



Increasing Access to Newborn Hearing and Pulse Oximetry Screening in Out-of-Hospital Births

GRANT REQUEST FOR PROPOSAL (RFP)

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Date: 3/9/2026

To obtain this information in a different format, call: 651-201-5466.

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Increasing Access to Newborn Hearing and Pulse Oximetry Screening for Out-of-Hospital Births
- **Minnesota Department of Health (MDH) Program Website:** [Newborn Screening Program Information: Announcements](#)
- **Application Deadline:** 4/10/2026

1.2 Program Description

Approximately 220 children are identified as deaf and hard of hearing (DHH) each year in Minnesota. The goal of Minnesota's Early Hearing Detection and Intervention (EHDI) Program is to identify all infants and children who are DHH as early as possible and connect those children/families to timely and appropriate services to maximize their linguistic and communicative competence, literacy and social/emotional development.

Newborn hearing screening in Minnesota became mandated in 2007. See [Minnesota Statute 144.966](#). The goal is for all newborns to receive a hearing screen by 1 month of age. All health professionals attending a birth outside of a hospital are required to provide both oral and written information to parents about the importance of hearing screening and where they can have their infant screened. There were 1,823 out-of-hospital births in Minnesota in 2022. Out-of-Hospital birth providers who are trained as hearing screeners and have full access to equipment for screen infants can offer the newborn hearing screen instead of having to refer clients elsewhere or delaying the screen due to limited access.

Pulse oximetry screening is performed shortly after birth. Babies found with Critical Congenital Heart Disease (CCHD) are sometimes sent home without care because they appear healthy. At home, these babies can develop serious health problems and often require emergency care. If CCHD is detected early, however, infants can be treated and lead healthier lives.

Pulse oximetry screening in Minnesota became mandated in 2013. See [Minnesota Statute 144.1251](#). The goal is for all newborns to receive a screening for congenital heart disease at 24 hours of age or before discharge. Out-of-Hospital birth providers with access to pulse oximetry devices can provide this important screening.

The purpose of this funding is for out-of-hospital birth providers to purchase portable hearing and/or pulse oximetry screening equipment that may be used in the home as well as at out-of-hospital birth sites to increase access to hearing screening before 1 month of age and pulse oximetry screening at 24 hours of age. The expected outcome of this program is to increase the rate of hearing and pulse oximetry screening that occurs for infants who are born in out-of-hospital or community-based settings.

Successful applicants will propose a plan to provide timely newborn hearing and/or pulse oximetry screening for out-of-hospital births in multiple localities, serving many infants, and/or providing services in underserved communities in Minnesota, with an effective sustainability plan.

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The contents of this RFP are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Funding

This project is supported by an award from Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) totaling \$344,991; award number 5 H4NMC49264-03-00.

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

Funding availability is anticipated for 05/1/2026- 06/30/2026 contingent upon federal appropriations. It is suggested that these instructions and a copy of the Criteria for Scoring Applications (Attachment A), be examined prior to writing the application.

Funding: anticipated May 1, 2026– June 30,2026	Estimate
Estimated Amount to Grant	\$7,000.00 per hearing screening equipment \$600.00 per Pulse Oximetry equipment
Estimated Number of Awards	15 hearing screening equipment Awards 15 Pulse Oximetry equipment awards
Estimated Award Maximum	\$7,600.00
Estimated Award Minimum	\$600.00

Match Requirement

There are no match requirements for this grant.

1.3 Eligible Applicants

- Licensed Midwives practicing in Minnesota
- Nonprofit Organizations whose members are providers for out-of-hospital births

Mandatory requirements for applicants include adhering to Minn. Stat. § 144.966 and/or Minn. Stat. § 144.1251; requiring the screening, communication, and reporting of results to parents, primary care providers, and MDH.

Grant funds are not transferable 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.

Collaboration

Multi-organization collaboration is not allowed.

