![Minnesota Department of Health logo]

Sexual and Reproductive Health Services RFP: Frequently Asked Questions (FAQ)

The question-and-answer period opened Sept. 25, 2023 and closes at 5:00 p.m. on Oct. 25, 2023.

Questions must be submitted to FPSP@state.mn.us. Please allow two business days to address questions. Responses will be shared below.

A recording of the SRHS RFP Information Session can be found on the RFP website (https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html) and at this link.

SRHS Program

1. **Question:** Where can we find a list of currently funded FPSP grantees? Is there any chance you will provide the current list including contact information?

   2a. **Answer:** The list of currently funded grantees can be found on the MDH FPSP Website at FPSP Grantees 2023-2027 (https://www.health.state.mn.us/docs/people/womeninfants/familyplanning/granteeawards.pdf).

   2b. **Answer:** No. We do not provide contact information for grantees.

2. **Question:** Will you please provide the list of webinar attendees and corresponding contact information to promote partnerships?

   a. **Answer:** No. MDH will only provide answers to questions relevant to the scope of this RFP.

3. **Question:** How many grantees are currently funded?

   a. **Answer:** There are 25 grantees currently funded.

SRHS Request for Proposals

1. **Question:** Was there a change in the deadline for this RFP?

   a. **Answer:** Yes, the deadline for submitting applications was extended from October 25 to October 30.

2. **Question:** Can the RFP document be provided in a Word format?

   a. **Answer:** Yes, there is now a Word version of the RFP on the website.

3. **Question:** Just to clarify are the regions going away?

a. **Answer:** The allocation of funding by Minnesota region is no longer required. However, MDH is tasked with ensuring SRHS funding is distributed across the state, so applicants must share which region proposed work will take place in.

4. **Question:** I completed and submitted my application face sheet. It disappeared. How will it connect when I send in the rest of the application?

   a. **Answer:** When the survey version is submitted, that information is saved to a MDH folder. There are two aspects of the face sheet. You will complete the survey, which is linked to at the bottom of the document, and you will also fill in the form itself and submit it with the rest of your application.

5. **Question:** Do we submit all the forms together in a single document? And do we just delete the information in the document preceding the forms?

   a. **Answer:** Submit all required forms for your track, except for Forms E and F, in one document. You can do so by deleting the other information in the RFP document or by copying and pasting the forms into a new document.

6. **Question:** Can you select multiple regions in the dropdown list?

   a. **Answer:** No. You will need to use separate lines for work done in multiple regions.

7. **Question:** If we are currently funded in another region and we are NOT asking for additional funding for those regions, but we are asking for funding for one region that was unfunded how do we go about doing this work plan?

   a. **Answer:** Track 1 applicants can apply for regions that they are not currently funded to work in. If an applicant is a current grantee and is proposing to work in a region that they are not currently funded to work on, you will complete your work plan with only the information for the new region.

8. **Question:** I'm a current FPSP grantee who wants to apply for Track 1. Should my detailed workplan (for one year) only address the new work we propose doing or also address the currently funded work for 2024?

   a. **Answer:** For Track 1 (currently funded FPSP grantees) only include the new work you propose doing with the SRHS grant funding on the RFP Form E: Detailed Workplan. As a currently funded FPSP grantee, you already have a Jan. 1, 2023 – Dec. 31, 2024 workplan in place for your existing work.

9. **Question:** If currently funded and would like to expand, would the new application just be specific about the "additional" services proposed?

   a. **Answer:** Yes. Both Track 1 and Track 2 applicants should describe the proposed services they would do if funded. There are specific questions, such as in the Project Narratives, where it asks for information about current services.

10. **Question:** On the SRH grant, for Track 1, are we supposed to apply for $110,000 or any amount?

    a. **Answer:** There is no floor or ceiling for funding requests.

11. **Question:** We are a new applicant this year. If we receive funding, will we receive the same amount for the next four years or do we need to apply every year?

    a. **Answer:** The grant application is for a four-year period of funding with the same amount of funding each year.

12. **Question:** Are there page limits for the project narrative section, and/or the grant application as a whole? Should we use the tables provided in the project narrative section?

    12a. **Answer:** Please limit the project narrative to 10 pages.

    12b. **Answer:** Yes. Please use the format of the project narrative.

13. **Question:** Can you give an example of a rationale?

    a. **Answer:** A rationale is the explanation why, based on agency experience or research, an activity will be successful with the target population and achieving the goal. An example would be that providing services in a school setting makes it easier for young people to access services.

