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# MN New and Emerging School-Based Health Center Grant

grant request for proposal (RFP)

Minnesota Department of Health
Adolescent and School Health Unit

Maternal and Child Health Section

Community and Family Health Division

Health.Adolescenthealth@state.mn.us
<https://www.health.state.mn.us/people/childrenyouth/schoolhealth/healthctrs.html>

11/01/2023

To obtain this information in a different format, call: 651-539-3020.

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events. \*

*\*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council.*



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## RFP Part 1: Overview

### General Information

* **Announcement Title**: MN New and Emerging School-Based Health Centers Grant
* **Minnesota Department of Health (MDH) Program Website**: <https://www.health.state.mn.us/people/childrenyouth/schoolhealth/healthctrs.html>
* **Application Deadline**: December 27, 2023, 11:59pm

### Program Description

**Expansion of Minnesota school-based health centers.**

The Minnesota Department of Health (MDH) will administer a program to provide grants to school districts, sponsoring agencies, and school-based health centers to support existing centers and facilitate the growth of school-based health centers in Minnesota.

Grant funds shall be used to support new or existing school-based health centers that:

(1) operate in partnership with a school or school district and with the permission of the school or school district board;

(2) provide health services through a sponsoring organization that meets the requirements in subdivision 1 of MN Statute 145.903; and

(3) provide health services to all students and youth within a school or school district, regardless of ability to pay, insurance coverage, or immigration status, and in accordance with federal, state, and local law.

For purposes of this grant RFP, the following terms have the meanings given:

**"School-based health center"** or **"comprehensive school-based health center"** means a safety net health care delivery model that is located in or near a school facility and that offers comprehensive health care, including preventive and behavioral health services, provided by licensed and qualified health professionals in accordance with federal, state, and local law. When not located on school property, the school-based health center must have an established relationship with one or more schools in the community and operate to primarily serve those student groups.

**"Sponsoring organization"** means any of the following that operate a school-based health center:

(1) health care providers

(2) community clinics

(3) hospitals

(4) federally qualified health centers and look-alikes as defined in section 145.9269

(5) health care foundations or nonprofit organizations

(6) higher education institutions

(7) local health departments

It is expected that sponsoring organizations will have a school district partnership for location and service delivery. They also agree to work collaboratively with the MN Department of Health Adolescent and School Health Unit and the MN School-Based Health Alliance for the duration of the grant on program development and technical assistance and to participate in the SBHC Community of Practice with other clinics in Minnesota.

This 18-month grant provides funding to organizations who are planning to open and operate one or more new SBHC sites. The grant provides up to two years of funding to assess the need for a new SBHC site, establish community support, identify, and secure operating partners, and open an operating SBHC site.

### 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.

This is a competitive grant with a total estimated $500,000 for grant period one January 2024- June 30, 2024, and an estimated $1,000,000 for grant period two July 1, 2024- June 30, 2025.

|  |  |  |
| --- | --- | --- |
| Funding | Funding Period 1January 2024 – June 30, 2024 | Funding Period 2July 1, 2024 – June 30, 2025 |
| Estimated Amount to Grant |  $500,000 | $1,000,000 |
| Estimated Number of Awards | 5 | 5 |
| Estimated Award Maximum |  $100,000 | $200,000 |
| Estimated Award Minimum | $50,000 | $100,000 |

#### Match Requirement

There is no match requirement for this grant.

**Future Funding**

**Ongoing future funding will be made available to competitively apply for prior to the end of the second grant period.**

## Project Dates

January 15, 2024- June 30, 2025

The estimated grant start date is January 15, 2024, and the projected end date is June 30, 2025, with the possibility to extend funding for two additional years. The grant period is for 18 months, contingent on satisfactory grantee performance and funding availability and split into two budget periods: budget period one: January 2024 – June 30, 2024, and budget period two: July 1, 2024 – June 30, 2025. The amount of money available at any point is subject to any changes made by the state legislature.

### Eligible Applicants

Eligible applicants must meet the above definition of a school-based health center and are supported by a qualifying sponsoring agency as described in section 1.2. The goal of this grant program is to facilitate the growth of school-based health centers through establishing new or expanding existing SBHCs in Minnesota. Successful applicants will be working toward opening a new SBHC in their district, or expanding their existing SBHC clinics locations to new sites.

