health Care Professionals Program:

- Health Care Systems
- Hospitals
- Clinics
- Nursing Facilities
- Community Health Clinics
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics
- Consortium of Clinics or Other Health Care Entities
- Health Professional Associations
- Community Mental Health Clinics
- Indian Health Services

Collaboration

Collaboration is highly encouraged, particularly to advance the goal of identifying and modifying structural barriers in health care delivery that create unnecessary stress in the workplace.

Collaboration may include, for example, partnerships with community mental health resources, collaboration between health care entities, or coordination with other organizations addressing systemic issues in health care delivery.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to Siham Abdellah at Health.ORHPC.WorkforceGrants@state.mn.us. All answers will be posted within five business days at [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](#).

Please submit questions no later than **4:30 p.m. Central Time on February 23, 2024**.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined

above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

An informational webinar will be held on February 1, 2024 at 10 a.m. Central Time. [Click here to join the meeting](#)

Materials from the meeting, including questions and answers, will be posted by 4:30 p.m. Central Time on February 12, 2024 at [ORHPC Grants and Funding - MN Dept. of Health \(state.mn.us\)](#)

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The Mental Health Grants for Health Care Professionals program supports diverse health care professionals across Minnesota and addresses structural barriers, stigma, and other factors harming health care professionals' mental health and preventing them from seeking care. A well-supported and thriving health care workforce, in turn, strengthens the health of our communities.

Grants will fund the establishment or expansion of evidence-based or evidence-informed programs focused on improving the mental health of health care professionals.

The programs and initiatives developed by grantees may inform future statewide efforts to promote changes in the systems and policies surrounding health care delivery, with the goal of supporting health care professionals' mental health, job satisfaction, and retention.

Applicants are encouraged to propose creative, big-picture solutions that address upstream factors and root causes of burnout and mental health concerns among health care professionals. Projects should support the long-term mental health of health care professionals.

Grantees, in partnership with MDH, will evaluate the impact and outcomes of the grant program on health care professional retention and burnout.

This grant program serves:

- Health care professionals across the state who are experiencing stresses to their mental health as a result of workforce shortages, burnout, and other issues.
- Health care entities striving to create a working environment that supports health care professionals' mental health.

Grant outcomes will include:

- Identifying and addressing the barriers to and stigma among health care professionals associated with seeking self-care, including mental health and substance use disorder services;
- Encouraging health care professionals to seek support and care for mental health and substance use disorder concerns;
- Identifying risk factors associated with mental health conditions and suicide;

- Developing and making available resources to support health care professionals with self-care and resiliency; and
- Identifying and modifying structural barriers in health care delivery that create unnecessary stress in the workplace.

Other Competitive Priorities

Programs that involve peer-to-peer support will be given competitive priority.

2.2 Eligible Projects

Eligible Expenses

Eligible expenses include, but are not limited to:

- Programs to modify structural barriers in health care delivery that create unnecessary stress in the workplace
- Support programs for health care professionals experiencing mental health concerns and substance use disorders, including peer-to-peer programs
- Development and implementation of tools and services to support self-care and resiliency
- Research costs to identify actions the health care entity can take to modify structural barriers that cause unnecessary stress in the workplace
- Programs to reduce the stigma associated with seeking mental health care
- Consultant fees associated with program implementation or research
- App purchase and implementation to support health care professionals experiencing mental health concerns and substance use disorders

Grant funding may be used to cover costs related to programs and resources for health care professionals, including the following professions:

- Patient Care Technicians
- Nursing Assistants
- Surgical Assistants
- Radiation Technicians
- Physicians
- Physician Assistants
- Respiratory Therapists
- Pharmacists
- Pharmacy Technicians
- Physical Therapists
- Physical Therapist Assistants
- Advanced Practice Registered Nurses

- Registered Nurses
- Licensed Practical Nurses
- Social Workers
- Marriage and Family Therapists
- Professional Counselors
- Psychologists
- Dentists
- Dental Hygienists
- Dental Therapists
- Dental Assistants
- Phlebotomists
- Other health care professions deemed eligible by MDH

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

Grant funding may not be used to cover costs related to employees who are not health care professionals. If those staff access programs and resources developed under this grant, any associated costs must be covered by other funding sources. This includes staff such as:

- Dietary Aides
- Administrative staff
- Medical Scribes
- Janitorial staff
- Other types of support staff

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

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

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

Accountability and Reporting Requirements

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

The reporting schedule will be once every quarter. A standard invoice and progress report form will be provided to grantees. Reports will be due 20 days after each quarter ends:

- January 20
- April 20
- July 20
- October 20

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
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

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. Reports will be submitted through the Office of Rural Health and Primary Care's online grant portal. A report form will be provided to grantees. Reports will be due 20 days after each quarter ends per the following schedule:

- January 20
- April 20
- July 20
- October 20

2.4 Grant Provisions

Contracting and Bidding Requirements

(a) Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345](#). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](#), et. seq.

