

# **Sexual and Reproductive Health Services Program**

## **GRANT REQUEST FOR PROPOSAL (RFP)**

## **Important Dates**

September 25, 2023 - Request for Proposals (RFP) released.

October 25, 2023 - Last day to submit RFP questions.

October 30, 2023 - Applications due (by 11:59 pm CST)

January 1, 2024 - Grants estimated to begin.

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

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# 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.*

## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Sexual and Reproductive Health (SRH) grant
- **Minnesota Department of Health (MDH) Program Website:**  
[www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html](http://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html)
- **Application Deadline:** October 30, 2023

### 1.2 Program Description

The Minnesota legislature created the Family Planning Special Projects (FPSP) grant in 1979. It was renamed the Sexual and Reproductive Health Services grant programs in the [2023 Statute 145.925 \(www.revisor.mn.gov\)](#) (please note that this link is to the statute with struck and amended language).

The goal is to support, sustain, expand, or implement reproductive and sexual health programs for people of reproductive age to increase access to and availability of medically accurate sexual and reproductive health services. According to the statute, “sexual and reproductive health services means services that promote a state of complete physical, mental, and social well-being in relation to sexuality, reproduction, and the reproductive system and its functions and processes, and not merely the absence of disease or infirmity. These services must be provided in accord with nationally recognized standards and include but are not limited to sexual and reproductive health counseling, voluntary and informed decision-making on sexual and reproductive health, information on and provision of contraceptive methods, sexual and reproductive health screenings and treatment, pregnancy testing and counseling, and other preconception services.” For complete information, please review the [2023 Statute 145.925 \(www.revisor.mn.gov\)](#).

The SRH grant provides funds to increase access to sexual and reproductive health services for people who experience barriers to these services. This includes people who have difficulty accessing sexual and reproductive health services because of barriers and 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.

SRH services supported by this grant are:

1. Public information
2. Outreach/Health Education (including the statewide hotline only for the grantee currently funded for it)
3. Contraceptive Counseling
4. Contraceptive methods (including screening, testing, and treatment of sexually transmitted infections and other sexual or reproductive health concerns)
5. Referral and follow-up (medical, financial, mental health, and other services based on need)

Locations for these services can be in places such as schools, college campuses, clinics, public health settings, and other community settings.

For the remainder of this document, these services are referred to as “SRH components.”

Applicants are not required to provide all five SRH components to be eligible for funding.

### 1.3 Funding and Project Dates

#### Funding

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

There are two tracks for applicants. Track 1 is for current grantees and Track 2 is for new applicants.

This is a competitive grant with total of estimated \$7,147,125 annually for a four-year grant period (2024 - 2027). The first-year grant period is January 1, 2024 to December 31, 2024.

Application Track	Estimated Annual Funding Available	Estimated Number of Grantees
Track 1: Current FPSP grantees	\$2,647,125	24
Track 2: New applicants	\$4,500,000	18

Match Requirement: No match is required.

#### Project Dates

The estimated grant start date is January 1, 2024 and the projected end date is December 31, 2027. The grant period is for four years, contingent on satisfactory grantee performance and funding availability. The amount of money available at any point is subject to any changes made by the state legislature.

### 1.4 Eligible Applicants

Eligible applicants are:

- Tribal governments.
- Nonprofit organizations.

- Community health boards (CHBs).
- Currently funded FPSP grantees.

Applicants may be in rural, suburban, and metropolitan areas of the state.

## Collaboration

Collaboration between organizations is required. Detail about this is requested in:

- Form C Project Narrative (Track 1 applicants) or
- Form D Project Narrative (Track 2 applicants)

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [fpssp@state.mn.us](mailto:fpssp@state.mn.us). All answers will be posted within two business days at on the [SRH website \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Please submit questions no later than 5:00 p.m. Central Standard Time (CST), on October 25, 2023.

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

## RFP Information Sessions

There will be two (2) Technical Assistance (TA) sessions during the application period. Prospective applicants can participate on Microsoft Teams or call in to ask questions and receive assistance in completing the RFP. All prospective applicants should attend if able. Recording of and questions from that meeting will be posted on the SRHS Grant Webpage. Those sessions will occur:

Date	Time	Location
Thursday, October 5, 2023	9:00-10:30 a.m.	Online (to register visit <a href="http://www.health.state.mn.us">SRH Website (health.state.mn.us)</a> )
Tuesday, October 10, 2023	2:30-4:00 p.m.	Online (to register visit <a href="http://www.health.state.mn.us">SRH Website (health.state.mn.us)</a> )



## RFP Part 2: Program Details

### 2.1 Eligible Projects

#### Eligible Populations

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

The purpose and goal of the SRH grant is to support, sustain, expand, or implement reproductive and sexual health programs for people of reproductive age to increase access to and availability of medically accurate sexual and reproductive health services.

This grant will serve people who experience SRH service access barriers and 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.

#### Eligible Activities

Projects must address one or more of the five SRH components and may only be used for preconception services.

1. Public Information.
2. Outreach/Health Education (including state hotline for currently funded grantee).
3. Contraceptive Counseling\*.
4. Contraceptive Methods \*(including screening, testing, and treatment of sexually transmitted infections and other sexual or reproductive health concerns).
5. Referral and Follow-up\* (medical, financial, mental health, and other services based on need).

\*Contraceptive Counseling, Contraceptive Methods and Referral and Follow-up components are a package. If you provide any one of these components, you must provide the other two components.

## Eligible Expenses

Please refer to Appendix F for a list of eligible and ineligible expenses.

