



IMPLICIT: Innovations for Maternal and Perinatal Care and Improvement Grant

GRANT REQUEST FOR PROPOSAL (RFP)

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06/10/2025

To obtain this information in a different format, call: 651-201-3650.

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RFP part 1: overview

1.1 General information

- **Announcement title:** IMPLICIT: Innovations for Maternal and Perinatal Care Improvement Grant
- **Minnesota Department of Health (MDH) program website:**
<https://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html>
- Application deadline: July 11, 2025

1.2 Program description

The Minnesota Department of Health's (MDH) Children and Youth with Special Health Needs (CYSHN) Section seeks proposals from qualified applicants to provide oversight of implementation of the Innovations for Maternal and Perinatal Care and Improvement ([IMPLICIT](#)) model into practice. The goal of this grant is to improve birthing parent's health care in order to prevent birth defects. Through demonstrated clinical systems changes, the IMPLICIT model addresses smoking, maternal depression, multivitamin/folic acid use, and family planning, all modifiable risk factors related to many common birth defects in Minnesota.

The grantee will secure at least five family medicine or pediatric clinics to implement IMPLICIT over the three-year grant period and will act as the intermediary between MDH and those sites. Grantee will also work with the national IMPLICIT Network technical assistance provider to coordinate IMPLICIT training for clinic sites, attend regular technical assistance calls, and support the facilitation of technical assistance for the clinics to implement the [IMPLICIT interconception toolkit](#). See [Appendix J](#) for more information about the national IMPLICIT Network.

A total of \$130,000 annually is available to fund one grant for the entire three-year grant period. Clinics will be paid an annual stipend of \$18,000 to be billed in quarterly installments. Included in this stipend is a required annual membership to the IMPLICIT Network. Clinics will be expected to sustain the changes within their system after the funding period.

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, whichever is later.

Funding	Estimate
Estimated Amount to Grant	\$130,000 annually*
Estimated Number of Awards	1
Estimated Award Maximum	\$130,000

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Funding	Estimate
Estimated Award Minimum	Not applicable

*Award will be pro-rated for year one to adjust for the condensed timeline.

Match requirement

There are no match requirements.

Project dates

The estimated start and end dates of this grant program are September 1, 2025, and June 30, 2028.

Grant year/fiscal year	Project period
Year 1 (10 months)	September 1, 2025 – June 30, 2026
Year 2 (Fiscal Year 2027)	July 1, 2026 – June 30, 2027
Year 3 (Fiscal Year 2028)	July 1, 2027 – June 30, 2028

1.4 Eligible applicants

Grant funds are not transferrable to any other entity unless through formal subgrant or subcontract of which MDH has been consulted with and has approved. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Individuals, not-for-profit organizations, for-profit organizations, and health centers with clinical quality improvement experience are eligible to apply. Individual clinics and local jurisdictions do not qualify for this grant; however, they may be recruited by the awarded applicant as implementation sites.

Collaboration

Due to the nature of the award, there are not opportunities for collaborative proposals between multiple entities or organizations at this time.

1.5 Questions and answers

All questions regarding this RFP must be submitted by email or phone to health.cyshn@state.mn.us. All answers will be posted within 5 business days on the [IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

<https://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html> Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on July 7, 2025.

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

RFP information meeting

MDH will host a one-hour meeting (Microsoft Teams Meeting) to assist applicants in preparing an application. All prospective applicants are encouraged to attend, but attendance is not required.

All questions and answers from the one-hour session will be posted on the [IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

The RFP informational meeting will be held on Wednesday, June 18, 2025, from 10:30 a.m. to 11:30 a.m. CDT. To access the Microsoft Teams Meeting link, visit the [IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

RFP part 2: program details

2.1 Background

Over 2,000 babies are born with birth conditions (known by some as “birth defects”) in Minnesota each year. The MDH tracks over 60 of these conditions.