(b) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List ([Equity in Procurement \(TG/ED/VO\) Directory / Minnesota Office of State Procurement \(mn.gov\)](#));
 - Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (<https://mnucp.metc.state.mn.us/>) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (<https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9>).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.

- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at:
<https://mn.gov/admin/osp/government/suspended-debarred/>.

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 the Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.”

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

Organizational conflicts of interest occur when:

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

Individual conflicts of interest occur when:

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

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

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), 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 [Minn. Stat. § 13.37](#), the applicant must:

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

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

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes](#)) 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](#), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

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

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

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

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content and community specialists. The review committee will evaluate all eligible and complete applications received by the deadline.

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

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the

application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review and score each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the application meets the selection criteria.

The scoring factors and weight according to which applications will be evaluated are detailed in [Attachment A: Application Evaluation Criteria](#).

Grantee Past Performance and Due Diligence Review Process

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

Notification

MDH anticipates notifying all applicants via email of funding decisions by April 15, 2024.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than 11:59 pm Central Time on March 4, 2024.

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

ORHPC requires application submissions to be made through an online [Grants Portal](#). Please reference the [Grant Guide](#) for information on account creation, password recovery, application creation, and collaboration.

Read [RFP Part 4: Application Guidance](#) within this request for proposals for further instructions on how to address application questions outlined in the Grants Portal.

If you have any questions, please contact us at: health.orhpc.workforcegrants@state.mn.us.

3.3 Application Instructions

You must submit information as outlined in [RFP Part 4: Application Guidance](#) in order for your application to be considered complete.

Incomplete applications may be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

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

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification information for contracting purposes.

Section 2. Project Information

This section requests summary information about the project, including the request amount, the name of the program the grant funds are being requested for, and contact information.

Section 3. Organization Background

In the online application, please provide concise and thorough responses to the questions outlined below.

Organization Type

Indicate what type of organization the applicant entity is: Health Care System, Hospital, Clinic, Nursing Facility, Community Health Clinic, Federally Qualified Health Center, Rural Health Clinic, Consortium of Clinics or Other Health Care Entities, Health Professional Association, Community Mental Health Clinic, or Indian Health Service.

Organization Overview

Provide an overview of your organization's history, location(s), and service area(s). Describe your organization's staffing and administrative structure. Include information about your organization's licensure or certification if applicable. Describe the patients or clients served, including their demographics. Describe any unique characteristics or circumstances pertaining to your organization.

Overview of Employees

Indicate the number and types of health care professional employees at your organization. If your organization provides services to health care professionals who are not employees of your organization, provide data on those health care professionals and describe your organization's work with them. Provide summary demographic information for your health care professional employees or associates.

Section 4. Project Narrative and Work Plan

Current Mental Health Environment

Describe the current mental health environment for the health care professionals working in or with your organization. Provide details of the factors impacting these professionals' mental

health, including everyday stressors, systemic stressors, and any known risk factors for burnout and mental health conditions.

Upstream Factors and Root Causes

Consider and describe upstream factors, such as the structure of our health care delivery system and institutions, and root causes of mental health concerns and burnout among health care professionals. How will your project address these upstream factors and root causes?

Barriers to Seeking Services

Discuss barriers to and stigma among health care professionals associated with seeking and accessing care and services for mental health and substance use disorder concerns. How will your project address these barriers and stigma?

Retention and Job Satisfaction

Provide retention and job satisfaction data from 2021-2023 for your health care professional employees or associates. Describe any concerns regarding retention and job satisfaction with these staff.

Additional Information regarding Need

Provide any additional information about your organization's circumstances that demonstrates the need for this grant program.

Proposed Project

Describe your organization's proposed project. What will be done, how will it be done, and who will do it? How much of this work is ongoing at your organization, and how much will be new? Which existing partnerships and resources will be leveraged, and/or which new partnerships and resources will be created?

Project Outcomes

Indicate which of these grant program outcomes your project will address (select all that apply), and briefly describe how:

- Identifying and modifying structural barriers in health care delivery that create unnecessary stress in the workplace.
- Identifying and addressing the barriers to and stigma among health care professionals associated with seeking self-care, including mental health and substance use disorder services.
- Encouraging health care professionals to seek support and care for mental health and substance use disorder concerns.
- Identifying risk factors associated with mental health conditions and suicide.
- Developing and making available resources to support health care professionals with self-care and resiliency.

Evidence supporting Project

Describe and cite the evidence informing your project. How does this evidence show that your project has the potential to achieve one or more outcomes of this grant program?

Peer-to-Peer Support

Describe any peer-to-peer support components of your project.