14. **Question:** Will you share the info session PowerPoint?

    a. **Answer:** Yes. The slides from the information session are posted on the RFP webpage. A recording of the presentation is also posted there.

15. **Question:** How do we answer the 'Evaluation' column on Form E? The current instructions— "Evaluation: Describe what you will measure for the activity and the methods used"—are not clear.

    a. **Answer:** The evaluation section of the work plan for each component asks for information about what information you need to track to determine progress on and success in achieving an activity and goal. "Methods" refers to the ways that you will collect and track that information.

16. **Question:** Are we allowed to consolidate the Word files into one single document?

    a. **Answer:** Yes, the forms that are in the RFP can be consolidated into one document. The detailed work plan and budget need to stay in their Excel format.

17. **Question:** Are we allowed to modify the formatting (font, spacing, etc.) of the documents we are submitting, or is it mandatory to respond using the original formatting of the forms provided?

    a. **Answer:** Refer to Form B, the Submission Guidelines and Application Checklist, for information about formatting.

18. **Question:** Beyond the font requirement, do you have any expectations or guidelines around formatting for the narrative portion of the application. Things like character limits, page limits, etc?

    a. **Answer:** Please keep the project narrative in the format it is in and we ask for no more than 10 pages for the project narrative.

19. **Question:** What information are you looking for when you ask: What is your organization's administrative structure?

a. **Answer:** MDH cannot provide guidance on what specific information to include in an application. That question in the project narrative for Track 2 applicants is assessing if an agency has the structure and capacity to manage a grant and successfully carry out the proposed work.

20. **Question:** Is the review process the same for track 1 and track 2?

    a. **Answer:** Yes, the review process is the same for both tracks. The scoring criteria is different based on the different project narratives. Please refer to Appendices A and B in the RFP for more information about the scoring criteria.

21. **Question:** Can you speak to the collaboration component as a requirement?

    a. **Answer:** MDH cannot provide guidance on what specific information to include in an application. Questions about collaboration are to assess the partnerships and relationships an agency has that will support the success of their program.

22. **Question:** Can you give a general overview of what the major differences are between the application from previous years to this year?

    a. **Answer:** Key differences are that funding is no longer required to be allocated by regions, tribal governments are eligible to apply, and funding can be used for services in schools.

23. **Question:** Can you provide some insight into how new funding for current grantees will be allocated? Will it be roughly based on what percentage of the current SRHS funds each grantee currently receives?

    a. **Answer:** No, funding will not be based on current percentage of current SRHS funds. Track 1 and Track 2 are competitive grants. Funding award recommendations for both will take into account reviewer scores and comments as well as distribution of funding across the state.

24. **Question:** Will an independent review committee be reviewing Track 1 proposals, or will it be SRHS staff? If it will be reviewed by an independent panel, will they be given some information about our current work under this grant, since we are only supposed to include new work in our proposal?

    a. **Answer:** Applications for both Track 1 and Track 2 applications will be reviewed by community reviewers.

    No, MDH is not providing reviewers with additional information about current grantee's work. The Impact section of Form C, the Project Narrative for Track 1, is where applicants are asked to describe their current FPSP funded work. As MDH reviews reviewer scores and comments, we consider current grantee's work and accomplishments when making funding decisions.

25. **Question:** Are we required to inform the county-based health system that we're applying for the SRHS if we're in Track 1?

    a. **Answer:** No, it is not required for either track to inform the county-based health system about an application.

26. **Question:** We are having an issue with the work plan template. In the evaluation tab, not all of the data is auto populating (showing a #REF! error). Should we leave this error, or should we manually populate this information?

a. **Answer:** Yes, if you are having issues with the evaluation information on a component workplan auto-populating on the Evaluation tab, please manually put that information in the appropriate space.

27. **Question:** We are a current grantee (Track 1). The work plan that we submitted with our previously funded application describes activities that are far more comprehensive than the components included in the funded budget. For example, our last work plan explained how our clinical staff responds within 24 hours to any questions or requests via text message. However, we did not previously request specific funding from FPSP/SRHS for the daily rate to pay staff to implement this service.
For this proposal, can we restrict our description of the "current FPSP-funded services" to those directly relevant to the currently funded activities (as evidenced by the budget and justifications) rather than the entirety of our last work plan? This would allow us to most accurately describe the use of these additional funds to sustain, expand, and implement new work.

    a. **Answer:** MDH cannot provide guidance on what specific information to include in an application. Proposals should focus on the proposed activities, and Track 1 applicants should provide information about their currently funded services to support understanding of how their services would expand or increase if funded. Refer to the "Impact" section of Form C for guidance about including information about including currently funded services.