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1.4 Questions and Answers

All questions regarding this RFP must be submitted by email to health.newbornscreening@state.mn.us. All answers will be posted within five business days on MDH's Newborn Screening Program Information webpage: [Announcements page](#).

Please submit questions no later than 4:30 p.m. Central Time (CT), on Monday March 30, 2026.

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

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

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

This grant will serve:

- Infants born out-of-hospital in Minnesota.
- Geographic diversity within and across Minnesota – including greater MN, urban/metro.
- Racial and ethnic diversity within and across Minnesota - including greater MN, urban/metro.

Grant outcomes will include:

- Distribution/utilization of hearing and/or pulse oximetry screening equipment around the State of Minnesota to make hearing screening and pulse oximetry screening is accessible to the largest proportion of out-of-hospital birthed babies.
- Sustainability planning to continue hearing and/or pulse oximetry screening in out-of-hospital births after the funding period ends.
- Track proportion of infants in coverage area who receive hearing and pulse oximetry screening by their out-of-hospital birth provider.

2.2 Eligible Projects

Grantees will be required to do the following:

1. Purchase appropriate and portable hearing and/or pulse oximetry equipment and supplies before the end of each fiscal period of funding.
2. Plan for distribution/utilization of hearing and/or pulse oximetry screening equipment around the State of Minnesota to make hearing screening accessible to the largest proportion of out-of-hospital birthed babies.
3. Require that any out-of-hospital birth provider conducting hearing and/or pulse oximetry screenings attend manufacturer/audiologist led training on the screening equipment. Complete initial equipment training with equipment company for providers using equipment.
4. For Nonprofit organizations, distribute hearing and pulse oximetry screening equipment to out-of-hospital birth providers identified in distribution/utilization plan and obtain signed user agreement.

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5. Establish a plan for maintenance and upkeep of the hearing and pulse oximetry screening equipment, including annual calibrations, and purchasing supplies.
6. Establish a plan for replacement of hearing (expected average lifespan for hearing screening device is 7-10years) and/or pulse oximetry screening equipment and out-of-hospital birth hearing and/or pulse oximetry screening program.

Ineligible Expenses

Unallowable costs are expenditures on which grant funds cannot be used. MDH does have the right to disallow expenditures if grantees do not obtain prior approval. The MDH Grant Manager will be reviewing invoices and reserves the right to question and/or take action for inappropriate uses of funds. The following list of unallowable uses of grant funds include but are not limited to the following.

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Alcohol or any illegal substance
- Any cost not directly related to the grant and its approved work plan and budget
- Bad debts
- Capital improvements
- Cash assistance paid directly to individuals to meet their personal or family needs
- Contingencies
- Contributions or donations
- Costs incurred prior to or after the grant award (unless otherwise indicated)
- Direct patient medical services or care
- Fines and penalties
- Gifts for staff
- Goods or services for personal use
- Grant writing
- Interest
- Lobbying at the federal or state level
- Losses on agreements or contracts
- Memberships to clubs, camps, fitness centers and similar groups
- Mischarging costs
- Personal electronic devices, such as Smart phones, iPhones, iPads, etc.
- Political campaigns on behalf of, or in opposition to, any candidate for public office
- Raffles
- Research
- Scholarships (e.g. camp fees and scholarships for individuals to participate in events)
- Staff meals (except during approved travel, or approved events where

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- majority of participants are non-grantee staff)
- Supplanting of funds from other sources
- Transportation (except during approved travel)
- Treatment of a disease or disability

2.3 Grant Management Responsibilities

Grant Agreement

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

No work on grant activities can begin until a fully executed grant agreement is in place and MDH'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 the terms in the grant agreement have been met.

The reporting schedule will be: A progress report in MDH-approved format will be due 20 days following the end of each fiscal period.

Technical Assistance

MDH staff will provide technical assistance to grantees about newborn hearing and pulse oximetry screening procedures and public health reporting requirements.