While genetics play a major role in the risk for birth conditions, many leading risk factors are modifiable. The health of the birthing parent before and during pregnancy strongly affects the development of the fetus. For example, chronic stress has been linked to cleft lip and cleft palate. Using substances like tobacco, alcohol, and other drugs also increases the risk of several birth conditions. Protective factors, such as taking a multivitamin with the appropriate amount of folic acid prior to pregnancy could reduce the occurrence of neural tube defects by 50-70%. For more detailed information about the top birth conditions in Minnesota and modifiable risk factors for these conditions, refer to [Data related to Birth Defects \(www.health.state.mn.us/people/childrenyouth/cyshn/cyshndata.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/cyshndata.html).

The [IMPLICIT Interconception Care Model \(www.fmec.net/implicit\)](http://www.fmec.net/implicit) is an innovative model for embedding interconception care into a well-child visit. The IMPLICIT model has been shown to reduce the risk of preterm and low birth weight infants as well as provide screening for major preventable risk factors for a variety of birth defects. Addressing a birthing parent’s health in the context of their child’s health is viewed as an ideal and appropriate way to provide interconception care. The model incorporates health assessments for birthing parents and referral processes into the well-child visit to identify and improve health outcomes for birthing parents. Adapting an interconception care program into standard practice allows current and future clinicians to modernize how health for birthing parents is delivered, focusing on delivering a preventative model of care for the birthing parent and baby. MDH staff have developed relationships with national and local leaders of the IMPLICIT model to lead implementation of this work in Minnesota.

2.2 Priorities

Health equity priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Goals and outcomes

The goal of this grant is to improve health care for birthing people through interconception care interventions provided during their children’s well-child visits. Through the support of the grantee, clinics will use innovation addressing and implementing screening tools and referral

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tracks into current practice and build staff capacity to advance prevention in everyday practice. This evidence-based program will address modifiable risk factors for common birth defects in Minnesota such as smoking, stress, depression, multivitamin/folic acid use, and family planning for birthing parents, and provide birthing parents and their providers opportunities to engage in conversations to promote healthy outcomes for future pregnancies.

The grantee will provide technical assistance and support for implementation of the IMPLICIT model in multiple clinics serving a diverse population across Minnesota over the span of three years. The grantor recognizes that the grantee will need dedicated time in their work plan to connect with potential clinic sites, assess how IMPLICIT will be incorporated into each site, and work with staff locally and nationally to apply this program to fit the needs of communities in Minnesota.

This grant will serve:

- People of all gender identities who can become pregnant across the state of Minnesota who attend their child's well-child visit.
- Clinics and health centers who serve populations that are disproportionately impacted by adverse birth outcomes.
- Clinics whose clientele are racially, geographically, and socioeconomically diverse from one another to ensure that the IMPLICIT grant has a large and equal reach across the state of Minnesota.

Grant outcomes will include:

- Implementation of the IMPLICIT model into standard clinical practice in at least five clinics over the three-year period.
- Effective support in tailoring of the IMPLICIT model to meet the needs of the clinic sites and the population they serve, including ensuring culturally appropriate care for diverse populations.
- Measurable and reportable quality improvement metrics determined with each site.
- Provision of timely and effective technical assistance for the clinic sites.
- Implementation and maintenance of the IMPLICIT evaluation.
- Development of a sustainability plan for clinic sites.
- Development of a final report that summarizes findings from the IMPLICIT grant cycle.

Other competitive priorities

Experience embedding models of change into clinical practice.

2.3 Eligible projects

Key tasks and deliverables

The applicant awarded the IMPLICIT Grant must adhere to the following program components:

Recruitment and project initiation

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- Develop promotional and marketing materials for the project.
- With support from MDH staff, recruit at least five Minnesota clinics to implement an IMPLICIT quality improvement project.
- Subcontract with clinic sites through a competitive process (see Section 2.5: Contracting and Bidding Requirements for details).

Implementation

- Support clinic sites in implementation of IMPLICIT. Estimated time for implementation ranges from 12-24 months, depending on the needs of the site.