## 2.2 Grant Expectations and Deliverables

### Grant Expectations

SRH services **must** provide care that is:

- Based on nationally recognized standards of care such as those outlined through the [Title X program \(opa.hhs.gov\)](http://opa.hhs.gov).
- Person-centered and accessible.
- Supportive of voluntary and informed decision-making on sexual and reproductive health.
- Culturally and linguistically appropriate.
- Inclusive of all people.
- Trauma-informed.
- Designed to reach the most people with the funds available in an efficient and effective manner.

### Voter Registration Requirement:

The grantee will comply with Minn. Stat. §201.162 by providing voter registration services for its employees and for the public served by the grantee.

## 2.3 Grant Management Responsibilities

### Grant Agreement

A [sample grant agreement \(www.health.state.mn.us\)](http://www.health.state.mn.us) can be found on the MDH website.

Track 1: Current FPSP Grantees	Track 2: New Applicants
<p>If awarded, the current FPSP grant agreement will be amended to reflect the award of additional funding.</p> <p>No work on new grant activities can begin until a fully executed grant agreement amendment is in place.</p> <p>Grantees are 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.</p>	<p>Each awarded applicant 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.</p> <p>No work on grant activities can begin until a fully executed grant agreement is in place and the State’s Authorized Representative has notified the Grantee that work may start.</p> <p>Grantees are 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.</p>

## Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on awarded grants.

Grantees will be required to submit quarterly reports on work plan progress.

SRH grantees are required to submit an annual electronic progress report. The reporting schedule will be three months after the end of each grant year.

Grantees are required to report annually on the following measures for SRH components for which they are funded to provide:

### Outreach/Health Education Component

- Number of people served by one-to one and group activities.
- Number of outreach events.

### Contraceptive Counseling Component:

- Number of clients obtaining family planning counseling services by age and self-reported gender.

### Contraceptive Method Component:

- Unduplicated number of clients obtaining a family planning method, and the method obtained by age, ethnicity, race, self-reported gender, and income.
- Number of emergency contraception pills given by age.
- Number of Chlamydia tests by age, self-reported gender, test result.

## Grant Monitoring

Based on [Minn. Stat. § 16B.97 \(www.revisor.mn.gov\)](http://www.revisor.mn.gov) and [Policy on Grant Monitoring \(https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf), the grant monitoring schedule will be:

- 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

The MDH SRH Grant Manager will provide technical assistance to grantees to support them to meet their grant objectives. Grantees are also encouraged to seek support and learn from other grantees.

## Grant Payments

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

For joint applications, the agency submitting the application is considered the lead applicant.

## 2.4 Grant Provisions

### Contracting and Bidding Requirements

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

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

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
  - Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List ([Equity in Procurement \(TG/ED/VO\) Directory \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](#)).
  - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program \(mnucp.metc.state.mn.us\)](#).
  - [Small Business Certification Program \(www.stpaul.gov\)](#) through Hennepin County, Ramsey County, and City of St. Paul.

- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
  - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: [The list of Suspended/Debarred Vendors \(https://mn.gov/admin/osp/government/suspended-debarred/\)](https://mn.gov/admin/osp/government/suspended-debarred/)

## Conflicts of Interest

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

Both Track 1 and Track 2 applicants must complete the Form I: Applicant Conflict of Disclosure form and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

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

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.

- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

## Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599 \(www.revisor.mn.gov\)](#), 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 \(www.revisor.mn.gov\)](#), 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 \(www.revisor.mn.gov\)](#), 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 \(www.revisor.mn.gov\)](#), 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 \(Ch. 13 MN Statutes\) \(www.revisor.mn.gov\)](http://www.revisor.mn.gov) 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 \(www.revisor.mn.gov\)](http://www.revisor.mn.gov), 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 \(www.revisor.mn.gov\)](http://www.revisor.mn.gov). 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 \(www.revisor.mn.gov\)](http://www.revisor.mn.gov).

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

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing 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 sexual and reproductive health issues/health services, clinic experience, 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.

Final funding recommendations will be based on grant reviewers' scores and comments. When making awards, consideration will be given to geographic distribution of funds and Tribal communities' representation to meet the funding priorities identified. Current recipients of funding shall not be afforded priority over new applicants. It is anticipated that grant award decisions will be sent by December 4, 2023.

Following award decisions, the Track 1 grantees' current FPSP grant agreement will be amended and Track 2 applicants will begin the grant agreement process described in Section 2.3. The expected effective date of the grant agreement will be January 1, 2024 or the date upon which all signatures to the amended and new agreements are obtained, whichever is later. The grantee will be legally responsible for assuring the implementation of the work plan, and compliance with all state and federal requirements, including worker's compensation, nondiscrimination, data privacy, budget compliance, and reporting requirements.

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 to complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

## Selection Criteria and Weight

The review committee will review each application's materials 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 the following appendices:

- **Track 1: Current FPSP Grantees** - Appendix A: Criteria for Scoring Applications - Current FPSP Grantees (Track 1).
- **Track 2: New Applicants** - Appendix B: Criteria for Scoring Applications – New Applicants (Track 2).



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.

Due Diligence Review Process Track 2 only.

- 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) ([https://mn.gov/admin/assets/grants\\_policy\\_08-06\\_tcm36-207113\\_tcm36-207113.pdf](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 12/4/2023.

## RFP Part 3: Application and Submission Instructions

### 3.1 Application Submission Deadline

Application Due Date	Application Submission
October 30, 2023 no later than 11:59 p.m. Central Time	Email to <a href="mailto:FPSP@state.mn.us">FPSP@state.mn.us</a>

**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.

### 3.2 Application Instructions

#### Overview

- Please use **11-point font, single spaced**
- Applications must include all required application materials, including attachments based on the applicant's track. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**
- By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.
- **All costs incurred in responding to this RFP will be borne by the applicant.**

## RFP Part 4: Forms

All forms applicable to your track must be completed and submitted with your application.