Grant Payments

Per [State Policy on Grant Payments](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be: Within 60 calendar days of equipment purchase.

2.4 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](#); See e.g. Minn. Stat. § 363A.02 (<https://www.revisor.mn.gov/statutes/cite/363A.02>). The MHRA is enforced by the Minnesota Department of Human Rights (<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.

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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 (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'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 transferable 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

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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.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee. Reviewers may include MDH staff familiar with grant management and individuals who are familiar with

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newborn hearing and/or pulse oximetry screening or have provided newborn hearing and/or pulse oximetry screening services. The review committee will evaluate all eligible and complete applications received by the deadline. Reviewers will be required to identify any conflicts of interest and 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 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 and outlined in Attachment A: Criteria for Scoring Applications. Applicant's score will be weighted on their ability to reach diverse populations, birth census, and/or cover a large geographical area.

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](#).

Notification

Final funding recommendations will be based on the scores and comments from reviewers. Consideration will be given to distributing funding throughout the state and/or regions and meeting the finding priorities identified in the legislation. It is anticipated that grant award decisions will be made in April 2026. Applicants will be notified by email if their proposal is selected to move forward with a grant agreement and funding.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must be received by MDH no later than 4:30 p.m. Central Time, on April 10, 2026**. If applications are mailed, they **must be received** at MDH by the deadline.

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

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within 5 business days of the receipt of an application. If you do not receive an acknowledgment email within that time frame, it means MDH did not receive your application/documents. Please contact Ron Brown, ron.brown@state.mn.us, 651-201-5058 after that time frame for further instructions.

3.2 Application Submission Instructions

Application, forms, and additional attachments must be submitted to Ron Brown via US mail, courier or email.

For US Mail:

Newborn Screening Operations Supervisor
Minnesota Department of Health
PO Box 64899
St. Paul, MN 55164-0899

For courier:

Minnesota Department of Health
Newborn Screening Operations Supervisor, Ron Brown
601 Robert St. North
St. Paul, MN 55155

Email:

ron.brown@state.mn.us

3.3 Application Instructions

You must submit the following for the application to be considered complete:

Submission requirements

Current/previous grantees: go to [SWIFT](#) and login and confirm that your organization's name, address, locations, banking information, phone numbers, and other contact information is correct.

Submitters must apply and have been issued a Unique Entity Identifier number (UEI) from the federal government at [Entity Information | SAM.gov](#)

Name and address must match SWIFT supplier ID information.

- **Grant Application (Form A)**
 - a. Copy of letter granting 501c3 status **(for non-profits only)**
 - b. If applicant has tax exempt status from the Minnesota Department of Revenue, include a copy of exemption letter
- **Program Narrative (Form B)**
- **Work Plan (Form C)**
- **Budget Justification and Summary (Form D)**
- **Due Diligence (Form E)**
- **Applicant Conflict of Interest (Form F)**

The entire application should be Must as one of the PDF documents via email to ron.brown@state.mn.us

If applicant is using a fiscal agent, it must be stated in Form A. *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.*

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 applying, 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.

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Form A: Grant Application

1. Applicant name: _____

2. Name of practice: _____

3. Address of practice: _____

4. Phone: _____

5. Email: _____

6. SWIFT Supplier Number: _____

7. Unique Entity Identifier Number (UEI): _____

8. Which equipment are you applying for? Check all that apply:

Hearing equipment Pulse Oximetry equipment

9. Are you currently a midwife, local public health nurse, or midwife coalition working in Minnesota?

Yes, 1 point No, 0 points

10. Do you currently serve families in Minnesota Metro, non-metro, or both? (Non-metro is defined as living outside of the counties: Anoka, Ramsey, Washington, Hennepin, Carver, Dakota, and Scott).

Metro, 1 point Both, 2 points Non-Metro, 3 points

11. Does your practice serve a historically marginalized or medically underserved communities? (Indigenous families, Amish families, or others) Please explain.