Technical assistance

- Facilitate technical assistance calls with clinic staff and/or champions.
- Assist clinics with use of IMPLICIT tools to assess current clinic practice and evaluate impact of IMPLICIT project on screening and referral during well-child visits.
- Work with clinics to input findings into REDCap. Report findings and evaluation metrics to MDH annually.
- Collaborate with national IMPLICIT Network to convene annual in-person trainings.

Sustainability

- Support clinics in sustainability planning and implementation throughout duration of the grant period.

Evaluation

- Ensure that clinics are utilizing an appropriate evaluation system for each project.
- Collect and report on findings from the IMPLICIT grant program.

General

- Become a member of national IMPLICIT Network.
- Work closely in partnership with the MDH Child and Family Health division staff, IMPLICIT Network staff, and clinic staff.
- Manage and administer clinic stipends throughout the grant period.

Ineligible expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.4 Grant management responsibilities

Grant agreement

The grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

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

A sample grant agreement can be found on the [IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html). Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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.

The 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.

For this grant program, the grantee will submit progress reports on a quarterly basis and a final report upon completion of the project, no later than July 31, 2028. MDH will provide feedback within 10 business days of receiving progress reports.

The reporting schedule will be:

Fiscal year 2026 (September 1, 2025 to June 30, 2026)

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Schedule will include modified expectations on the reporting and invoice schedule due to condensed period of performance.

Reporting period	Report type	Due date
Quarters 1 and 2: September 1 – December 31	Quarterly Fiscal Invoice and Program Progress Report	January 15
Quarter 3: January 1 – March 31	Quarterly Fiscal Invoice and Program Progress Report	April 15
Quarter 4: April 1 – June	Quarterly Fiscal Invoice and Program Progress Report	July 15

Fiscal year 2027 (July 1, 2026 to June 30, 2027)

Reporting period	Report type	Due date
Quarter 1: July 1 – September 30	Quarterly Fiscal Invoice and Program Progress Report	October 15
Quarter 2: October 1 – December 31	Quarterly Fiscal Invoice and Program Progress Report	January 15
Quarter 3: January 1 – March 31	Quarterly Fiscal Invoice and Program Progress Report	April 15
Quarter 4: April 1 – June 30	Quarterly Fiscal Invoice and Program Progress Report	July 15

Fiscal year 2028 (July 1, 2027 to June 30, 2028)

Reporting period	Report type	Due date
Quarter 1: July 1 – September 30	Quarterly Fiscal Invoice and Program Progress Report	October 15
Quarter 2: October 1 – December 31	Quarterly Fiscal Invoice and Program Progress Report	January 15
Quarter 3: January 1 – March 31	Quarterly Fiscal Invoice and Program Progress Report	April 15
Quarter 4: April 1 – June 30	Quarterly Fiscal Invoice and Final Report	July 30

Grant monitoring

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

(https://mn.gov/admin/assets/08%2010%20grants%20policy%20revision%20Dec%202016%20final_tcm36-265657.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

The monitoring schedule will be one in-person site monitoring visit during the grant period, monthly virtual check-ins, and one financial reconciliation of grantee's expenditures during the grant period. MDH reserves the right to conduct additional monitoring as needed.

Technical assistance

MDH staff will provide technical assistance and support to the grantee. In the first year, MDH will connect the grantee to IMPLICIT Network staff and assist in coordination of meetings with IMPLICIT Network staff. MDH will also coordinate logistics for the annual IMPLICIT Network training for clinic sites. MDH may also provide technical assistance with:

- REDCap database entry.
- Use of IMPLICIT clinic practice assessment and evaluation tools.
- Development of culturally-appropriate, trauma-informed educational materials for clinic sites.
- Facilitation of conversations with health partners throughout the state.
- Meeting coordination.
- Document and tool development.
- Communication tools with outside partners.
- Other support needs identified by grantee and approved by MDH.