**School-based health center services.**

Services provided by a school-based health center may include but are not limited to:

(1) Preventive health care

(2) Chronic medical condition management, including diabetes and asthma care

(3) Mental health care and crisis management

(4) Acute care for illness and injury

(5) Oral health care

(6) Vision care

(7) Nutritional counseling

(8) Reproductive health care

(9) Substance abuse counseling

(10) Referral to a specialist, medical home, or hospital for care

(11) Additional services that address social determinants of health

(12) Emerging services such as mobile health and telehealth

Services provided by a school-based health center must not replace the daily student support provided in the school by educational student service providers, including but not limited to licensed school nurses, educational psychologists, school social workers, and school counselors. Clinics will provide health services to all students and youth within a school or school district, regardless of ability to pay, insurance coverage, or immigration status, and in accordance with federal, state, and local law.

#### Collaboration

Collaboration between organizations is required and must be clearly described in Form C Project Narrative. It is expected that sponsoring organizations will have a school district that they are collaborating with for location and service delivery. They also agree to work collaboratively with the MN Department of Health Adolescent and School Health Unit and the MN School-Based Health Alliance for the duration of the grant on program development, technical assistance, and participation in the SBHC Community of Practice with other clinics in Minnesota.

###  Questions and Answers

All questions regarding this RFP must be submitted by email to Health.AdolescentHealth@state.mn.us. All answers will be posted within two business days at <https://www.health.state.mn.us/people/childrenyouth/schoolhealth/healthctrs.html> Please submit questions no later than 11:59 p.m. Central Standard Time (CST), on December 20, 2023.

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

## RFP Part 2: Program Details

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

The purpose of this grant is to award school districts and SBHCs grant funds to support the growth and expansion of existing centers and facilitate the growth of school-based health centers in Minnesota.

Grant funds shall be used to support new or existing school-based health centers that:

(1) Operate in partnership with a school or school district and with the permission of the school or school district board;

(2) Provide health services through a sponsoring organization that meets the requirements in subdivision 1 of MN Statute 145.903 outlined above in section 1.2 of this RFP; and

(3) Provide health services to all students and youth within a school or school district, regardless of ability to pay, insurance coverage, or immigration status, and in accordance with federal, state, and local law.

This grant will serve students within a school or school district experiencing health disparities such as:

* Poverty
* Racial and ethnic discrimination
* Gender identity discrimination
* Sexual orientation discrimination
* Disability status
* Lack of insurance, or transportation
* Geographic location
* Language
* Age
* Concerns about confidentiality
* Lack of insurance
* Lack of transportation

Grant outcomes will include:

* New clinic site(s) for an existing SBHC sponsoring organization.
* New or emerging SBHC districts or sponsoring organizations would complete tasks needed to establish a new SBHC. These include, but are not limited to a readiness assessment, evaluation plan, location exploration, team formation and business development plan.
* At end of the project, clinics will be serving students.

### Eligible Projects

The SBHC Grant Program, as defined in state statute, provides grants to establish new SBHCs. Eligible projects include tasks for emerging clinics and districts that are in either the exploration or implementation phase. Grant funds can be used for the following activities, but are not limited to the following:

* Assessing the need for a SBHC site working with and using the MN School-Based Health Alliance’s Readiness Assessment, Needs Statement and Business Plan tools.
* Developing strategic priorities that align with the [National School-Based Health Centers Core Competencies (https://www.sbh4all.org/resources/core-competencies/)](https://www.sbh4all.org/resources/core-competencies/)
* Committing to opening and operating the new SBHC site within two years.
* Exploring and/or implementing billing practices.
* Implementing the renovation and/or construction plan.
* Developing an operation plan including hours of operating, staffing details, and services provided.
* Finalizing agreements with organizations that will provide services and support the new SBHC site.
* Implementing the outreach plan to enroll children and youth as SBHC site users.
* Developing a plan to offset the cost of uncompensated care due to start-up costs and staffing or uninsured patients.
* Covering initial staffing costs in early implementation phase.
* Purchasing small equipment, furnishings, and supplies for clinic.