12. Which of the following is true regarding your current **hearing screening equipment**?

Own, 1 point Share, 2 points No access, 3 points

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13. If you checked “share” in question 10, please expand how many people share your hearing screening equipment outside your practice.

- 1 person, 1 point 2 people, 2 points 3 people, 3 points More, 4 points

14. Which is true regarding your current pulse oximetry screening equipment.

- Own, 1 point Share, 2 points No access, 3 points

15. If you checked “share” in question 12, please expand how many people share your pulse oximetry screening equipment outside your practice.

- 1 person, 1 point 2 people, 2 points 3 people, 3 points More, 4 points

16. Approximately how many families did you serve in 2024?

- 1-5 families, 1 point 6-15 families, 2 points 16+ families, 3 points

17. Please list the counties that you serve. (One county per line).

County #1: _____

County #2: _____

County #3: _____

County #4: _____

County #5: _____

County #6: _____

18. Please describe how receiving funding for newborn hearing and/or pulse oximetry screening equipment will benefit your clients.

19. Please describe a plan for equipment calibration, replacement, and maintenance.

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Form B: Projective Narrative

The project narrative and work plan describe the applicant’s practice or organization and what is intended to be accomplished. To assist applicants, MDH has provided detailed instructions on what information should be included and what grant reviewers will be reviewing in each application.

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

A. Application information Briefly describe the administrative structure of the Midwives applicant practice or agency, its current experience in providing services for out-of-hospital births, and its grant-related experience.

- If agencies outside the organization will provide contract services, also describe the administrative structure of the contacting agencies, and their current experience in out-of-hospital births.

- Describe other key elements that show capacity to provide hearing screening to out-of-hospital birthed babies such as facilities, staffing, cultural competency, and readiness to use funds.

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- Provide a summary of relevant training and/or experience of the key people who will be implementing the project, how personnel will be recruited if needed, and safeguards in place to protect personnel and participants.

Partnerships and collaborations (keep this section to one page or shorter)

Describe your linkages or collaborative efforts to coordinate hearing and/or pulse oximetry screening for out-of-hospital birthed babies with other organizations. The description should be detailed and include information you think is important for grant reviewers to understand your collaborative efforts, this might include linkages with diverse cultural and/or geographical groups.

Statement of need

Please complete a narrative description of the community the project proposes to serve.

- Include information about target population and any needs assessment that was completed by the applicant separately or in collaboration with other community partners.

- Describe any racial and ethnic disparities related to families who are planning out-of-hospital births.

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- Describe any cultural considerations given to ensure adequate screening for your target population. How will your agency serve families when English is a second language?

- Discuss how your practice will serve low- and moderate-income individuals and families.

B. Work plans – goals, objectives, and strategies

Please use the format and instructions in Form B for writing your Work Plan.

- You may add as many goals, objectives, program activities/timelines and performance indicators as needed to explain what you are proposing and how you will measure your program’s effectiveness.

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- Your work plan should give reviewers a clear idea of how you are planning for purchasing appropriate and portable hearing and/or pulse oximetry screening equipment and supplies, and the distribution/utilization of hearing and/or pulse oximetry screening equipment to make hearing and pulse oximetry screening accessible to a large proportion of out-of-hospital birthed babies.

- Be specific about how training for providers / Midwives conducting screenings will be completed, as well as the plan for maintenance and eventual replacement of hearing and pulse oximetry screening equipment.

- Describe how your program will reach diverse populations and/or cover a large geographic area. Be specific about ways health equity and quality improvement will be addressed.

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Form C: Work plan

Non-Profit Organization:

Contact Person for Work Plan including name, email, and phone number:

GOAL 1: Improve access to newborn hearing screening in out-of-hospital births.

Objective 1: Program will purchase and distribute appropriate and portable hearing screening equipment to out-of-hospital birth providers, obtaining signed user agreements.