Grant payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The grantor 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:

Fiscal year 2026 (September 1, 2025 to June 30, 2026):

Schedule will include modified expectations in the invoice due to the condensed period.

Reporting period	Report type	Due date
Quarters 1 and 2: September 1 – December 31	Fiscal invoice	January 15
Quarter 3: January 1 – March 31	Quarterly fiscal invoice	April 15
Quarter 4: April 1 – June	Quarterly fiscal invoice	July 15

Fiscal year 2027 (July 1, 2026 to June 30, 2027)

Reporting period	Report type	Due date
Quarter 1: July 1 – September 30	Quarterly fiscal invoice	October 15
Quarter 2: October 1 – December 31	Quarterly fiscal invoice	January 15
Quarter 3: January 1 – March 31	Quarterly fiscal invoice	April 15
Quarter 4: April 1 – June 30	Quarterly fiscal invoice	July 15

Fiscal Year 2028 (July 1, 2027 to June 30, 2028)

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Reporting Period	Report Type	Due Date
Quarter 1: July 1 – September 30	Quarterly fiscal invoice	October 15
Quarter 2: October 1 – December 31	Quarterly fiscal invoice	January 15
Quarter 3: January 1 – March 31	Quarterly fiscal invoice	April 15
Quarter 4: April 1 – June 30	Quarterly fiscal invoice	July 30

MDH will issue payment no later than 30 days after receipt of invoice.

2.5 Grant provisions

Affirmative action and non-discrimination requirements for all grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) [Minn. Stat. § 363A](#). The MHRA is enforced by the [Minnesota Department of Human Rights](https://mn.gov/mdhr) (<https://mn.gov/mdhr>). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

- 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.
- The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.
- The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.
- 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](#).

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.

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 Interest Disclosure form ([Attachment G](#)) 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.

Non-transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

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.

2.6 Review and selection process

Review process

Funding will be allocated through a competitive process with review by a committee representing internal reviewers with relevant professional experience. 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 be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on the attached score sheet ([Appendix F](#)).

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 pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy on Pre-Award Risk Assessment for Potential Grantees \(https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf\)](https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf).

Notification

MDH anticipates notifying all applicants via email of funding decisions by July 30, 2025.

RFP part 3: application and submission instructions

Notice of intent

Applicants are strongly encouraged to submit a non-binding Notice of Intent by 4:30 P.M. CST June 20, 2025. While prospective applicants are strongly encouraged to submit a Notice of Intent it is not a mandatory requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a Notice of Intent; likewise, an applicant is not obligated to submit an application just because they submitted a Notice of Intent.

Notices of Intent may be submitted by email to health.cyshn@state.mn.us. Please include “Notice of Intent to Apply for IMPLICIT Grant” in the subject line. In the Notice of Intent, include the following information:

- Name of main contact for application
- Individual, organization, or health center applying
- Address
- Phone number
- Email address

3.1 Application deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time, on July 11, 2025.

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.

Acknowledgement of application receipt. MDH will “reply all” to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact Karmen Dippmann, Karmen.Dippmann@state.mn.us, 651-503-2708 after that time frame for further instructions.

3.2 Application submission instructions

Applications must be submitted via Foundant no later than 4:30 p.m. Central Time, on July 11, 2025. You must submit all materials listed on the Application Checklist ([Appendix A](#)) for the application to be considered complete.

3.3 Application instructions

Please submit all materials listed on the Application Checklist ([Appendix A](#)) for the application to be considered complete. MDH requires application submissions to be made through the grant interface portal, [Foundant \(www.grantinterface.com/Home/Logon?urlkey=mdcfh\)](http://www.grantinterface.com/Home/Logon?urlkey=mdcfh).

New users: Please click on “Create New Account” to complete the registration process and create your logon credentials.

Existing users: Please enter your credentials and log in. If you forgot your password, use the “Forgot your Password?” link to the left on the logon screen to reset your password.

Not sure: If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Children and Youth with Special Health Needs staff at health.cyshn@state.mn.us for assistance.