Project Evaluation

Describe how you will evaluate the results of your project. Grantees will collaborate with MDH on evaluation. Consider how you will use employee retention and job satisfaction data and other measures such as the amount of overtime worked and administrative burdens on employees. If required by MDH, describe how you would administer an online survey to the health care professionals served by your project.

Project Sustainability

Describe your plan for maintaining your project after the grant period ends.

Work Plan

List key project activities. For each activity, indicate the title/position of each person who will be involved, the grant program outcome(s) addressed, and the expected timeline. Your work plan should include collaborating with MDH to evaluate the project.

Section 5. Budget and Budget Narrative

Provide a detailed justification of the estimated project expenses to successfully achieve the outcomes of the proposed project. The budget explanation should be broken down by each budget category.

Budget Line Item

Provide the amount of grant funding requested in the appropriate fields for each budget area. Budget categories include:

- Salaries
- Fringe
- Travel
- Supplies
- Contracted Services
- Equipment
- Other

Grant funds may not be used for expenditures that took place prior to the start of the contract.

Section 6. Applicant Conflict of Interest Disclosure

Applicant will review [Attachment C](#) and complete the Conflict of Interest Disclosure as a part of the online application.

Section 7: Required Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit to the online application form. If the audit encompasses multiple providers within a system/umbrella organization, please provide additional financial information specific to the applicant facility, such as an income statement.

Due Diligence

Please complete the [Due Diligence Form](#) and upload to the online application form.

RFP Part 5: Attachments

- Attachment A: [Application Evaluation Criteria](#)
- Attachment B: [Due Diligence Form](#)
- Attachment C: [Applicant Conflict of Interest Disclosure Form](#)

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure that applications address the criteria evaluators will use to score applications.

ORGANIZATION BACKGROUND

| Evaluation Criteria | Score | Comments: Strengths/Weaknesses |
|---|--------------|---|
| Organization overview provides a clear picture of the organization. | /5 | |
| Application presents clear data on the number, types, and demographics of health care professional employees or associates. | /5 | |
| Total points for this section | /10 | |

PROJECT NARRATIVE AND WORK PLAN

| Evaluation Criteria | Score | Comments: Strengths/Weaknesses |
|--|--------------|---|
| Application demonstrates insight into factors impacting health care professionals' mental health, including upstream factors and root causes, and barriers to care. | /5 | |
| Application presents clear data on retention and job satisfaction among health care professional employees or associates. | /5 | |
| Application demonstrates a compelling need for the project among health care professional employees or associates of the organization. | /5 | |
| Proposed project is clear, including what will be done, how, and by whom; and which aspects are ongoing and which are new. | /5 | |
| Proposed project includes big-picture solutions that address upstream factors and root causes of burnout and mental health concerns among health care professionals. | /10 | |

MENTAL HEALTH GRANTS FOR HEALTH CARE PROFESSIONALS – FY2024

| Evaluation Criteria | Score | Comments: Strengths/Weaknesses |
|---|--------------|---|
| Project will impact many health care professionals and/or may serve as a model for other far-reaching efforts. | /5 | |
| Application clearly and thoughtfully describes how project will address one or more grant program outcomes. | /10 | |
| Application presents compelling evidence to show why the project has the potential to achieve one or more grant program outcomes. | /5 | |
| Project includes meaningful peer-to-peer component(s). | /5 | |
| Application describes effective methods for evaluating the project, including specific measures and data sources. | /5 | |
| Applicant has a clear plan for maintaining the project after the grant period ends. | /5 | |
| Work plan is clear and feasible and will achieve grant program outcomes. | /10 | |
| Total points for this section | /75 | |

BUDGET AND BUDGET NARRATIVE

| Evaluation Criteria | Score | Comments: Strengths/Weaknesses |
|---|--------------|---|
| Proposed costs in the budget are clear, with enough detail to understand why they are included. | /5 | |
| Proposed costs seem reasonable and align with the goals and requirements of this program. | /5 | |
| Budget narrative clearly explains how funding will be used. | /5 | |
| Total points for this section | /15 | |
| Total Score | /100 | |

Attachment B: Due Diligence Review 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 |
|---|-------------|
| 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: To be completed by all organization types

| Section 1: Organization Structure | Points |
|---|--------|
| 1. How many years has your organization been in existence? <input type="checkbox"/> Less than 5 years (5 points) <input type="checkbox"/> 5 or more years (0 points) | |
| 2. How many paid employees does your organization have (part-time and full-time)? <input type="checkbox"/> 1 (5 points) <input type="checkbox"/> 2-4 (2 points) <input type="checkbox"/> 5 or more (0 points) | |
| 3. Does your organization have a paid bookkeeper? <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes, an internal staff member (0 points) <input type="checkbox"/> Yes, a contracted third party (0 points) | |
| SECTION 1 POINT TOTAL | |