Track 1: Current FPSP Grantees	Track 2: New Applicants
Form A: Application Face Sheet Form B: Grant Application Checklist Form C: Project Narrative Form E: Detailed Workplan Form F: Budget Form I: Disclosure of Conflicts of Interest	Form A: Application Face Sheet Form B: Grant Application Checklist Form D: Project Narrative Form E: Detailed Workplan Form F: Budget Form G: Due Diligence Form H: Indirect Cost Questionnaire – for non-Community Health Boards only Form I: Disclosure of Conflicts of Interest

**Forms A, B, C, D, G, H, I, J:** Included in this RFP document.

**Forms E and F:** Separate Excel documents.

## Form A: Application Face Sheet

### 1. General Applicant Information

Applicant Legal Name (Do not use a “doing business as” name.): \_\_\_\_\_

Business Address (street, city, state, ZIP): \_\_\_\_\_

Minnesota Tax Identification Number \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

SWIFT Supplier ID Number (if you have one/are a current vendor with the State):  
\_\_\_\_\_

Unique Entity Identifier (UEI) Number: \_\_\_\_\_

### 2. Director of Applicant Agency Information

Name: \_\_\_\_\_

Business Address (street, city, state, ZIP): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### 3. Financial Contact for this Application

Name: \_\_\_\_\_

Business Address (street, city, state, ZIP): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 4. Contact Person for this Application

Name: \_\_\_\_\_

Business Address (street, city, state, ZIP): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 5. For what Region(s) are you applying for funding in this application? \_\_\_\_\_

(For guidance, see Appendix H: Map of Minnesota Family Planning Regions). Possible responses: Central, Metropolitan, Northeastern, Northwestern, South Central, Southeastern, Southwestern, West Central, Statewide Family Planning Hotline, or not sure.

### 6. Requested Funding for a new 4-year award (new applicant) or additional 4-year award (current grantees)

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.

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Signature of Authorized Agent for Applicant: \_\_\_\_\_

(A typed signature is acceptable)

Date of Signature: \_\_\_\_\_

7. Answer the required questions, which are repeated questions from above, by following the link: <https://survey.vovici.com/se/56206EE37D8704F8>

You may answer (and submit) the questions in this link any time by or before the application date/time. You do not need to wait and provide this information at the same time you submit your application.

## 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 with Excel documents for Detailed Workplan (Form E) and Budget (Form F) unless you request a Word version.
- Non-Profits should submit an IRS 990 or Financial Audit as separate attachments from the other Forms.

### Track 1 Application Checklist

If you are applying as a **Track 2: New Applicant**, skip this section and complete the Track 2 Application Checklist below.

- Current/previous grantees with the State of MN:** Log into [SWIFT \(supplier.swift.state.mn.us\)](https://supplier.swift.state.mn.us) 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.
- Signed Application Face Sheet (Form A) - Remember to answer the required questions on the [survey link \(survey.vovici.com\)](https://survey.vovici.com). **The information you provide on the Face Sheet must match the information in SWIFT.**
- Submission Guidelines and Application Checklist (Form B).
- Project Narrative (Form C).
- Detailed Workplan (Form E).
- Budget Form (Form F).
- Conflict of Interest Disclosure form (Form I).

### Track 2 Application Checklist

- Check your State of MN SWIFT (Statewide Integrated Financial Tools) account for accuracy or set up a new SWIFT account.
- Current/previous grantees with the State of MN:** Log into [SWIFT \(supplier.swift.state.mn.us\)](https://supplier.swift.state.mn.us) 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 \(mn.gov\)](#).

Signed Application Face Sheet (Form A).

- Remember to answer the required questions on the [survey link \(survey.vovici.com\)](#).
- Current grantees: The information you provide on the Face Sheet must match the information in SWIFT.

Submission Requirements and Application Checklist (Form B).

Project Narrative (Form D).

Detailed Workplan (Form E).

Budget Form (Form F).

MDH Due Diligence Review (Form G).

Indirect Rate Questionnaire (Form H) - **For non-CHBs only.**

Conflict of Interest Disclosure form (Form I).

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

If applicant has tax exempt status from the Minnesota Department of Revenue, include a copy of exemption letter.

## Form C: Project Narrative (Track 1 - Current Grantees)

Complete this form ONLY if your agency is currently funded by FPSP (2023-2027 grant cycle).

- If not currently funded by FPSP, complete Form D: Project Narrative instead (Track 2 New applicants).

### Overview

Describe what you want to do with this additional funding, who it will reach, and how it will have impact to reduce SRH barriers and disparities.

This is work you propose to do **beyond** what you’re already funded for under the 2023-2027 FPSP grant agreement.

- Identify which SRH Service components you propose to address with this funding.
  - Reminder – Counseling, Methods, and Referral and Follow-up are a **package of services** that must be provided together. **If you start any of these components** (not currently doing through FPSP grant) then you must do them all. **If you are currently funded to do these components**, you can add additional work to any of these components individually.
- Describe what extra work you will do **beyond your current FPSP-funded work**.
- Identify the target population(s) for this additional work.
- Identify what impact this additional work may have to increase access to SRH services.
- Identify how you will measure this impact.

### Directions

Complete the following. You can expand space in each section as you type.

### Overview of Proposed Work

Provide summary on SRH component(s) you plan to address – whether new (not currently doing under FPSP funding) or continued (currently doing but plan to expand).