Once in the system, click on the “apply” button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system. Select IMPLICIT Grant (September 2025 – June 2028).

Applications must include all required application materials. Do not provide documentation that is not requested in this RFP, as such information will not be considered or evaluated. 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. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, applicants warrant that the information provided is true, correct, and reliable for purposes of evaluation for a potential grant award. The inclusion of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject to suspension of grant activities or other remedies available by law. **All costs incurred in responding to this RFP will be borne by the applicant.**

3.4 Application forms

1. Grant applicant face sheet (online entry; not scored)

Applicants shall complete and submit [Appendix B: Grant Applicant Face Sheet](#) as part of their application. Basic information about the applicant entity is requested, including legal and business name (as entered in SWIFT), address, and tax identification. All applicants must identify the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter into a legally binding contract with the State. This information will be used for contracting purposes.

2. Project narrative (online entry/upload; scored)

Applicants shall complete and submit [Appendix C: Project Narrative](#) as part of their application. The project narrative describes community needs, gaps in services, and community-driven approaches to improve perinatal and/or infant health outcomes experienced by communities.

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3. Workplan (Word document/upload; scored)

Applicants shall complete and submit [Appendix D](#): Workplan template as part of their application. A template will be provided. Applicants can edit the workplan to adapt objectives and activities to meet the needs of their priority population, and if awarded, should submit a final workplan similar in scope. Activities may be added or adapted but not deleted. The work plan timeline must extend across the entire grant period.

The workplan must also include start and completion dates for all activities. The Workplan template is available within the RFP and can be found on [the IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

4. Budget details and justification (Excel Workbook/upload; scored)

Applicants shall complete and submit [Appendix E](#): Budget Details and Justification as part of their application. A budget template will be provided. The file must be submitted as an Excel Workbook; a PDF will not be reviewed.

The budget template is available with the RFP and can be found on [the IMPLICIT RFP webpage \(www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html\)](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

5. Supplemental documents (online entry/upload; not scored)

Applicants must submit the following supporting documents to be eligible for review:

- Applicant Conflict of Interest Form ([Appendix G](#))
- Due Diligence Form ([Appendix H](#))
- Indirect Cost Questionnaire ([Appendix I](#))

RFP part 4: appendices

- [Appendix A](#): Application Checklist
- [Appendix B](#): Grant Applicant Face Sheet
- [Appendix C](#): Project Narrative
- [Appendix D](#): Work Plan Template
- [Appendix E](#): Budget Details and Justification
- [Appendix F](#): Application Score Sheet
- [Appendix G: Conflict of Interest Form](#)
(www.health.state.mn.us/about/grants/coiapplicant.pdf)
- [Appendix H: Due Diligence Form](#) (www.health.state.mn.us/about/grants/duediligence.pdf)
- [Appendix I: Indirect Cost Questionnaire](#)
(www.health.state.mn.us/people/womeninfants/womenshealth/attachhindgst.pdf)
- [Appendix J](#): Background on IMPLICIT framework

Appendix A: application checklist

- Notice of Intent due by 4:30 p.m. (CST) on June 20, 2025. Submit email to health.cyshn@state.mn.us.
- SWIFT vendor account: All applicants must have a SWIFT vendor account. Please go to SWIFT, login and confirm that your organization's name, address, locations, banking information, phone numbers, and other contact information is correct. MDH strongly encourages applicants to initiate direct deposit. To access visit: [SWIFT Vendor Resources \(https://mn.gov/mmb/accounting/swift/vendor-resources/\)](https://mn.gov/mmb/accounting/swift/vendor-resources/)
- Copy of letter granting 501c3 status (not-for-profit applicants only)
- If applicant has tax exempt status from the Minnesota Department of Revenue, include a copy of exemption letter
- [Appendix B](#): Grant Applicant Face Sheet
- [Appendix C](#): Project Narrative
- [Appendix D](#): Work Plan
- [Appendix E](#): Budget Details and Justification
- Conflict of interest – Applicant (see [Appendix G](#))
- MDH Due Diligence (see [Appendix H](#))
- MDH Indirect Cost Questionnaire (see [Appendix I](#))