28. **Question:** I am completing the narrative, form D. Can I put the box questions in a narrative form or do you prefer I answer the questions in the response box?

    a. **Answer:** Your response to questions in the Project Narrative, either Form C or Form D, should go in the response box to the right of the question.

29. **Question:** What is the maximum amount we can request yearly as a new grantee?

    a. **Answer:** There is no ceiling/maximum for funding requests.

30. **Question:** Do we put in our new excel budget our total budget (current budget and proposed increased spending) or just the amount we are asking for and where it would be added to? I know the work plan only includes the additional parts we are hoping to accomplish/add but I was not sure if the budget was the same.

    a. **Answer:** The budget submitted with an application should be only what is proposed in the application. Track 1 applicants should not include their current budget, only the budget for what they are asking for with this RFP.

31. **Question:** I am wondering if you can tell me if the RFP must be submitted in Word format or if we can submit a PDF.

    a. **Answer:** Please refer to Form B: Submission Guidelines and Application Checklist for information about formatting and submission instructions.

32. **Question:** Can we assume that the reviewers will have a baseline understanding of the terminology used in the RFP such as; trauma-informed, culturally responsive/appropriate, person-centered, informed decision-making, LGBTQ, etc.? I am asking to understand if we should dedicate space in

the work plan and narrative to define all concepts, or if MDH will provide a briefing so reviewers start with the same baseline understanding.

    a. **Answer:** Reviewers come from a range of experience and roles, with a varied level of understanding. They are aware that there are characteristics of programming to consider in their individual review and group RFP discussion, such as being trauma-informed or person-centered, and have access to the same resources in the RFP appendices as applicants.

33. **Question:** Does this application go into RedCap or do we email all the documents?

    a. **Answer:** Applications must be emailed to FPSP@state.mn.us Please refer to Form B: Submission Guidelines and Application Checklist for information about formatting and submission instructions.

34. **Question:** I have identified Form A, Form B, Form D, Form G, Form H, and Form I - I didn't see a Form F and also I can't identify a Form E – Detailed Workplan for new applicants in the RFP document. Can you clarify if there is a form E and what page it is on within the RFP or if there is a template available for that I missed somehow?

    a. **Answer:** If you refer to the Required Forms section of the RFP webpage (https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html), there are links to Form E and Form F. They are Excel templates.

35. **Question:** Can the Disclosure of Conflict of Interest Form be sent as a separate document attachment when submitting the RFP application email? Or is the Conflict of Interest form supposed to be included in the RFP document?

    a. **Answer:** Either is acceptable.

36. **Question:** Our authorized agent at XX County Health Board that will be signing our application will not be able to sign until after our County Board has an opportunity to approve our request to apply for the grant. This will not happen until after the RFP closes. I am wondering if it would be possible to either turn in our complete application at that time or submit the grant application without that signature by the due date and then send along the signature when we receive it.

    a. **Answer:** MDH is not able to accept applications after the RFP closes. We could accept an application with a conditional signature that notes that final approval by the Board will occur on X date.

Eligible Services, Agencies, and Expenses

1. **Question:** Who can apply for this funding?

    a. **Answer:** Minnesota Tribal Governments, 501(c)(3) nonprofits, community health boards/local public health, and currently funded Family Planning Special Project (FPSP) grantees are eligible to apply for this funding.

2. **Question:** In an email from MDH, the eligibility for applying is as follows: "*The Minnesota Department of Health (MDH) seeks proposals from Minnesota tribal governments, community health boards, local*

public health, non-profits and currently funded Family Planning Special Projects grantees interested in implementing preconception sexual and reproductive health (SRH) services." However, Local public Health is not referenced as an eligible entity in the RFP itself. Can you confirm the local public health is in fact eligible to apply? If so, are both city and county LPH entities eligible?

   2a. **Answer:** Yes, local public health is eligible to apply. For more information about community health boards see Minnesota's public health system: History and context (https://www.health.state.mn.us/communities/practice/about/history.html).

   2b. **Answer:** Yes. Both city and county local public health are eligible to apply through their community health board.

3. **Question:** In addition to seeking funding for our existing location, we are also looking at the possibility of requesting additional funding for a mobile clinic to operate in counties as the communities within these counties are underserved. Can you let me know if this is allowable?

   a. **Answer:** MDH cannot provide guidance on specific activities to include in an application. Please refer to the language in the RFP that describes eligible services on Pages 2 through 3 and Appendix G on Page 45.

8. **Question:** Can funds support clinical gender affirming care services? Does this fit within the definition of sexual and reproductive care within the revised statute? If so, under which work plan component?