All grantees will agree to the following grant requirements:

1. Work collaboratively with the MN School- Based Health Alliance and the MN Department of Health.
2. Participate in monthly Community of Practice forums.
3. Submit clinic data to the following portals once clinic is open to students:
* **Locations and Services Log** - registers SBHC locations and documents services provided at each SBHC in MN.
* [**Quality Counts (https://data.sbh4all.org/sbhadb/nqi\_portal.php)**](https://data.sbh4all.org/sbhadb/nqi_portal.php) - measures outcomes for students cared for in SBHCs across U.S.
* [**National Census (https://www.sbh4all.org/what-we-do/school-based-health-care/national-census-of-school-based-health-centers/)**](https://www.sbh4all.org/what-we-do/school-based-health-care/national-census-of-school-based-health-centers/) - collects data on SBHC services across the U.S.
* [**Costs of Care (https://www.sbh4all.org/what-we-do/school-based-health-care/national-census-of-school-based-health-centers/)**](https://www.health.state.mn.us/data/economics/chartbook/summaries/section1summaries.html) - estimates medical costs associated with care provided in SBHCs across MN and reports these costs to the MN Department of Health.

#### 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 funds used to purchase any individual piece of equipment that costs more than $5,000, or for major capital improvements to property must follow the Contracting and Bidding Requirements outlined in section 2.4 of this RFP.

For a more complete list of expenses ineligible expense, please refer to Appendix C: Eligible and Ineligible Expenses for Grants.

### 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. 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 (www.health.state.mn.us)](https://www.health.state.mn.us/about/grants/resources.html) can be found on the MDH website. Applicantsshould 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.

#### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit electronic progress reports. Reports will be due bi-annually until all grant funds have been expended and all the terms in the grant agreement have been met.

Grantees are required to work with the MN School-Based Health Alliance and report on the following measures annually once clinics are open:

* **Locations and Services Log** - registers SBHC locations and documents services provided at each SBHC in MN.
* [**Quality Counts (https://data.sbh4all.org/sbhadb/nqi\_portal.php)**](https://data.sbh4all.org/sbhadb/nqi_portal.php) - National School-Based Health Alliance measures outcomes for students cared for in SBHCs across U.S.
* [**National Census (https://www.sbh4all.org/reports-and-data/)**](https://www.sbh4all.org/reports-and-data/)- collects data on SBHC services across the U.S.
* [**Costs of Care (https://www.health.state.mn.us/data/economics/chartbook/summaries/section1summaries.html)**](https://www.health.state.mn.us/data/economics/chartbook/summaries/section1summaries.html) - estimates medical costs associated with care provided in SBHCs across MN and reports these costs to the MN Department of Health.

#### Grant Monitoring

Based on [Minn. Stat. § 16B.97](https://www.revisor.mn.gov/statutes/?id=16B.97) and [Policy on Grant Monitoring](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

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

#### Technical Assistance

#### MDH SBHC Grant Manager will provide grantees technical assistance to support and to meet their grant objectives. Grantees will also work with the MN School-Based Health Alliance for support on program development, technical assistance and participate in the SBHC Community of Practice with other clinics in Minnesota.

#### Grant Payments

Per [State Policy on Grant Payments](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

Invoicing and payment schedule will be monthly unless the grantee receives approval from MDH for quarterly invoicing.

### Grant Provisions

**Contracting and Bidding Requirements**

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

1. 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.
2. 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.
3. 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.
4. 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 (<http://www.mmd.admin.state.mn.us/process/search>);
	* 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>).
5. 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.
6. 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.
7. 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.
1. 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.
2. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: <http://www.mmd.admin.state.mn.us/debarredreport.asp>.

#### Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat.§ 16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98) and the Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.”

**Applicants must complete the Applicant Conflict of Disclosure form (Form H) 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 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](https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/13/full)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the 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](https://www.revisor.mn.gov/statutes/?id=16B.98), subd. 8, the grantee’s books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

#### Affirmative Action and Non-Discrimination Requirements for all Grantees

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

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

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.

### Review and Selection Process

#### Review Process

Funding will be allocated through a competitive process with review by a committee representing MDH staff, staff from state agencies, and individuals from other organizations that represent a broad range of professionals with experience in program planning and project management, knowledge of school health services, clinic experience, adolescent development, schools, and experience with grant writing and reviewing grants. Reviewers will be required to identify any conflicts of interest and steps will be taken to mitigate the conflict or the reviewer will not review an application if a conflict is identified. 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 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 5-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

This is a competitive grant application. The scoring factors and weight that applications will be judged on can be found in Appendix A: Criteria for Scoring Applications.