Appendix B: grant applicant face sheet

The following information must be entered into Foundant. By submitting the following information, respondent acknowledges the following:

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

General applicant information

- Applicant's Legal Name (do not use a "doing business as" name):
- This should be the same name used when a federal tax identification number was obtained.
- Applicant's Business Address (street, city, state, zip):
- Applicant's Minnesota Tax Identification Number:
- Applicant's Federal Tax Identification Number:
- SWIFT Vendor ID number (if you have one):

Director of applicant agency

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email:

Financial contact, or fiscal agent, for this grant

- Name of Financial Contact for this grant:
- Name of Fiscal Agent for this grant, if applicable:
- Phone Number:
- Email:

Contact person for the grant

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email

Requested funding

- Total Amount on Proposed Budget: \$
- Signature of Authorized Agent for Applicant
- Date of signature

Appendix C: project narrative

Agency information and capacity

1. Applicant information
 - a. Briefly summarize your agency's history and its current mission and goals and how they align with the goals of the IMPLICIT grant.
2. Organizational capacity
 - a. Briefly describe the administrative structure of your agency.
 - b. Describe programs and services currently offered by the applicant and the capacity to implement and measure quality improvement change in health systems.
 - c. Describe other key elements that show organizational capacity to implement and measure quality improvement change in health systems.
3. Organizational skills and knowledge
 - a. Describe the expertise, education/training (including certifications), and experience of key staff who will be working on the IMPLICIT project. Include information about skills and experience in project management, organization, facilitation, clinic systems change, working with diverse populations, and quality improvement.
 - b. Provide information about the financial and organizational infrastructure to manage funds, including subawards (i.e., subgrants and subcontracts)
4. Linkages and collaborations
 - a. The grantee must work with clinics in Minnesota and award subcontracts to implement the IMPLICIT toolkit in these settings. Describe your links and collaborative efforts to coordinate strategies and activities like the activities of this grant. In particular, highlight past collaborations with pediatric and family practice clinics.

Project description

1. Describe anticipated recruitment strategies with health clinics to pilot IMPLICIT, including securing a clinic champion to lead quality improvement changes.
2. Describe anticipated recruitment strategies with health clinics to ensure clientele are racially, geographically, and socioeconomically diverse from one another.
3. Full implementation of the IMPLICIT model takes an estimated 6-12 months. Outline the plan for facilitation of required trainings, coordination of monthly meetings, and support for implementation of IMPLICIT at each clinic site. Include how applicant will work with clinic staff on changes in practice (health records, time spent with patients), delivery of screening tools, and continuous quality improvement measurement.
4. Explain any potential barriers or challenges in implementing the IMPLICIT grant and how the applicant organization will work through those challenges.
5. Describe the plan to subcontract with clinics and/or the IMPLICIT Network technical assistance provider, including the roles and responsibilities for each party.

6. Describe the plan to implement sustainability planning for participating clinics throughout the grant period and following the grant period.

Appendix D: work plan template

The work plan template is available as a separate word document Appendix, Appendix D: Work Plan Template, found on the [grant webpage](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html) (www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html)

Please complete your work plan on this document and submit it as part of your application. Please note that the workplan timeline is for the entire grant period. The proposed project must include objectives, strategies, and activities to implement the IMPLICIT model.

The workplan should include the following:

- Description of each activity
- Timeline for each activity
- Key staff and partners involved for each activity
- Estimated number of people reached through each activity

Appendix E: budget details and justification

Introduction

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

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

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

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

For both category applicants, the budget narratives should provide a brief but sufficient explanation of how funds are proposed over grant period. Applicants are strongly encouraged to use the Microsoft Excel template provided on the [grant webpage](http://www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html) (www.health.state.mn.us/people/childrenyouth/cyshn/implicitrfp.html).