Activity: Instructions: Fill out your plan to purchase and distribute equipment, including details about sharing of equipment and user agreements, then delete these instructions.

Activity: Describe how your program will reach diverse populations and/or cover a large geographic area. Be specific about ways your program will address health equity and quality improvement then delete these instructions.

Objective 2: Program will provide training for out-of-hospital birth providers in hearing screening practices.

Activity: Instructions: Fill out your plan to train providers, including details about frequency or trainings, then delete these instructions.

Objective 3: Program will provide training for out-of-hospital birth providers in pulse oximetry screening practices.

Activity: Instructions: Fill out your plan to train providers, including details about frequency or trainings, then delete these instructions.

Objective 4: Program will plan for ongoing sustainability of hearing screening for out-of-hospital births.

Objective 5: Program will plan for ongoing sustainability of pulse oximetry screening for out-of-hospital births.

Activity: Instructions: Fill out your plan to maintain equipment including calibrations, and purchasing supplies then delete these instructions.

Activity: Instructions: Establish a plan for replacement of pulse oximetry screening equipment then delete these instructions.

Performance Indicator 1: By June 30, 2026, 50% of infants born with help from participating providers will receive a newborn hearing screen by their out-of-hospital birth provider.

Performance Indicator 2: By June 30, 2026, 75% of infants born with help from participating providers will receive a newborn pulse oximetry screen by their out-of-hospital birth provider.

**INCREASING ACCESS TO NEWBORN HEARING AND PULSE OXIMETRY SCREENING
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Form D: Budget Justification

This budget justification outlines the planned purchase only of essential equipment to enhance the capacity for comprehensive newborn screening. Complete and submit with your application.

- Specialized Newborn Hearing Screening Equipment
- Specialized Newborn Screening Pulse Oximetry Equipment

A. Newborn Hearing Screening Equipment

- Manufacturer/Supplier: [Insert name of manufacturer or vendor]
- Equipment Name/Model: [Insert model name and number]
- Proposed Cost per Unit: [Insert amount]
- Quantity: [Insert number]
- Total Cost: [Insert total]
- Submit screenshot or copy of vendor catalog item with application

Plan for Use and Implementation and maintenance:

B. Newborn Screening Pulse Oximetry Equipment

- Manufacturer/Supplier: [Insert name of manufacturer or vendor]
- Equipment Name/Model: [Insert model name and number]
- Proposed Cost per Unit: [Insert amount]
- Quantity: [Insert number]
- Total Cost: [Insert total]
- Submit screenshot or copy of vendor catalog item with application

Plan for Use and Implementation and maintenance:

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Total Budget Request

Item	Quantity	Unit Cost	Total Cost
Newborn Hearing Screening Equipment	[#]	[\$]	[\$]
Newborn Pulse Oximetry Equipment	[#]	[\$]	[\$]
Total Requested			[\$Total]

Form E: Link to Due Diligence Form

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.

Link to: [Due Diligence Review Form](#)

Form F: Link to Applicant/Recipient Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants and recipients a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by Minnesota Statutes, section 16B.98, subdivision 2-3; Minnesota Office of Grants Management (OGM) Grants Management Policies, Statutes, and Forms; and Code of Federal Regulations, title 2, section 200.112, Conflict of Interest. It is helpful if the applicant/recipient explains the reason for the conflict, but it is not required

Link to: [Applicant/Recipient Conflict of Interest Form](#)

RFP Part 4: Attachments

- Attachment A: Criteria for Scoring Applications
- Attachment B: Link to MDH Grant Agreement Sample

Attachment A: Criteria for Scoring Applications

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. Applicant's scores will be weighted on their ability to reach diverse populations and/or cover a large geographic area.