**Complete only SRH Component sections you plan to address with additional funding. In this section, do not include information about work you are currently funded to do.**

Note: you will give more detailed information about this work on Form E: Detailed Workplan so please provide a summary

SRH Component	What services or activities for SRH component(s) do you plan to provide or expand? (Briefly describe only for those components you plan to provide or expand with this funding)
Public Information	
Outreach/Health Education	
Contraceptive Counseling	
Contraceptive Methods	
Referral and Follow-up	



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SRH Component	What services or activities for SRH component(s) do you plan to provide or expand? (Briefly describe only for those components you plan to provide or expand with this funding)
Geographic MN region your organization serves (check all that apply – refer to <b>Appendix H for MN region descriptions</b> )	<input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> West Central <input type="checkbox"/> Central <input type="checkbox"/> Metro <input type="checkbox"/> South Central <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest

### Target Population

Question	Response
Generally, who are the target populations you plan to serve with this new work?	
Generally, how will you better reach your target population(s) with this new work?	

### Collaboration

What collaborations or partnerships will you need to make this additional work successful?

Question	Response
New collaborations – <i>please describe which organizations and how you will work with them?</i>	
Existing FPSP collaborations – <i>please describe which organizations and how you will work with them on this new work?</i>	

### SRH Services Barriers and Disparities

Question	Response
How will this new funding help your agency better address SRH service barriers and disparities?	

### Impact

Complete only SRH Component sections you plan to address with additional funding.

Generally, describe the work you currently do with FPSP funding and indicate how much you will increase this work with the new funding.

SRH Component	Current FPSP-funded services (describe briefly)	How much will you increase with new funding?
Example	Family planning clinics 3 days a week	Expand number of clinic days from 3 to 4 Add clinic evening hours on 2 days per week
Public Information		

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SRH Component	Current FPSP-funded services (describe briefly)	How much will you increase with new funding?
Outreach/Health Education		
Contraceptive Counseling		
Contraceptive Methods		
Referral and Follow-up		

## Form D: Project Narrative (Track 2 - New Applicants)

### Overview

Describe what you want to do with SRH Services funding and your agency’s capacity to effectively provide SRH services with your targeted populations.

Remember, SRH services **must** provide care that is:

- Based on nationally recognized standards of care such as those outlined through the Title X program.
- Person-centered and accessible.
- Supportive of voluntary and informed decision-making on sexual and reproductive health.
- Culturally and linguistically appropriate.
- Inclusive of all people.
- Trauma-informed.

### Joint Application

Question	Response
Is this a joint application with other organization(s)?	<input type="checkbox"/> Yes (complete the rest of this section) <input type="checkbox"/> No (skip to next section)
What organizations are applying together?	
What is the relationship between these organizations?	
How will you provide services jointly if awarded funding?	
What <b>LEAD organization</b> will serve as fiscal and contractual agent if awarded funding?	

### Organizational Capacity to Increase Access to SRH Services

For organizations submitting a joint application, answer the following about the **LEAD organization** in your application.

### Your Organization’s Background

Briefly describe your organization and tell why you have what it takes to be successful with SRH Services work.

Question	Response
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?	

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Question	Response
Geographic MN region your organization serves (check all that apply – refer to Appendix H for MN region descriptions)	<input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> West Central <input type="checkbox"/> Central <input type="checkbox"/> Metro <input type="checkbox"/> South Central <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest
What is your organization’s experience managing grants?	

### Your Organization’s SRH Services Work

Which SRH services do you currently provide? Complete only the services you provide. (Briefly describe)

Question	Response
Public Information	
Outreach/Health Education	
Contraceptive Counseling	
Contraceptive Methods	
Referral and Follow-up	
What target population(s) does your organization serve with these SRH services?	
How many clients has your organization served with these SRH services in past year?	

### Proposed SRH Services Barriers and Disparities

Question	Response
What are the SRH Services barriers and disparities in the community you plan to serve? (briefly describe and include data and citations as needed)	
How does your organization plan to address the barriers and disparities noted above (e.g. staff who represent culture of target population, languages used to provide service, hour and location of services, ability to provide confidential services, etc.)?	
What procedure(s) will your organization use to ensure that no person is denied services because of inability to pay?	<input type="checkbox"/> Sliding fee scale <input type="checkbox"/> Other procedure(s) – please describe:

### Proposed Activities

Briefly describe what you plan to do (you will describe this work in greater detail on Form E: Detailed Workplan)

*Counseling, Methods, and Referral and Follow-up are a **package of services** that must be provided together.*

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Which SRH components will you provide? (Fill in the only those you plan to do - you do not need to address all components)	What target population(s) will you serve with this work?	What services will you provide to address each component chosen? (Briefly summarize)
Public Information		
Outreach/Health Education		
Contraceptive Counseling		
Contraceptive Methods		
Referral and Follow-up		

### Training and Experience of Workforce

Question	Response
Who are the key staff and/or subcontractors that will provide the proposed SRH services? (Include their roles, length of employment, experience, and training)	
How will you monitor and track key staff and/or subcontractors to ensure they are meeting grant guidelines?	

The use of funds for a sub-award or sub-contractor is subject to MDH review and may change based on final work plan and budget negotiations with awarded applicants.

Additional terms and conditions will be included in the grant agreement. For example, conducting a pre-award risk assessment of the subgrantee, monitoring of the subgrantee, and conducting a financial reconciliation. The funded applicant/grantee will be responsible for following the federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ([eCFR : 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(www.ecfr.gov\)](http://www.ecfr.gov))

### Collaboration

Briefly summarize how you will collaborate and coordinate SRH component services with other organizations within the service area to be served.