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

#### Grantee Past Performance and Due Diligence Review Process

* It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
* State policy requires states to conduct a financial review prior to a grant award made of $25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations.](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf)

#### Notification

MDH anticipates notifying all applicants via email of funding decisions by January 9, 2024.

## RFP Part 3: Application and Submission Instructions

### Application Deadline

|  |  |
| --- | --- |
| **Application Due Date** | **Application Submission** |
| December 27, 2023, no later than 11:59 p.m. CST | Email to Health.AdolescentHealth@state.mn.us  |

**All applications must be received by MDH no later than 11:59 p.m. Central Time (CST), on December 27, 2023.**

**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 computer or technology problems. The applicant will incur all costs incurred in applying to this RFP.

### Application Submission Instructions

Applications must be submitted via email to: Health.AdolescentHealth@state.mn.us.

### Application Instructions

You must submit the following forms in the order listed below for the application to be considered complete:

* Form A: Application Face Sheet
* Form B: Grant Application Checklist
* Form C: Project Narrative
* Form D: Budget Justification
* Form E: Budget Summary
* Form F: Due Diligence
* Form G: Indirect Cost Questionnaire
* Form H: Disclosure of Conflicts of Interest
* Copy of letter granting 501(c)(3) status -**For non-profits only**

Please use 11-point font, single spaced

* Incomplete applications will 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.**

Form A: Application Face Sheet

***General Applicant Information***

Applicant Legal Name (do not use a “doing business as” name, must match what is in SWIFT if a current vendor):

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

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

**Director of Applicant Agency Information**

Name:

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

Phone Numbers:

Email:

***Financial Contact for this Application***

Name:

Phone Numbers:

Email:

***Contact Person for this Application:***

Name:

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

Email:

***Requested Funding***

Total Amount Requested $

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

Signature of Authorized Agent for Applicant:

Date of Signature:

Form B: Submission Guidelines and Application Checklist

**Submission Guidelines**

☐ Please submit everything in the required order – see Application Checklist, below.

☐ Project Narrative: 11-point font, single spaced.

☐ The application should be submitted as a Microsoft Word document.

☐ Non-Profits should submit an IRS 990 or Financial Audit as separate attachments from the other Forms.

**Application Checklist**

☐ **Current/previous grantees with the State of MN**: Log into SWIFT

<https://mn.gov/mmb/accounting/swift/> and confirm that the following information is correct and up to date for your organization: name, address, locations, banking information, phone numbers, and other contact information. If applicant is using a fiscal agent, it must be stated on the Face Sheet. A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds, that has authority to sign the grant agreement. A fiscal agency is a different entity than the entity that will actually perform the work/grantee’s duties.

☐ **New grantees with the State of MN**: Instructions to set up a SWIFT account can be found on the

[SWIFT Quick Reference Guide (mn.gov).](https://mn.gov/mmb-stat/documents/swift/training/trainingguides/swift-sup-portal-register-as-supplier.pdf)

☐ Form A: Application Face Sheet

**The information you provide on the Face Sheet must match the information in SWIFT, and form must be signed.**

☐ Form B: Grant Application Checklist

☐ Form C: Project Narrative

☐ Form D: Budget Justification

☐ Form E: Budget Summary

☐ Form F: Due Diligence

☐ Form G: Indirect Cost Questionnaire

☐ Form H: Disclosure of Conflicts of Interest

☐ Copy of letter granting 501(c)(3) status -**For non-profits only**

Form C: Project Narrative

**Overview**

Describe how you will use the New and Emerging SBHC funding and your agency’s capacity to effectively provide SBHC services with your targeted populations.

Remember, SBHC services must provide care that:

(1) Operates in partnership with a school or school district and with the permission of the school or school district board;

(2) Provides health services through a sponsoring organization that meets the requirements in subdivision 1 of MN Statute 145.903;

(3) Provides health services to all students and youth within a school or school district, regardless of ability to pay, insurance coverage, or immigration status, and in accordance with federal, state, and local law; and

(4) Has a plan for addressing uncompensated care for insured patients, including Medicaid, and explaining how billing will be maximized.