   8a. **Answer:** Funds cannot be used for clinical gender affirming care services. This funding opportunity is focused on preconception services to address disparities in access to contraception and STI testing and treatment.

   8b. **Answer:** While clinical gender affirming care services may fit within the definition of sexual and reproductive services in the current statute, the legislative intent of these funds did not contemplate the use of funds for gender affirming care, and is intended to provide preconception care, provide and address disparities to access to contraception to avoid unintended pregnancies and provide STI testing and treatment. It may be helpful to refer to what is in the Governor's Budget recommendations at Health Revised 2024-25 Governor's Biennial Budget Recommendations (https://mn.gov/mmb-stat/documents/budget/2024-25-biennial-budget-books/governors-revised-march/health.pdf).

9. **Question:** Is rent expense an allowable expense with the new SRHS grant?

   a. **Answer:** If an applicant is requesting an indirect rate, rent is included in that. If an applicant does not request an indirect rate, then rent would be an allowable as a portion of the organization's occupancy costs, calculated by applying a square footage cost total to the amount of physical space used for grant program management and activities.

10. **Question:** Is Plan B allowed as a contraceptive?

    a. **Answer:** Yes. Emergency contraception, which often is called by the brand name Plan B, is allowable in the Contraceptive Methods service component.

11. **Question:** The rate for workers comp/unemployment changes based on salaries…is there a recommended amount to use?

a. **Answer:** MDH cannot provide guidance on the amount to use.

12. **Question:** If different people have different fringe rates how would you like us to show that?

    a. **Answer:** Provide the range for each aspect of the total fringe rate.

13. **Question:** If the grant is used for activity 4, Contraceptive Methods, but is specifically focused on the screening, testing and treatment of STDs, can the Counseling (activity 3) and Referral/Follow Up (activity 5) be specific to STDs, or must it include contraceptive counseling, methods, referral and follow-up?

    a. **Answer:** MDH cannot provide guidance on what activities to include in an application. The funding is intended to provide preconception care, provide and address disparities to access to contraception to avoid unintended pregnancies and provide STI testing and treatment. It may be helpful to refer to what is in the Governor's Budget recommendations at Health Revised 2024-25 Governor's Biennial Budget Recommendations (https://mn.gov/mmb-stat/documents/budget/2024-25-biennial-budget-books/governors-revised-march/health.pdf).

    Please refer to the statute, RFP (https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html), and the RFP information session recording. For example, the definition of services defined in the statute is, "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."

    Contraceptive Counseling must utilize nondirective techniques to support people to voluntarily decide their participation in SRH services, and their contraceptive method of choice, STI testing or risk reduction choices, if any. Referrals and Follow-up are services to enable participation in SRH services and other services, as needed.

14. **Question:** We have recently started up a STD testing program. At this time we are limited in our capacity for testing for chlamydia and gonorrhea. We do offer a limited selection of sexual health products for anyone coming in to be tested. We hope in the future to expand our services, but at this time this is what we are able to offer.

    As we are contemplating the possibility of applying for this grant, I wanted to ask if what we are currently doing would be a sufficient use for these grant funds?

    a. **Answer:** MDH cannot provide guidance on what specific activities to include in an application. The funding is intended to provide preconception care, provide and address disparities to access to contraception to avoid unintended pregnancies and provide STI testing and treatment. It may be helpful to refer to what is in the Governor's Budget recommendations at Health Revised 2024-25 Governor's Biennial Budget Recommendations (mn.gov).

    Please refer to the statute, RFP (https://www.health.state.mn.us/people/womeninfants/familyplanning/rfp.html), and the RFP information session recording. For example, the definition of services defined in the statute is, "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."

Contraceptive Counseling must utilize nondirective techniques to support people to voluntarily decide their participation in SRH services, and their contraceptive method of choice, STI testing or risk reduction choices, if any. Referrals and Follow-up are services to enable participation in SRH services and other services, as needed.

15. **Question:** How are STI testing and treatment related to contraceptive methods? They are together in the same component.

    a. **Answer:** The Contraceptive Methods service component is about increasing access to contraceptive methods and, when appropriate based on standards of care, providing sexually transmitted infections testing, diagnosis, and treatment. You must provide contraceptive services if you provide STI testing and treatment. You do not need to provide services for all contraceptive methods but must refer patients to other organizations for the methods you don't provide.