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

Scoring Guidelines – Key Principles for Reviewers

Please keep the following key principles in mind while scoring proposals:

- Evaluate the proposal using the selection criteria provided.
- Evaluate and score the proposal only on the information contained in the proposal.
- When scoring, each factor is weighted equally. Do not give more weight to one factor over another. Rather, follow the scoring as designated for criteria.
- When assigning a score, start in “the middle” of the total possible points and add or subtract points depending on the quality of the response. (Example: If the factor you are scoring is worth 5 points, start at 2.5 points and add or subtract points from there.)
- Only assign 0 points to a criterion or factor if it is missing or not addressed at all.

Rating Guide (for Reviewers)

- Excellent (5 points): Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses, reviewers could not think of a better answer.
- Very Good (4 points): Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
- Good (3 points): Generally, meets minimum requirements; probability of success; significant weaknesses, but correctable.
- Marginal (2 points): Lack of essential information; low probability for success; significant weaknesses, but correctable.
- Unsatisfactory (1 point): Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

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Selection Criteria (100 points)

Applicant Information and Organizational Capacity (20 points)

Does the applicant clearly describe how their organization's mission relates to this project and provide a clear summary of their program proposal? (5 points)

Does the applicant have the organizational capacity (grant experience, administration, facilities, computer/internet access, cultural competency, readiness to use funds, etc.) to implement the project? (5 points)

Does the applicant describe how they will contract with other agencies, including a description of the administrative structure of the contracting agencies and their experience in providing out-of-hospital births and newborn hearing screening? (5 points)

Does the applicant provide a summary of relevant training and/or experience of the key persons who will be implementing the project, how they will be recruited, and safeguards in place to protect personnel and participants? (5 points)

Linkages and Collaboration (15 points)

Does the applicant provide a clear description of their collaborative efforts with other organizations or professional practice groups? (5 points)

Does the applicant provide a clear description of linkages with diverse cultural and/or geographical groups to assure outreach and access of services for families from various racial, ethnic, cultural, and geographic backgrounds? (5 points)

Are collaborative relationships effective, well-established, and likely to assure coordination? (5 points)

Statement of Need (15 points)

Has the applicant identified the community need or target population that the applicant hopes to address with the application, and why the applicant is suited to provide services to the target population? (5 points)

Does the applicant include in their description of need: any racial, ethnic, or geographic disparities related to families who are planning out-of-hospital births, and a clear description of how they will provide culturally appropriate outreach and services to families from diverse backgrounds, including families where English is their second language? (5 points)

Does the applicant include in their description of need: a clear description of the how their program approach will serve low- and moderate-income individuals and families? (5 points)

Work Plan: Goals, Objectives, Strategies (35 points)

Did the applicant propose appropriate and realistic activities likely to improve the ability of out-of-hospital birth providers to provide newborn hearing screening? (5 points)

Does the applicant clearly describe how they are planning to purchase and distribute appropriate and portable hearing screening equipment and supplies, including receiving signed user agreements from providers? (5 points)

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Do they include a plan for maintenance and upkeep of equipment? (5 points)

Do they include a plan for replacement of hearing screening equipment and a sustainability plan for how they will continue hearing screening in out-of-hospital births after the funding period ends? (5 points)

Does the applicant clearly describe how they will train providers conducting hearing screenings or ensure they are attending the required trainings? (5 points)

Does the work plan clearly define deliverables and outcomes? Do they include specific timelines/milestones and outcomes that will be used to demonstrate the program's effectiveness? (5 points)

Does the applicant clearly describe how they will reach diverse populations and/or cover a large geographic area? (5 points)

Budget (15 points)

Are the budget forms complete? (5 points)

Is the information contained in the budget and work plan consistent? (5 points)

Are the projected costs, reasonable, cost-effective, and sufficient to accomplish the proposed activities? (5 points)

Attachment B: Link to Grant Agreement Sample

Link to: <https://www.health.state.mn.us/about/grants/grantagreement.pdf>

Link contains sample language only. If awarded a grant, your actual language may vary.