Section 2: To be completed by all organization types

| Section 2: Systems and Oversight | Points |
|--|--------|
| <p>4. Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No (6 points)</p> <p><input type="checkbox"/> Yes (0 points)</p> | |
| <p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> Accounting Purchasing Payroll <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)</p> <p><input type="checkbox"/> Yes, for all of the processes listed (0 points)</p> | |
| <p>6. Is your organization's accounting system new within the past twelve months?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point)</p> | |
| <p>7. Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes (0 points)</p> | |
| <p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p><input type="checkbox"/> No (1 point)</p> <p><input type="checkbox"/> Yes (0 points)</p> | |
| SECTION 2 POINT TOTAL | |

Section 3: To be completed by all organization types

| Section 3: Financial Health | Points |
|---|--------|
| <p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) – if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) – if yes, answer question 9A</p> | |
| <p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> 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.</p> | |
| <p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p> | |
| <p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p> | |
| <p>11A. Could there be an impact on the organization’s financial status or stability?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> | |
| <p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p> | |
| SECTION 3 POINT TOTAL | |

Section 4: To be completed by nonprofit organizations with potential to receive award over \$25,000 (excluding formula grants)

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: Nonprofit Financial Review | Points |
|---|----------|
| <p>13. Does your nonprofit have tax-exempt status from the IRS?</p> <p><input type="checkbox"/> No - If no, go to question 14</p> <p><input type="checkbox"/> Yes – If yes, answer question 13A</p> | Unscored |
| <p>13A. What is your nonprofit's IRS designation?</p> <p><input type="checkbox"/> 501(c)3</p> <p><input type="checkbox"/> Other, please list:</p> | Unscored |
| <p>14. What was your nonprofit's total revenue (income, including grant funds) in the most recent twelve-month accounting period?</p> <p>Enter total revenue here:</p> | Unscored |
| <p>15. What financial documentation will you be attaching to this form?</p> <p><input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board- approved financial statement</p> <p><input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990</p> <p><input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit</p> | 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:

MDH Staff Use Only

Section 4A: Nonprofit Financial Review Summary

Complete Section 4A for nonprofit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

1. Were there significant operating and/or unrestricted net asset deficits?
 - ☐ Yes – if yes, answer questions 3 and 4
 - ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6
2. Were there any other concerns about the nonprofit organization's financial stability?
 - ☐ Yes – if yes, answer questions 3 and 4
 - ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6
3. Please describe the deficit(s) and/or other concerns about the nonprofit organization's financial stability:
4. Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the nonprofit organization's financial stability:
5. Granting Decision:
6. Rationale for grant decision:

Section 5: Total Points

| Section 1 | + | Section 2 | + | Section 3 | = | Total Points |
|-----------|---|-----------|---|-----------|---|--------------|
| | + | | + | | = | |

Section 6: Program Information

| MDH Grant Program | Information |
|---------------------------------|-------------|
| Applicant Project Name | |
| MDH Grant Program Name | |
| Division/Section | |
| Date Nonprofit Review Completed | |
| Review conducted by | |

Attachment C: Applicant Conflict of Interest Disclosure

Applicants will complete this form in the online application.

(This form is considered public data under [Minn. Stat. § 13.599](#))

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98, subd 2-3](#); Minnesota Office of Grants Management (OGM) [Policy 08-01, “Conflict of Interest Policy for State Grant-Making”](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, “Conflict of Interest.”](#) It is helpful if the applicant explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.

Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you and your organization as it relates to this specific Request for Proposal (RFP), obtain applicant signature (applicant to determine appropriate signer).

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public ([Minn. Stat. § 43A.38, subd. 5](#)). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH’s intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

I. Organizational Conflict of Interest:

An [organizational conflict](#) of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person’s objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

II. Individual Conflict of Interest:

An **individual conflict** of interest occurs when any of the following conditions is present:

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

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the "ground rules" for this solicitation by performing work such as, but not limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.
- An employee or volunteer of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([29 CFR § 553.101\(a\)](#)).

Certification and signature required on next page.

III. Certification:

| | |
|---|--|
| Applicant Name: | |
| RFP Title: | |
| MDH Grant Program Name: <i>(Ex. Family Planning Grant)</i> | |

By signing in the space provided below, Applicant certifies the following:

- A. To the best of Applicant's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
- B. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict:

| <i>Name of entity/individual</i> | <i>Relationship (e.g., Volunteer, Employee, Contractor, Family Relation)</i> | <i>Description of conflict (optional)</i> |
|----------------------------------|--|---|
| | | |
| | | |
| | | |

C. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.

D. Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant's Signature

| | |
|--------------|-------|
| Printed Name | Title |
| Signature | Date |

MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

- ☐ Applicant has no conflict(s) of interest.
- ☐ Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated. Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*

- ☐ Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

MDH Program's Signature

| | |
|--------------|-------|
| Printed Name | Title |
| Signature | Date |