Question	Response
What other organizations in your geographic area also provide SRH services? (List no more than 20 organizations)	
Who are your <b>primary</b> SRH services partners for this work and what target populations do you reach through the partnership? (Please list)	
How will you collaborate on this work? (Pick 3 primary SRH Services partners)	

## Form G: Due Diligence Form (Track 2 – New Applicants)

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
Name of MDH Grant Program applying for:	
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

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

### Section 2

Section 2: Systems and Oversight	Points
4. Does your organization have internal controls in place that require approval before funds can be expended? <input type="checkbox"/> No (6 points) <input type="checkbox"/> Yes (0 Points)	

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Section 2: Systems and Oversight	Points
<p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> <li>▪ Accounting</li> <li>▪ Purchasing</li> <li>▪ Payroll</li> </ul> <p> <input type="checkbox"/> No (3 points)  <input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)  <input type="checkbox"/> Yes, for all of the processes listed (0 points)                 </p>	
<p>6. Is your organization's accounting system new within the past twelve months?</p> <p> <input type="checkbox"/> No (0 points)  <input type="checkbox"/> Yes (1 points)                 </p>	
<p>7. Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p> <input type="checkbox"/> No (3 points)  <input type="checkbox"/> Yes (0 points)                 </p>	
<p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p> <input type="checkbox"/> No (1 points)  <input type="checkbox"/> Yes (0 points)                 </p>	
<b>Section 2 Point Total</b>	

### Section 3

Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p> <input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10  <input type="checkbox"/> No (5 points) – if no, skip to question 10  <input type="checkbox"/> Yes (0 points) – if yes, answer question 9A                 </p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p> <input type="checkbox"/> No (0 points)  <input type="checkbox"/> Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.                 </p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p> <input type="checkbox"/> No (0 points)  <input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.                 </p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p> <input type="checkbox"/> No (0 points) – If no, skip to question 12  <input type="checkbox"/> Yes (3 points) – If yes, answer question 11A                 </p>	

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Section 3: Financial Health	Points
11A. Could there be an impact on the organization’s financial status or stability? <input type="checkbox"/> No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability. <input type="checkbox"/> Yes (3 point) – if yes, if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.	
12. 12.From how many different funding sources does the total revenue come from? <input type="checkbox"/> 1-2 funding sources (4 points) <input type="checkbox"/> 3-5 funding sources (2 points) <input type="checkbox"/> 6+ funding sources (0 points)	
<b>Section 3 Point Total</b>	

### Section 4

Minnesota 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: To be completed by nonprofit organizations with potential to receive award over \$25,000 ONLY (excluding formula grants)	Points
13. Does your nonprofit have tax-exempt status from the IRS? <input type="checkbox"/> No - If no, go to question 14 <input type="checkbox"/> Yes – If yes, answer question 13A	Unscored
13A. What is your nonprofit’s IRS designation? <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other, please list:	Unscored
14. What was your nonprofit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?  <b>Total Revenue:</b>	Unscored
15. What financial documentation will you be attaching to this form? <input type="checkbox"/> <b>If your answer to question 14 is less than \$50,000</b> , then attach your most recent Board-approved financial statement. <input type="checkbox"/> <b>If your answer to question 14 is \$50,000 - \$750,000</b> , then attach your most recent IRS form 990. <input type="checkbox"/> <b>If your answer to question 14 is more than \$750,000</b> , then attach your most recent certified financial audit.	Unscored
<b>Section 4 Point Total</b>	<b>Unscored</b>

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

Signature: (A Typed Signature is Acceptable)

-----  
 Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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



## Form H: Indirect Cost Questionnaire (Track 2 - New Applicants)

### 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 I: 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.us) (<https://www.health.state.mn.us/about/grants/coiapplicant.pdf.us>) on the MDH website.

## **RFP Part 5: Appendices**

Appendix A: Criteria for Scoring – Track 1 Current FPSP Grantees.

Appendix B: Criteria for Scoring – Track 2 New Applicants.

Appendix C: Budget Instructions – Both Tracks.

Appendix D: Evidence Based Sexual and Reproductive Health Best Practices - Both Tracks.

Appendix E: Information and Data on Sexual and Reproductive Health Disparities and Barriers - Both Tracks.

Appendix F: 2023 HHS Poverty Guidelines - Both Tracks.

Appendix G: Eligible and Ineligible Expenses for Grants - Both Tracks.

## Appendix A: Criteria for Scoring (Track 1 – Current Grantees)

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

Project Narrative (Form C)	Max # of Points Possible
<b>Overview of Proposed Work</b>	
How clearly did they describe their proposed activities?	5
<b>Target Population</b>	
How clearly did they describe their target population(s)?	5
How successful would the proposed activities be reaching their target population(s)?	5
<b>Collaboration</b>	
How clearly did they describe the collaboration needed to be successful?	5
How well do their partnerships align with their proposed work?	5
How realistic are their plans for collaboration?	5
<b>SRH Services Barriers and Disparities</b>	
How clear is it how the funding will help them better address SRH service barriers and disparities?	5
How realistic is the organization's plan to address barriers and disparities?	5
<b>Impact</b>	
How clearly did they describe how new funding will increase their service levels?	5
<b>Total Points</b>	<b>45</b>

Detailed Workplan (Form E)	Max # of Points Possible
How well do the goals and related activities match?	5
How clearly did they define the activities for each SRH component they propose to address?	5
How clearly did they explain how the proposed activities will meet the needs of their target population(s)?	5
How realistic are the proposed numbers of people to reach?	5
How realistic are the timelines?	5

