DEPARTMENT OF HEALTH

Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders Grants Frequently Asked Questions (FAQ)

The question-and-answer period is open. Responses will be shared below based on topic. Questions have been organized by topic; they are not in order of how they were submitted.

Letter of Intent

1. **Can an organization still apply without submitting a Letter of Intent?**
   a. Yes, LOI is optional.

Foundant

1. **Is a letter of intent required for this application?**
   a. No, letter is encouraged but not required. In order to apply for the proposal, you must acknowledge the LOI portion of Foundant, by completing steps identified in question 2.

2. **I am unable to view the application in Foundant, how can a respondent get to the application submission environment?**
   a. Due to the upload of the application as a new practice at MDH, applicants will need to submit a blank LOI. For this submission, please include organization name, address, and anticipated funding request. An example for an applicant to submit if they are not formally sending a letter:
      i. Applicant Legal Name: *Minnesota Department of Health*
      ii. Applicants Business: *625 Robert Street.*
      iii. Key activities and strategies: n/a
      iv. Geographic area: n/a
      v. Communities and/or priority populations served: n/a
      vi. Anticipated funding request: *$100*

3. **Application states character limits. Is this a word count or character count?**
   a. Applicants will have a word count limit. Foundant notes this is characters; this has been updated to reflect word count for narrative writing.

4. **Are there any writing conventions for these applications? Do we need to include any references and 12-point font etc. The font size will adjust to the portal preference.**
   a. **Foundant will adjust the font preference. If applicants chose to include** references, they can be noted in the application and added in the supplement documents section in Foundant.

Narrative

1. **Outcomes 2 and 3 and associated strategies (p. 14 of RFP) seem to pertain primarily to training or education of providers of various sorts who serve, encounter or treat pregnant and postpartum families impacted by substance use disorder. Is that accurate?**

   a. Yes.

2. **Is staff time to provide direct services related to the grant outcomes an eligible expense?**

   a. If direct service costs are covered by insurance, this would be considered supplanting, and would not be an eligible cost.

3. **Could we use grant funds to expand education about MOUD and the use of MOUD within our organization through increasing staff development/training regarding MOUD and staff able to prescribe MOUD?**

   a. Yes.

4. **Could we use grant funds to increase staff (such as adding Peer Recovery Specialists or Case Managers) who can facilitate warm hand offs and referrals to social supports (Outcome 1)?**

   a. Yes.

5. **Page 30 of RFP question 1 states: Describe the applicant's history of working to eliminate health disparities and advance equity for the identified focus populations of birthing people with a substance use disorder, history or substance use disorder, or infants impacted by NAS/NOWS particularly individuals who identify as American or American Indian communities. (300-word limit), is there a word missing.**

   a. **Yes, this should read:** Describe the applicant's history of working to eliminate health disparities and advance equity for the identified focus populations of birthing people with a substance use disorder, history or substance use disorder, or infants impacted by NAS/NOWS particularly individuals who identify as African American or American Indian communities. (300-word limit)

6. **For clarification, we must include one of the outcomes outlined in the RFP (page 13-15) and one from appendix J (MMRC recommendations), but how it would be helpful to know how many outcomes we should include to be considered a competitive application. It would be helpful to know how many outcomes we should include in our workplan to be considered a competitive application.**

   a. Page 36 of the RFP provides the scoring criteria of project description. For outcomes and recommendations implemented, criteria states: "*The activities are clear and comprehensive and will achieve the identified objectives and strategies. Each activity includes the staff involved; external partners involved; expected timeline; an estimate of the number of people reached by the activity; and*

outputs." And "The *project clearly defines the implementation of key strategies (see 2.3) identified and maternal mortality recommendations for the population served.*" Recommend reviewing the ratings levels on page 34 of the RFP description of how these questions will be scored.

7. **How the target risk factors related to the outcomes we select for writing up the workplan, the work plan asks us to identify the risk factors and objectives, but not outcomes?**

    a. On RFP page 12, approaches listed to address risk factors are listed. These are linked to the key strategies and outcomes on page 13-15.

Budget

1. **We are considering applying under Outcome 1. As part of the project, would upgrading our tracking of case management referrals and success of referrals in our EHR be an allowable cost?**

    a. Ineligible expenses listed on bag 15 of RFP. To note any expenses that do not directly contribute to the activities in the grantee's work plan or any piece of equipment that costs more than $5,000 is ineligible.

2. **The only attachment I can find regarding the budget is the budget template. I do not see the Budget Justification Form when I click the link in the RFP shown here:** *You are required to complete a Budget Justification form available on the grant webpage https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html for the full grant period (May 15, to June 30, 2028).*

    a. On page 31 of the RFP, there is information about the Budget justification and Instructions, with examples of how applicants can create a budget. For submission please submit a completed *Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders (EOPI-SUD) Budget Template (Excel).* This excel sheet can be found on the RFP webpage: https://www.health.state.mn.us/people/womeninfants/womenshealth/drugoverdose.html

3. **Fringe question, in Appendix E, page 32, there is a breakdown of fringe benefits. However, there is no place to put that in the budget spreadsheet. Should these fringe calcs be put in the excel document or in a supporting document? The language on pg 32 makes them seem required.**

    a. Applicants should include fringe in the budget excel sheet under salary and fringe. Salary and fridge that are not supported by time tracking should be identified in the indirect cost questionnaire.

    b. Grantees may be asked to provide their fringe breakdown if approved for funding.

Supplemental Documents

1. **Regarding the Attachment I External Partner Conflict of Interest Form that needs to be submitted. Typically, in the past in the certification area it usually says for the applicant/recipient's name but on this form it says external partner. I just want to verify that I still put organization name and complete it the same way.**

   a. Correct, in the certification portion applicants can list their organization as the external partner when completing the conflict-of-interest form.

2. **We would like to submit a letter of support for our application, where can we submit this?**

   a. Any additional forms/documents applicants wish to submit can be submitted in the Supplemental Documents section. These are not scored and are viewed as supplemental material. Letters can be addressed to the MCH section.

3. **Regarding the Due Diligence Form. On Section 6, question 2, is it asking for organization's current staffing and budget as a whole or just for our department which is applying for the grant.**

   a. Applicants are encouraged to complete the Due Diligence form reflecting their organizations current staffing, not the department leading the work.