**Organizational Capacity to Support SBHC Services**

**Your Organization’s Background**

Briefly describe your organization and tell why it will be successful with SBHC work. Question

|  |  |
| --- | --- |
| **QUESTION** | **REPONSE** |
| What is your organization’s history, current mission, and goals?  |  |
| What is your organization’s administrative structure?  |  |
| How is your Board reflective in their makeup of the priority populations you are serving? |  |
| Briefly describe your organization and tell why it will be successful with SBHC work. |  |
| What is your organization’s experience managing grants?  |  |

**Project Narrative**

Describe your project in detail.

|  |  |
| --- | --- |
| Question | Response |
| What are the goals and objectives for your project (please include a timeline)? |  |
| What geographic area is being served? |  |
| Describe the student population/or greater population to be served. |  |
| Briefly describe your collaborating partners for opening or expanding a SBHC. |  |
| Describe your needs assessment and identify any unmet needs, gaps or barriers and explain how having a SBHC in this community would address these gaps.  |  |
| Please include a copy of a projected logic model for this project |  |

Form D: Budget Justification – Instructions

#### Introduction

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

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

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

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

You are required to complete a Budget Justification form for each time period listed below:

Funding Period 1: January 15, 2024- June 30, 2024

Funding Period 2: July 1, 2024- June 30, 2025

#### Salary and Fringe:

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

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

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

**EXAMPLE:**

Public Health Nurse: $30.40/hourly rate

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

$63,232 annual salary

Multiply annual salary by your agency’s fringe rate:

$63,232 annual salary

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

$14,543 fringe amount

Provide the breakdown of what your fringe rate includes:

6.20% FICA

1.45% Medicare

3.00% Retirement

12.35% Insurance

23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

$63,232 annual salary

+$14,543 fringe

$77,775/annual salary and fringe total

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

$77,775 annual salary and fringe total

X .50 FTE assigned to grant

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

#### Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. 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; and
* 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-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf).](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 IRS rate at the time of travel.

**Tribal Nation applicants:**

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

Consult the breakdown of the current [Meals and Incidental Expense (M&IE) rates (https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown)](https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown) 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 need to follow the Contracting and Bidding Requirements outlined in section 2.4 of this RFP for purchases of 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 cash assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the “Other” line should represent the appropriate fair share to the grant.

#### Indirect Costs

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

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

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

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

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

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

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

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

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

#### Budget Justification

**Please complete a separate budget justification and budget summary for budget period one: January 2024 – June 30, 2024, and budget period two: July 1, 2024 – June 30, 2025.**

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period:       to

#### Salary and Fringe

For each proposed funded position, list the title, the full time equivalent based on 2,080 hour/year, the expected rate of pay, fringe rate (%), total annual salary and fringe, and the percent of each position being charged to the grant. Failure to provide the requested detail for each position may result in a delayed grant agreement. Please refer to page 23 for an example of how to show the salary/fringe expenses. Be sure to include a breakdown of your fringe benefit costs in the specified area below.

*Justification:*

Fringe Benefits Breakdown:

**Total Salary and Fringe Requested $**

#### Travel

Explain the expected instate travel costs, including mileage, parking, lodging, and meals. If program staff will travel, itemize the costs, frequency, and nature of the travel. Be sure to use the current IRS mileage rate and the appropriate meal amounts referenced on pages 24-25.

*Justification:*

1. **Total Travel Requested $**

#### Supplies and Expenses

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

*Justification:*

**Total Supplies and Expenses Requested $**

#### Contractual

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

*Justification:*

1. **Total Contractual Requested $**

#### 5. Other

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

*Justification:*

**Total Other Requested $**

#### Subtotal

Add up the totals for lines 1 through 5.

**Subtotal $**

#### Indirect

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

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

#### Total

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

**Total $**

### Form E: Budget Summary

**Please complete a separate budget justification and budget summary for budget period one: January 2024 – June 30, 2024, and budget period two: July 1, 2024 – June 30, 2025.**

*Applicant information*

Applicant Agency:

Contact Person for Budgets:

Phone number:

Email address:

Budget Period:       to

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

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

**Line Item** **Amount**

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

Form F: Due Diligence Form

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

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

|  |  |
| --- | --- |
| Organization | Information |
| 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?