16. **Question:** Does the State consider the distribution of sexual health diagnostics (such as chlamydia test kits) and family planning items (such as contraceptives) during community outreach initiatives (such as pop-up events) to be eligible expenses under Eligible Activity 2 (outreach/education)?

    a. **Answer:** MDH cannot provide guidance on what specific activities to include in an application. Distributing family planning and sexual health diagnostic items would fall under the Contraceptive Methods component regardless of where those items are distributed. Any activities must be based on nationally recognized standards of care such as those outlined through the Title X program (https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning.

17. **Question:** Does the State consider the use of a call center and email support team for inbound and outbound education and outreach initiatives to be eligible expenses under Eligible Activity 2 (outreach/education)?

    a. **Answer:** MDH cannot provide guidance on what specific activities to include in an application. The funding is intended to provide preconception care, provide and address disparities to access to contraception to avoid unintended pregnancies and provide STI testing and treatment. Please refer to the statute for guidance.

    Please note that funding cannot be used to be replicate the Minnesota Family Planning and STD Hotline, which is currently funded through an existing FPSP contract.

18. **Question:** We are wondering, under the revised statute, are PEP and PrEP allowable services to offer and/or promote using grant funds?

    a. **Answer:** MDH cannot provide guidance on what specific activities to include in an application. The funding is intended to provide preconception care, provide and address disparities to access

to contraception to avoid unintended pregnancies and provide STI testing and treatment. Please refer to the statute for guidance.

19. **Question:** Does funding have restrictions on the residency of patients?

    a. **Answer:** Yes, funding must be used for services for Minnesotan residents.

20. **Question:** Can STI lab tests and pregnancy tests use grant funds to cover expenses?

    a. **Answer:** Yes, those expenses are allowable.

21. **Question:** Are we eligible to receive these funds if we currently receive EHDI funds from MDH?

    a. **Answer:** Agencies that currently have other grants from MDH are eligible if they agency meets the criteria in the RFP on pages 3 and 4.

22. **Question:** We are applying for the Minnesota Department of Health's Sexual and Reproductive Health Services grant and had a question about the following budget guideline for 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." p.40

    Does this guideline mean that we cannot provide a stipend (in the form of a check or visa gift card) for youth participating in our program? I see that incentives may be in various forms, including those not listed in the RFP. I just want to make sure that a stipend is in compliance with the statement above.

    a. **Answer:** Yes, incentives are eligible with this grant. Incentives are item(s) purchased with state or federal grant funds that are used to encourage a third party to participate in a specific activity to accomplish program goals and objectives. If awarded, grantees must comply with MDH policy on incentives including a rigorous tracking process.

23. **Question:** I was reading the appendix on budget instructions and discovered grant funds may not be used to purchase any piece of equipment exceeding $5,000. Our grant proposal addresses expanded access for STI testing services via POC STI testing on a mobile health unit. The only FDA approved CLIA waived equipment for POC STI testing costs $12,000. To clarify, can we use $5,000 to partially cover the cost of the equipment? Or can we not include this item in the budget at all?

    a. **Answer:** Funds cannot be used for equipment over the $5,000 limit and cannot be used to partially cover the cost of an individual item over $5,000.

24. **Question:** *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

    —we have the following questions:

(a)When do "vendors included in response to competitive grant requests for proposal process" get "approved and incorporated as an approved work plan for the grant"? Does this happen post-award? Or do eligible applicants need to request and receive this approval prior to the submitting a bid? If they need to receive it prior, how do they go about doing so?

(b)What constitutes as proof that "there is only one legitimate or practical source for such materials or services"?

(c)What constitutes as "a fair and reasonable price"?

24a. **Answer:** MDH does not need documentation in the application that an applicant followed their agency's vendor selection policies and procedures. This language is included in the RFP to make applicants aware that, if awarded a grant, grantees are required to follow both their agency's policies and procedures related to working with vendors **and** requirements outlined in the grant agreement.

24b. **Answer:** Proof that "there is only one legitimate or practical source for such materials or services" depends on the material or service and is determined on a case-by-case basis. Again, an applicant should follow their agency's vendor policies and procedures.

24c. **Answer:** 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. This includes factors like market rates or if the cost is generally recognized as acceptable.

25. **Question:** Are the following allowable expenses we can submit for on budget?

   a. HPV Vaccine
   b. Computer and monitors

   25a. **Answer:** MDH cannot provide guidance on what specific activities to include in an application. The funding is intended to provide preconception care, provide and address disparities to access to contraception to avoid unintended pregnancies and provide STI testing and treatment. Please refer to the statute for guidance.

   25b. **Answer:** Appendix G describes the eligible and ineligible expenses. Eligible expenses are those related to program planning, implementation, evaluation, management, or staff professional development. Appendix C provides this information, "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."