The Budget Template and Justification is a scored section for a total of 10 out of 100 points.

Salary and fringe

Grant funds can be used for salary and fringe benefits for staff members directly involved in applicant's proposed activities. For each proposed funded position, please list:

- Title.
- Full time equivalent (FTE) on this grant (see example below).
- Expected rate of pay.
- Total amount applicant expects to pay the position for the year.

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

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

EXAMPLE:

Public Health Nurse: \$30.40/hourly rate

x 2,080/annual hours (or whatever your agency annual standard is)

\$63,232 annual salary

Multiply annual salary by your agency's fringe rate:

\$63,232 annual salary

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

\$14,543 fringe amount

Provide the breakdown of what your fringe rate includes: 6.20% FICA

1.45% Medicare

3.00% Retirement

12.35% Insurance 23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

\$63,232 annual salary

+ \$14,543 fringe

\$77,775/annual salary and fringe total

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

\$77,775 annual salary and fringe total

x .50 FTE assigned to grant

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

Contractual services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. Applicants will be responsible for monitoring any subcontractors to ensure they are following all State, Federal, and programmatic regulations including proper accounting methods.

- Applicant responses must include:
- Description of services to be contracted.
- Anticipated contractor/consultant's name (if known) or selection process to be used.
- Length of time the services will be provided.
- Total amount to be paid to the contractor.

Travel

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

Non-tribal applicants:

Budget for travel costs (mileage, lodging, and meals) using the rates listed in the [State of Minnesota's Commissioner's Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp).

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

Mileage will be reimbursed at the current Internal Revenue Service (IRS) rate at the time of travel.

Tribal Nation applicants:

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

Consult the breakdown of the General Services Administration (GSA) [Meals and Incidental Expense Rates \(www.gsa.gov/travel/plan-a-trip/per-diem-rates/mie-breakdowns\)](http://www.gsa.gov/travel/plan-a-trip/per-diem-rates/mie-breakdowns) for current rates for Tribal Nations.

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

Supplies and expenses

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

Other

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

Indirect costs

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

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

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

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

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

- The CHS administrator's time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- A portion of secretarial/administrative support, accounting, human resources or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).

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- Printing and supplies that your accounting system is able to track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%. If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate.

Appendix F: application score sheet

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 scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Rating levels

Score	Description of rating
Excellent <i>or 5</i>	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
Very Good <i>or 4</i>	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
Good <i>or 3</i>	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
Marginal <i>or 2</i>	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory <i>or 1</i>	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

Scoring selection – scored up to 100 points

A. Proposal components	Possible points
Appendix C: Applicant Information	5
Appendix C: Organizational Capacity	10
Appendix C: Organizational Skills and Knowledge	15

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Appendix C: Linkages and Collaborations	10
Appendix C: Project Description	25
Appendix D: Workplan	25
Appendix E: Budget	10
Total	100 Points

Scoring sections

Appendix C: applicant information

Criteria	Score (1-5)
The applicant summarizes history, mission, and goals and how they align with the goals of the IMPLICIT grant.	
Total score points for this section:	

Appendix C: organizational capacity

Criteria	Score (1-5)
The applicant describes programs and services currently offered and the capacity to implement and measure quality improvement change in health systems. Capable of implementing statewide programming.	
The applicant describes other key elements that show organizational capacity to implement and measure quality improvement change in health systems.	
Total score points for this section:	

Appendix C: organizational skills and knowledge

Criteria	Score (1-5)
The applicant describes education/training (including certifications) and the expertise of key staff that will be working on the IMPLICIT grant, including skills and experience in clinic system change, working with diverse populations, and quality improvement.	