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Detailed Workplan (Form E)	Max # of Points Possible
How clearly did they define the locations of services?	5
How well does the staffing match proposed activities?	5
How well do proposed evaluation measures fit the proposed activities?	5
How realistic is it that all of the proposed work will be accomplished in one year?	5
<b>Total Points</b>	<b>45</b>

Budget (Form F)	Max # of Points Possible
How clear is the budget?	5
How well does the budget match proposed work?	5
How realistic is the staffing for the proposed work?	5
<b>Total Points</b>	<b>15</b>
<b>Total Points Possible</b>	<b>105</b>

## Appendix B: Criteria for Scoring (Track 2 - New Applicants)

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

Project Narrative (Form D)	Max # of Points Possible
<b>Organization's Background</b>	
How clearly did they describe their organization's history, current mission, and goals?	5
How strong and stable is the organization's administrative structure?	5
How reflective is their board makeup in relation to the priority population(s) they serve?	5
Geographic region served	Not scored
How experienced are they in managing grants?	5
<b>Organization's SRH Services Work</b>	
How experienced are they providing/could be in providing SRH services?	5
How well are they targeting population(s) experiencing SRH disparities?	5
How clear is the number of people reached with SRH services in the past year?	5
<b>SRH Services Barriers and Disparities</b>	
How significant are the SRH services barriers and disparities in the community they plan to serve?	5
How clear is their plan to address barriers and disparities?	5
How realistic is the organization's plan to address barriers and disparities?	5
How clear are their procedures to ensure no person is denied services due to inability to pay?	5
<b>Proposed Activities if Funded</b>	
How clearly did they describe the activities they plan to do?	5
How clearly did they describe the target population(s) for each component they propose doing?	5
How successful would the proposed activities be reaching their target population(s)?	5
<b>Training and Experience of Workforce</b>	
How well do key staff and/or subcontractors fit with the proposed services?	5
How strong is their plan to monitor and track staff and/or subcontractors work?	5
<b>Collaboration</b>	
How clearly did they describe the other SRH organizations in their geographic area?	5
How well do their primary SRH services partnerships align with their proposed work?	5
How realistic are their plans for collaboration?	5
<b>Total Points</b>	<b>95</b>

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Detailed Workplan (Form E)	Max # of Points Possible
How well do the goals and related activities match?	5
How clearly did they define the activities for each SRH component they propose to address?	5
How clearly did they explain how the proposed activities will meet the needs of their target population(s)?	5
How realistic are the proposed numbers of people to reach?	5
How realistic are the timelines?	5
How clearly did they define the locations of services?	5
How well does the staffing match proposed activities?	5
How well do proposed evaluation measures fit the proposed activities?	5
How realistic is it that all of the proposed work will be accomplished in one year?	5
<b>Total Points</b>	<b>45</b>

Budget (Form F)	Max # of Points Possible
How clear is the budget?	5
How well does the budget match proposed work?	5
How realistic is the staffing for the proposed work?	5
<b>Total Points</b>	<b>15</b>
<b>Total Points Possible</b>	<b>155</b>

**Reviewer Questions:**

1. Does the Budget (Form F) include funds set aside for professional development for selected staff (as determined by the applicant) to attend the Minnesota Reproductive and Sexual Health Update, which takes place once a year?

(You do not need to confirm a specific dollar amount; you are confirming whether they have included this expense - in any dollar amount - on Form F. The cost of attending the Update will be an estimate and may be different for every applicant.)

2. If the applicant proposed a joint application, did they provide the required information in that section? (If they did not propose a joint application, you do not need to answer).

## Appendix C: Budget Instructions (Tracks 1 and 2)

### Important Information

The budget template is an Excel spreadsheet. If you need more rows added, please contact [fpsp@state.mn.us](mailto:fpsp@state.mn.us) as there are formulas included that could be altered with changes to the template.

If you would prefer to use a Word version of the budget template, please contact [fpsp@state.mn.us](mailto:fpsp@state.mn.us).

A recording of instructions on how to fill out the budget form is available on the [SRH website \(https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html\)](https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html).

### Budget Overview

**Budget Timeframe: January 1, 2024 to December 31, 2024.**

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? Give consideration to 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 SRH 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 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.

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).

**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:

## 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.

**Please note:** Grantees are required to attend the annual Health Education and Training's (HCET) annual Sexual and Reproductive Health Update training (virtual). A minimum of one person needs to attend. If the Health Care Education and Training (HCET) event is held in person, it is approximately \$230 per day (or \$460 for both days). The cost includes all meals at the event.

Grantees are also encouraged to attend MDH grantee meetings and trainings. Consider adding estimated travel expenses for these opportunities.

### 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 \(M&E\) 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 may not be used to purchase any individual piece of equipment that costs more than \$5,000, or for major capital improvements to property.

## Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to:

### Contraceptives

#### Staff Training

This can include volunteers actively involved in grant activities.

- Required: Funding for staff to attend the Health Care Education and Training's (HCET) Annual Sexual and Reproductive Health Update Training. The registration cost is around \$100 per attendee.

### 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.**

## Budget (Form F)

### Instructions

The Budget (Form F) spreadsheet includes both a one-year budget justification and summary for Year One of the funding period. If you would like the template in a Word format, please email [fpsp@state.mn.us](mailto:fpsp@state.mn.us).