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

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

[ ]  No (3 points)[ ]  Yes, an internal staff member (0 points)[ ]  Yes, a contracted third party (0 points) |  |
| Section 1 Point Total |  |

Section 2: To be completed by all organization types

|  |  |
| --- | --- |
| Section 2: Systems and Oversight | Points |
| 1. Does your organization have internal controls in place that require approval before funds can be expended?

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

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

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

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

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

Section 3: To be completed by all organization types

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

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

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

☐ No (0 points) – If no, skip to question 12 ☐ Yes (3 points) – If yes, answer question 11A  |  |

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

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

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 |
| 1. Does your nonprofit have tax-exempt status from the IRS?

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

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

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

### Signature

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

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

Form G: Indirect Cost Questionnaire

**Background**

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs are a portion of any grant awarded, not in addition to the grant award. Please refer to pages 30-31 for more detailed information on indirect costs.

**Instructions**

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

1. Name of applicant agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you requesting an indirect rate?

☐ Yes

☐ No

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

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

☐ Yes, but requesting a rate different from our Federally approved rate.

☐ No – Please continue completing the rest of this form.

4. Non-federal indirect rate being requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Up to 10% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per 2 CFR Part § 200.332 (ecfr.gov)- Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.5. Please list the expenses included in your indirect cost pool below or attach a copy of your current indirect cost allocation plan to this form.

Form H: Disclosure of Conflicts of Interest

You can access and download the [Applicant Conflict of Interest Disclosure Form](https://www.health.state.mn.us/about/grants/coiapplicant.pdf) (www.health.state.mn.us) on the MDH website.

### RFP Part 4: Appendices

* Appendix A: Criteria for Scoring
* Appendix B: Budget Instructions
* Appendix C: Eligible and Ineligible Expenses for Grants

###

Appendix A: Criteria for Scoring

A numerical scoring system will be used to evaluate eligible applications. Reviewers are also encouraged to provide comments along with their scores. 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.

**Point System**

 5 points: Excellent

 4 points: Very Good

 3 points: Good

 2 points: Somewhat poor

 1 point: Poor

**Section 1 – Organizational Capacity**

|  |
| --- |
| Section 1 – Organizational Capacity  |
| Past and/or current fiscal performance  |
| Past and/or current programmatic performance  |
| Ability to collaborate with other agencies  |
| Cultural competency / linguistic competency  |
| Ability to address health equity |
| Does the applicant have the capacity to address the proposed project objectives  |
| Facilities – is proposed location / building sufficient for project |

**Section 2 –Project Narrative**

|  |
| --- |
| Section 2 –Project Narrative  |
| Goals and objectives |
| Collaboration descriptions |
| Target populations |
| Geographical area targeted |
| Describe the students and/ or greater population served  |
| Describe the gaps or barriers that having a SBHC in this community would address |
| Logic models |
| Timelines |
| Unmet need / needs assessments |

**Section 3 – Budget and Budget Justification**

|  |
| --- |
| Section 3 – Budget and Budget Justification  |
| Due Diligence Review Form  |
| Accuracy of proposed budget |
| Detailed budget narrative |
| Budget narrative is consistent with the proposed objectives  |

**Section 4 – Diversity in Grant Making**

|  |
| --- |
| Section 4 – Diversity in Grant Making  |
| Cultural competency / linguistic competency  |
| Ability to address health equity  |
| Collaboration descriptions  |
| Target populations  |
| Unmet need / needs assessments |
| Geographical area targeted  |

**Section 5 – Program Specific Section**

|  |
| --- |
| Section 5 – Program Specific Section  |
| Meet the criteria of a SBHC in MN per statute definition |
| Plan for meeting uncompensated patients |
| Partnerships and Collaborations |
|  |

Appendix B: Budget Instructions

**Budget Overview**

**Budget Periods: January 15, 2024, to June 30, 2024, and July 1, 2024, to June 30, 2025.**

Before writing the budget, consider the specific activities planned and the resources (staffing, supplies, equipment, etc.) needed to conduct those activities. Are there resources already available? Are there resources that need to be purchased? Which items will need to be replaced during the grant period? Consider the skills needed to carry out the grant activity and comply with any requirements, particularly the financial aspect of the grant.