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The applicant describes information about skills and experience in project management, organization and facilitation of key staff that will be working on the IMPLICIT grant.	
The applicant provides information about the financial and organizational infrastructure to manage funds, including subawards.	
Total score points for this section:	

Appendix C: linkages and collaborations

Criteria	Score (1-5)
Applicant describes links and collaborative efforts to coordinate strategies and activities like the activities of this grant.	
Applicant describes past collaborations with pediatric and family practice clinics.	
Total score points for this section:	

Appendix C: project description

Criteria	Score (1-5)
The applicant describes of recruitment plan for clinic sites and plan for facilitation of required trainings, coordination of monthly meetings, and support for implementation of IMPLICIT at each clinic site.	
The applicant describes of anticipated barriers or challenges and plan to work through those challenges.	
The applicant describes anticipated recruitment strategies with health clinics to ensure clientele are racially, geographically, and socioeconomically diverse from one another	
The applicant describes a plan for subcontracting with clinics and/or the national IMPLICIT Network with clear roles and responsibilities outlined.	
The applicant describes plan for sustainability for implementing the model in participating clinics.	
Total score points for this section:	

Appendix D: workplan

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Criteria	Score (1-5)
Objectives/goals specific and appropriate, clear, and feasible for the project.	
Objectives address key activities and strategies of the IMPLICIT model in clinics.	
Activities/strategies appropriate, clear and feasible for the objectives.	
Objectives and activities outline the staff involved, external partners involved, expected timeline, and outputs.	
Timeline with the major milestones and roles for meeting the project requirements.	
Total score points for this section:	

Appendix E: budget

Criteria	Score (1-5)
Budget forms complete, accurate, and consistent with work plan.	
Reasonable, cost-effective and sufficient costs to accomplish the proposed activities.	
Total score points for this section:	

Appendix G: conflict of interest form

Refer to the [Conflict-of-Interest form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](http://www.health.state.mn.us/about/grants/coiapplicant.pdf).

Appendix H: due diligence form

Refer to the [due diligence form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](http://www.health.state.mn.us/about/grants/duediligence.pdf).

Appendix I: indirect cost questionnaire

Refer to the [indirect cost questionnaire \(www.health.state.mn.us/people/womeninfants/womentshealth/attachhindgst.pdf\)](http://www.health.state.mn.us/people/womeninfants/womentshealth/attachhindgst.pdf).

Appendix J: National IMPLICIT network background

Source: Stamper, J. (2019). IMPLICIT Network. Retrieved February 1, 2020 from www.fmec.net/implicit.

Mission

The **IMPLICIT** (Innovations for Maternal and Perinatal Care and Improvement) **Network**- An FMEC Collaborative is a family medicine maternal child health learning collaborative focused on improving care for women, infants, and families through faculty, resident, and student development and quality improvement. The Network develops, implements, evaluates, and optimizes innovative models of care focused on improving birth outcomes and the health of women, infants, and families. Initiatives include:

1. Development of the IMPLICIT Pregnancy model of improving prenatal care by providing education and promoting screening and intervention for evidenced-based risk factors.
2. Development of the IMPLICIT Interconception Care (ICC) model of screening women for smoking, depression, family planning, and multivitamin with folic acid intake during baby's well child visits at 0-24 months.

Origins and future plans

The Family Medicine Education Consortium (FMEC) is a not-for-profit organization designed to foster interest in family medicine among medical students in the Northeastern United States and to support the overall growth of the discipline of family medicine.

At the 2003 Northeast Regional FMEC Meeting in Pittsburgh, the idea of creating a network of family medicine residencies using continuous quality improvement (CQI) methods to collectively work to reduce the incidence of premature and low birth weight babies was launched. The following year, with seed funding provided by the National March of Dimes, the Network was formally created.

The Network has conducted ongoing evidence-based literature reviews and adjusted IMPLICIT Pregnancy and IMPLICIT ICC protocols based upon the best current evidence. Using results from these initiatives, the Network has collaborated to publish a variety of papers, as well as present models and outcomes at national meetings. The Network has grown beyond its initial geographical region of the Northeastern United States and its membership is no longer limited to family medicine residencies. The Network now includes practices in the South and engages a variety of primary care providers, including pediatricians.