## Appendix D: Evidence Based Practices in Sexual and Reproductive Health

### Overall Resources

- [Reproductive Health National Training Center \(rhntc.org\)](http://rhntc.org)
- [Sexual Health Promotion \(www.health.state.mn.us\)](http://www.health.state.mn.us)

### SRH Equity Resources

- [Importance of Social Determinants of Health in the Delivery of Reproductive Health Care \(acog.org\)](http://acog.org)

### Target Population Resources

- [Healthy Native Youth \(www.healthynativeyouth.org\)](http://www.healthynativeyouth.org)
- [Healthy Sexuality for Youth in Foster Care: An Online Training for Parents and Caregivers of Youth in Foster Care \(www.fosterparenttalk.org\)](http://www.fosterparenttalk.org)

### Outreach/Health Education Resources

- [Teen Pregnancy Prevention \(TPP\) Program Evaluations \(opa.hhs.gov\)](http://opa.hhs.gov)
- [HIV, Sexual and Reproductive Health \(www.etr.org\)](http://www.etr.org)
- [Digital Tools for Sex Educators \(www.plannedparenthood.org\)](http://www.plannedparenthood.org)
- [National Sexuality Education Standards \(advocatesforyouth.org\)](http://advocatesforyouth.org)
- [AMAZE Educator Resources \(amaze.org\)](http://amaze.org)

### Contraceptive Counseling Resources

- [Counseling Adolescents about Contraception \(www.acog.org\)](http://www.acog.org)

### Contraceptive Methods and Clinical Care Resources

- [Reproductive Health: Teen Pregnancy – Health Care Providers \(www.cdc.gov\)](http://www.cdc.gov)
- [US Selected Practice Recommendations \(US SPR\) for Contraceptive Use, 2016 \(www.cdc.gov\)](http://www.cdc.gov)
- [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs \(www.cdc.gov\)](http://www.cdc.gov)
- [Long-Acting Reversible Contraception \(LARC\): Implants and Intrauterine Devices \(acog.org\)](http://acog.org)
- [American College of Obstetrics and Gynecology \(ACOG\) Policy & Position Statements \(www.acog.org\)](http://www.acog.org)
- [Telehealth Best Practices \(www.telehealth.hhs.gov\)](http://www.telehealth.hhs.gov)
- [Minnesota Health Care Programs Telehealth Guide \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- [Minnesota Statute on Telehealth \(www.revisor.mn.gov\)](http://www.revisor.mn.gov)

### **Sexually Transmitted Infections Resources**

- [STD Information for Health Professionals \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Sexually Transmitted Infections Treatment Guidelines – 2021 Recommendations \(cdc.gov\)](https://www.cdc.gov)

### **Intimate Partner Violence Resources**

- [Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening \(www.uspreventiveservicestaskforce.org\)](http://www.uspreventiveservicestaskforce.org)

## Appendix E: Data and Information on Sexual and Reproductive Health Disparities and Barriers

### Helpful Resources

SRH funding will go to agencies that provide services reach populations that experience barriers and disparities to SRH services and increases access to these services. The application should demonstrate the need in your area for the populations that you plan to serve, such as people who have difficulty accessing family planning services because of poverty, racial and ethnic discrimination, age, language and cultural barriers, lack of insurance, or concerns about confidentiality. The following are sources of data and information resources that applicants can use to evaluate the unmet need for family planning services in your community.

### Data

- [MN Public Health Data Access Portal \(health.state.mn.us\)](https://health.state.mn.us) - Current vital statistics (live births, fertility, infant mortality) for the state and by county.
- [Minnesota Statewide Health Assessment \(www.health.state.mn.us\)](https://www.health.state.mn.us) - Assesses Health Inequities in several important areas and has data by County.
- [MN Public Health Data Access Portal \(health.state.mn.us\)](https://health.state.mn.us) - Detailed information on people who are Uninsured in Minnesota.
- [Reports to the Legislature: Induced Abortions in Minnesota \(www.health.state.mn.us\)](https://www.health.state.mn.us)
- [2023 Minnesota Adolescent Sexual Health Report \(prc.umn.edu\)](https://prc.umn.edu)
- [Minnesota Student Survey \(www.health.state.mn.us\)](https://www.health.state.mn.us)
- [Sexually Transmitted Disease \(STD\) Statistics for Minnesota \(www.health.state.mn.us\)](https://www.health.state.mn.us)
- [Rainbow Health \(rainbowhealth.org\)](https://rainbowhealth.org) – Ongoing reports on LGBTQ+ health in Minnesota.
- [Kaiser Family Foundation \(www.kff.org\)](https://www.kff.org) - Health data (health insurance, health costs, etc.) for each state.
- [Contraceptive Use \(www.cdc.gov\)](https://www.cdc.gov) – CDC reports on contraceptive use in the United States.
- [Guttmacher Institute \(www.guttmacher.org\)](https://www.guttmacher.org)- Data on various reproductive health topics in the United States.
- [HHS Poverty Guidelines 2023 \(aspe.hhs.gov\)](https://aspe.hhs.gov)
- [Contraceptive Deserts \(powertodecide.org\)](https://powertodecide.org)
- [Minnesota State Profile – Minnesota’s State of Sex Ed \(siecus.org\)](https://siecus.org)

### Information

- [Health Equity Terms \(www.health.state.mn.us\)](https://www.health.state.mn.us) - A document that gives definitions of some of the terminology related to Health Equity.
- [MDH Community Engagement Plan \(www.health.state.mn.us\)](https://www.health.state.mn.us)

## Appendix F: 2023 HHS Poverty Guidelines

### 2023 Poverty Guidelines for the 48 Contiguous States and The District of Columbia

Persons in Family/Household	Poverty Guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

HHS Poverty Guidelines for 2023, The Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.