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

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

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

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

**Salary and Fringe:**

For each proposed funded position, indicate:

 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

 Brief description of what role the position will play in providing SBHC services (1

* sentence)

Grant funds can be used for salary and fringe benefits for staff members directly involved in applicant’s proposed activities. Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation.

Who can be included in Salary and Fringe:

 Staff members directly providing a service

 Administrators overseeing program implementation

 Accounting, IT, and human resources staff

Any salaries from the administrative support, accounting, human resources, or IT support, MUST be supported by some type of time tracking 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.

The following are examples of administrative costs that could 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).

**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 the following:

 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.

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.

**Tribal Nation Applicants**

Budget for travel costs (mileage, lodging, and meals) using the Per Diem Rates by the Government Services Administration (GSA) (www.gsa.gov). Current lodging amounts and meal reimbursement rates vary depending on where the travel occurs in Minnesota.

Consult the breakdown of the current Meals and Incidental Expense (M&IE) rates (www.gsa.gov).

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

**Non-Tribal Applicants**

Budget for travel costs (mileage, lodging, and meals) using the rates listed in State of Minnesota's Commissioner Plan (mn.gov).

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

Mileage will be reimbursed at the current IRS rate at the time of travel. (65.5 cents per mile for miles driven during 2023)

**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 need to follow the Contracting and Bidding Requirements outlined in section 2.4 of this RFP for purchases of 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**

This can include volunteers actively involved in grant activities.

**Food and Beverage Costs**

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

 Food can only be provided if the majority of the attendees are non-grantee staff.

 Grant funds may not be used to provide food for award dinners, grant project celebrations or parties, etc.

 If meals are provided, the following limits as stated in the State of Minnesota's Commissioner Plan (mn.gov).

**Incentives**

Incentives are items purchased with grant funds and used to encourage participating in the specific grant program in order for the grantee to adequately fulfill the goals and objectives of the grant program. Incentives may include gift cards or specific items.

Incentives may be in various forms, including but not limited to, pre-paid gift cards, water bottles, stress balls, give-away items, and other reasonable items that can be associated with the programmatic goals and objectives of the project. Pre-paid gift cards are the same as having cash on hand and must be treated as such.

The costs of incentives are to be reasonable and in compliance with any grant agreement restrictions, terms, and conditions. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Applicants proposing activities that involve the distribution use of incentives for program participation must include the costs for purchasing incentives in the “Other” line of the budget and follow the guidelines stated below.

Applicants must adhere to the following rules regarding incentives:

 In order for the expense of incentives to be reimbursable, the applicant must:

 Address the use of incentives in the text of the RFP application

 Account for the incentives in the “Other” line of the budget justification form

 Obtain MDH’s approval of the budget justification that includes the incentives

 Incentives must be distributed in the funding year in which they are purchased.

 Incentives must be kept in a secure locked location at all times (ex: locked drawer, locked cabinet).

 The applicant/grantee must track which client/participant received the incentive and the dollar value of that incentive. Applicants/grantees must ensure data privacy when tracking the distribution of 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 (CHB) or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.

 The CHBs accounting system does not allow community health services (CHS) administrator’s time to be directly attributed to specific grant activities.

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

The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%.

**If you will use a Federally Negotiated Indirect Cost Rate, submit your most current federally approved indirect rate with your application.**

Appendix C: Eligible and Ineligible Expenses for Grants

The following describes what expenses are eligible for reimbursement in a grant.

Grant funds need to follow the Contracting and Bidding Requirements outlined in section 2.4 of this RFP for purchases of any individual piece of equipment that costs more than $5,000, or for major capital improvements to property.

**Eligible Expenses**

 Program planning

 Program implementation

 Program evaluation

 Program management

 Staff professional development

**Ineligible Expenses**

 Fundraising

 Taxes, except sales tax on goods and services

 Lobbying, lobbyists, political contributions

 Bad debts, late payment feeds, finance charges or contingency funds

 Cash assistance paid directly to individuals to meet their personal or family need

 Cash payments to participants (incentives must be non-cash)

 Any cost not directly related to the grant

 Purchase of vehicle(s) for program use