## Appendix G: Eligible and Ineligible Expenses for Grants

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

### Eligible Expenses

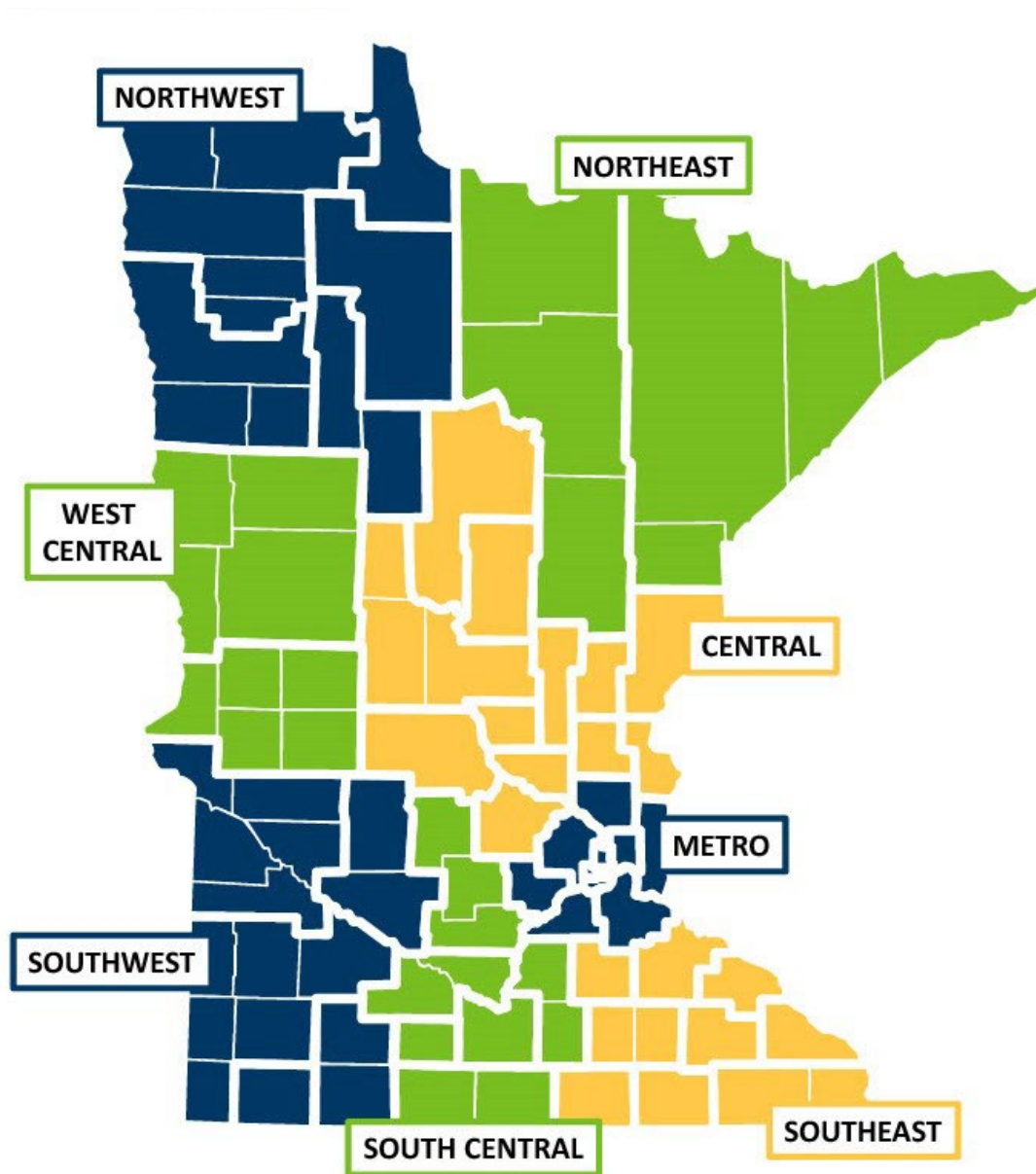
- Program planning.
- Program implementation.
- Program evaluation.
- Program management.
- Staff professional development.

### 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.
- Capital improvements or alterations.
- Cash assistance paid directly to individuals to meet their personal or family need.
- Cash payments to participants (incentives must be non-cash).
- Any individual piece of equipment that costs more than \$5,000.
- Any cost not directly related to the grant.
- Purchase of vehicle(s) for program use.

## Appendix H: Map of Minnesota Regions

Eight Regions as defined by [State Community Health Services Advisory Committee \(SCHSAC\) \(www.health.state.mn.us\)](http://www.health.state.mn.us).



### Northwest

Tribes – White Earth Nation, Red Lake Nation

Counties – Becker, Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods), Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, Roseau

### Northeast

Tribes – Bois Forte Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band of Lake Superior Chippewa

Counties – Aitkin, Itasca, Koochiching, Carlton, Cook, Lake, St. Louis

### **West Central**

Tribes – White Earth Nation

Counties – Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin

### **Central**

Tribes – Mille Lacs Band of Ojibwe

Counties – Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright

### **Metro**

Tribes – Shakopee Mdewakanton Sioux Community

Counties – Anoka, Carver, Dakota, Hennepin, Ramsey, Washington

### **Southwest**

Tribes – Lower Sioux Indian Community, Upper Sioux Indian Community

Counties – Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine

### **South Central**

Counties – Blue Earth, Brown, Faribault, Le Sueur, McLeod, Martin, Meeker, Nicollet, Sibley, Waseca, Watonwan

### **Southeast**

Tribes – Prairie Island Indian Community

Counties – Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona