



Paths to Black Health (PBH) Grant (African American Health Special Emphasis Grant) REQUEST FOR PROPOSAL (RFP)

Important Dates

December 18, 2023	Request for Proposals (RFP) released
December 22, 2023	Information Session (at 11 a.m. CST)
January 12, 2024	Last day to submit RFP questions (until 4:30 p.m. CST)
January 22, 2024	Proposals due (accepted until 11:59 p.m. CST)
May 6, 2024*	Grant begins (*or when grant agreement is fully executed, whichever is later)
June 30, 2027	<i>Grant ends</i>

For more information and application documents, visit the following webpage: [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html)

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12/18/2023

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Labor Acknowledgment

We recognize and acknowledge the labor upon which our country, state, and institution are built. We remember that our country was built on the labor of enslaved Africans forcibly brought to the United States and recognize the continued contributions of their survivors. We also acknowledge all immigrant and indigenous labor – including voluntary, involuntary, trafficked, forced, documented, and undocumented – that contributed to the building of the country and continue to serve within our labor force. Further, we acknowledge all unpaid caregiving labor. We acknowledge labor inequities and the shared responsibility for combatting oppressive systems in our daily work.*

**This acknowledgement was adapted from Dr. Betsy Eudey, Professor of Gender Studies at Stan State; Joel Gutierrez, California State University Long Beach's Director of the Office of Multicultural Affairs; and Jeremy Scruggs, California State University Long Beach's Assistant Director of the Black/Pan-African Student Cultural Resource Center.*

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Paths to Black Health Grant
- **Minnesota Department of Health (MDH) Program Website:** [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html)
- **Application Deadline:** January 22, 2024 (by 11:59 p.m. CST)

1.2 Program Description

After over 400 years of systematic brutality and discrimination against African Americans,¹ the 2023 Minnesota Legislature initiated a historic effort by establishing the Office of African American Health (OAAH) at MDH in 2023. The Legislature charged OAAH to administer an African American health special emphasis grant program. That program, the Paths to Black Health (PBH) Grant Program, has one goal in mind: invest in community solutions to enhance the vibrant and thriving African American community in Minnesota. This goal aims to mitigate the health disparities **arising from a context of cumulative and historical discrimination and disadvantages in multiple systems,² as well as historical trauma.^{3,4}**

Research exploring historical trauma examines how the felt trauma of these events is held internally and passed down to future generations, such that family members who have not directly experienced the trauma are impacted by its effects generations later.⁵ Nurturing the health of today's African American community will sow the seeds for future generations to live healthier and more successful lives.

Community vibrancy can be affected by external forces that perpetuate health disparities. For example, multigenerational oppression of African Americans and their descendants, or urban renewal or housing segregation which have created poor conditions for health within the African American population across generations. Studies confirm that these types of structural forces are the major contributors to poor health in the community. To effectively combat this, research supports that approaches designed within the African American community are best suited to address historical and detrimental structural forces, ultimately strengthening the vibrancy of the community (Belgrave & Abrams, 2016) (Enyia et al., 2016).

¹ Throughout the RFP documents, **Black(s) or African American(s)** specifically references the U.S.-born African American population for whom **studies indicate that health has been impacted as the result of historical trauma**. This trauma includes post-traumatic slave syndrome (PTSS) and epigenetic inheritance.

² [Systemic Racism and Health Equity \(https://www.rwjf.org/en/insights/our-research/2021/12/systemic-racism-and-health-equity.html\)](https://www.rwjf.org/en/insights/our-research/2021/12/systemic-racism-and-health-equity.html). Brief Jan-01-2022 | Braveman P, Arkin E, Proctor D, Kauh T, Holm N.

³ [Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms \(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127768/\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127768/). Oct-17-2018 | Yehuda, R. and Lehrner, A.

⁴ [Biological pathways for historical trauma to affect health: A conceptual model focusing on epigenetic modifications \(https://pubmed.ncbi.nlm.nih.gov/30986608/\)](https://pubmed.ncbi.nlm.nih.gov/30986608/). June 2019 | Conching, A.K and Thayer Z.

⁵ [Why Historical Trauma Is Critical to Understanding Black Mental Health \(https://www.psychologytoday.com/us/blog/achieving-health-equity/202010/why-historical-trauma-is-critical-understanding-black-mental\)](https://www.psychologytoday.com/us/blog/achieving-health-equity/202010/why-historical-trauma-is-critical-understanding-black-mental). Psychology Today, Oct-1-2020 | Conner, K.O.

The purposes of this program are to:

- (1) Identify disparities impacting African American health arising from cumulative and historical discrimination and disadvantages in multiple systems. These may include, but are not limited to, housing, education, employment, gun violence, incarceration, environmental factors, and health care discrimination; and
- (2) Develop community-driven solutions that incorporate a multisector approach to addressing identified disparities impacting African American health.

Through these efforts, the PBH Grant Program looks forward to partnering with programs that build on the assets of the African American community to enhance community wellness. This grant program supports submissions from organizations of varying capacities.

In awarding grants, OAAH looks forward to building upon the existing assets and capacities of organizations working with the African American community, and on developing capacity where it is needed. Proposals may focus on addressing health inequities specific to U.S.-born African American communities; addressing the health impact of historical trauma and structural discrimination in U.S.-born African American communities; reducing health disparities experienced by U.S.-born African American communities; and/or incorporating a multisector⁶ approach to addressing identified disparities in U.S.-born African American communities.

1.3 Funding and Project Dates

Funding

Each year, about \$1,000,000 in state general funds is available for grants. Funding will be allocated through a competitive process. If selected, grantees may only incur eligible expenditures once a grant agreement is fully executed, and the grant has reached its effective date.

Applicants are encouraged to request an annual funding amount between \$60,000 - \$100,000 per year. The budget template that must be submitted as part of the application asks applicants to estimate their expenses for the first two fiscal years of the grant (from the grant start date through June 30, 2025). For example, if an applicant requests \$100,000 annually, the budget submitted as part of the application should add up to \$200,000. Over the course of the four-year grant period, this applicant would be requesting a total of \$400,000.

Funding	Estimate
Estimated Annual Amount to Grant	\$1,000,000
Estimated Number of Awards	10-16
Estimated Range of Awards	\$60,000 - \$100,000 annually

⁶ A multisector approach refers to deliberate collaboration among various groups (e.g., government, communities, and private sector) and sectors (e.g., health, environment, and economy) to jointly achieve a health or policy outcome.

Match Requirement

There is no match requirement.

Project Dates

The estimated grant **start date is May 6, 2024**, or when the agreement is fully executed by all parties, whichever is later. The projected **end date is June 30, 2027**. The grant period will be up to four years⁷ contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

The organizations selected to serve the U.S.-born African American population must possess the unique knowledge and programs to bridge historical trauma and foster the transformation of mind, body, and soul needed after cumulative and historical discrimination and disadvantages in multiple systems.

Eligible applicants include public or private nonprofit organizations that are **culturally specific and/or intentionally designed to serve U.S.-born African Americans**. This may include community-based organizations (CBO), faith-based organizations, and other nonprofit entities that intentionally and primarily serve U.S.-born African American communities. Nonprofit healthcare entities that intentionally serve U.S.-born African Americans, such as Federally Qualified Health Centers (FQHCs), other community-based clinics, cultural wellness organizations, and maternal-health focused organizations such as doula collaboratives are eligible to apply. Early childhood nonprofit organizations that intentionally serve U.S.-born African Americans are also eligible to apply.

Ineligible applicants include:

- For-profit organizations
- Higher Education Institutions
- Community Health Boards/Local Public Health
- Hospitals and hospital-affiliated or sponsored clinics
- Local units of government (cities, towns, counties)
- Tribal governments/Tribal Health Boards
- Individuals or independent contractors

For the purposes of this RFP, a U.S.-born African American culturally specific organization and/or an organization intentionally designed to serve U.S.-born African Americans is defined as an entity dedicated to enhancing the African American community's social health, well-being, and/or overall functioning. For example, the organization's mission and/or vision are specifically designed around the U.S.-born African American community; the organization's programs are designed specifically with the U.S.-born African American community in mind; and/or the organizations staff, leadership, board, and/or community

⁷ While the full grant period is approximately May 6, 2024 – June 2027, it is considered a four-year grant due to the state's fiscal year parameters. Funding is provided on an annual basis so your budget estimate should reference the first two fiscal years (May 6, 2024 – June 2025). Nevertheless, any unspent funding for "Year 1" (May 2024 – June 2024) will carry over to Year 2.

served is primarily made up of U.S.-born African Americans. Organizations who are designed to intentionally serve all communities of color are not the primary audience for this RFP.

For the purposes of this RFP, a CBO is defined as an organization that is committed to being community-driven, with the community influencing all aspects of its existence. Examples of this may include:

- The majority of the governing body and staff consists of individuals bound by location, experience or culture.
- The main operating offices are in the communities they intend to serve.
- Priority issue areas are identified and defined by members of the community.
- Solutions to address priority issues are developed with the community.
- Program design, implementation, and evaluation components have the community intimately involved, in leadership positions.

Organizations may apply on their own or as part of a multi-organization collaboration with one organization identified as the lead.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status. Organizations or entities that do not have state or federal recognition may apply with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.⁸

Collaboration

Multi-organization collaboration is welcomed. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and to consider equity in deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the table above) than single-organization applicants.

Multiple Applications

An applicant may submit more than one application. Applicants should submit separate applications for each unrelated project.

⁸ A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different organization than the operating organization (which performs the work). In a multi-organization collaboration, however, one organization must be designated as the fiscal agent.

1.5 Questions and Answers

All RFP questions should be submitted via email to: OAAH.MDH@state.mn.us. If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

MDH staff will post all questions and answers on the [Paths to Black Health Grant RFP Questions and Answers \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/faq.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/faq.html) webpage.

Please submit questions no later than Friday, January 12, 2024 (until 4:30 p.m. CST). To ensure all applicants have access to the same information, questions submitted after this date will not be answered nor posted to the website. The final questions and answers will be posted to the website by **Thursday, January 18, 2024.**

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

RFP Information Session

MDH will provide RFP information and guidance through a virtual Information Session on Friday, December 22, 2023 at 11 a.m. CST. Staff will not be able to help with the actual writing of applications or critiques of drafts but can answer general questions about the process and requirements. ASL interpretation will be available during the session.

Refer to the [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html) webpage for more information and a link to join.

Though not required, prospective applicants are encouraged to participate in the Information Session or watch the recorded video of the webinar. Questions and answers from the RFP information session will be posted on the [Paths to Black Health Grant RFP Questions and Answers \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/faq.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/faq.html) webpage.

RFP Part 2: Program Details and Requirements

2.1 Priorities

Health Equity Priorities

The goal of the PBH Grant is to aid organizations in planning and developing programs targeted at improving African American health outcomes.

The vision of MDH is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities.

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Grant Outcomes

MDH aims to support and strengthen community-driven solutions which will ultimately reduce health disparities and improve health outcomes for African American communities.

Grant outcomes will include performance measures developed in collaboration with the grantee and the MDH Health Equity Bureau prior to signing the grant agreement. Outcomes and impacts will be agreed upon between both parties to ensure measures are aligned with program objectives. These measures can be qualitative and/or quantitative that provide a baseline prior to and after implementation of the program.

Grantees will be supported to collect data from the American Community Survey which provides socio-economic and demographic variables for their community associated with resiliency. Also, grantees will identify local resources that contribute to vibrancy such as schools, recreation spaces, and places of worship to name a few. These indicators will be utilized to create maps and visualizations to measure vibrancy/resiliency outcomes associated with their programs.

2.2 Eligible Projects

For the purposes of this RFP, the term "health" is broad to include not only physical and mental health but all social determinants of health (SDOH) For a more complete explanation of social determinants of health, refer to Attachment B: Social Determinants or Root Causes of Health.

Projects can focus on individual-level change or direct service activities, or they can focus on larger systemic issues that affect health and well-being in U.S.-born African American communities. Applicants will be asked in their application to identify a **primary (and optional secondary) systemic issue** that their project will address, which may include, but is not limited to:

- Housing
- Food access
- Education
- Early childhood development
- Employment
- Gun violence prevention
- Criminal justice
- Environmental factors
- Chronic disease
- Maternal health

Eligible Populations

As specified in the 2023 Minnesota Session Laws, Section 19, [144.0756], this grant will serve the unique public health needs of U.S.-born African American Minnesotans.

MDH recognizes the ways in which unjust systems (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism) intersect to create interconnected layers of disadvantage and inequity. Because these systems are overlapping and interdependent, they cannot be unraveled in isolation. Rather, approaches to equity should be both intersectional and multipronged. Therefore, applications focused on African American Minnesotans and the intersections of other identities/communities experiencing unique overlapping inequities are encouraged.

Eligible Expenses

Funds may be used for program and personnel costs at the discretion of the applicant in order to pursue grant-related activities.

Allowable uses of grant funds may include, but are not limited to:

- **Project planning**, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs; engaging stakeholders in developing creative, sustainable solutions).
- **Project implementation**, including program operations, staff salaries and benefits, etc.
- **Building networks and collaborations**, including supporting the organization’s leaders to engage with other partners in collective efforts to inform policy, system and environmental conditions that increase health opportunities for priority populations (e.g., participating in advisory groups or building cross-sector partnerships to advance health equity related to one or more grant activities).
- **Developing and training community leaders**, including staff development related to the project, in order to build the community’s capacity to act to address health inequities in one or more grant activities.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising

- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Ongoing medical care or treatment of disease(s) or disability
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family need
- 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
- Cash payments to participants (incentives must be non-cash)

Lobbying vs. Advocacy

Because grantees will be receiving state funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to support them in navigating the line between advocacy and lobbying.

Grant funds may not be used for lobbying, which is defined as advocating for a specific public policy after it has been formally introduced to a legislative body. However, **grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy.** Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders, and the general community. Lobbying restrictions do not apply to informal or private policies.⁹

Grantees may make educational materials related to their grant-funded work available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or Tribal government related to their grant-funded work, in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statutes section 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

⁹ Informal or private policies, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies in support of their identified grant activities.

2.3 Grant Management Responsibilities

Grant Agreement

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

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

MDH Draft Grant Agreement

(<https://www.health.state.mn.us/about/grants/grantagreement.pdf>). This is sample language only. If awarded a grant, actual language may differ.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met.

The reporting schedule will include completion of a 6-month and 12-month evaluation template every year, based on the State Fiscal Year (SFY) of July 1 – June 30.

Grant Monitoring

Throughout the grant period, MDH will monitor the evaluator's (grantee's) progress and performance. Visits may occur virtually or in-person. Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and Policy on Grant Monitoring (https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

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

Grant Payments

Per State Policy on Grant Payments (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf) reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment.

Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be: On a monthly basis. Invoices must be submitted in a timely fashion and are due by the last day of the following month when the expenditures are incurred. For example, if an expense is incurred in October 2024, an invoice must be submitted for this expense by November 30, 2024. If you would like to request an alternative payment schedule (e.g., bimonthly or quarterly) please send a written request to your grant manager.

The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

2.4 Grant Tasks and Deliverables

Key Tasks and Deliverables

With support and technical assistance from MDH, grantees will be required to:

- a. Work with MDH to revise and finalize the work plan and budget before the grant start date.
- b. Assign one staff person to serve as the primary liaison between MDH and the grantee organization.
- c. Participate in a progress and support call every 6 months.
- d. Submit an annual report on grant activities, outputs, and outcomes.
- e. Share project progress upon request with community stakeholders on a regular basis.
- f. Participate in occasional grantee trainings and technical assistance activities (i.e., quarterly meetings).
- g. Participate in monthly check-ins with assigned grant manager for the first three months of the grant to receive tailored grant management support; after three months, MDH will review grantee performance including invoicing, reporting, and timeliness of communications to determine at what frequency the one-on-one check-ins must continue, if appropriate.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. OAAH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH will also provide an evaluation capacity-building team to support grantees in identifying appropriate and feasible measures, outcomes for their projects and provide general evaluation technical assistance. Grantees are also encouraged to seek support and learn from other grantees throughout the grant period.

2.5 Grant Provisions

Contracting and Bidding Requirements

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

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

- 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 \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/).
 - [Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program \(https://mnuccp.metc.state.mn.us/\)](https://mnuccp.metc.state.mn.us/).
 - Small Business Certification Program through Hennepin County, Ramsey County, and [City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program).
- 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. 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.
- viii. 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.
- ix. 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.
- x. 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.

- xi. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at:

[Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/suspended-debarred/\)](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 \(https://www.revisor.mn.gov/statutes/cite/16B.98\)](https://www.revisor.mn.gov/statutes/cite/16B.98) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant- Making."

Applicants must complete the Applicant Conflict of Interest Disclosure form 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37](https://www.revisor.mn.gov/statutes/cite/13.37) (<https://www.revisor.mn.gov/statutes/cite/13.37>), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599 subd. 3\(a\)](https://www.revisor.mn.gov/statutes/cite/13.599) (<https://www.revisor.mn.gov/statutes/cite/13.599>)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37](https://www.revisor.mn.gov/statutes/cite/13.37) (<https://www.revisor.mn.gov/statutes/cite/13.37>), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the [Minnesota Government Data Practices Act, Ch. 13 MN Statutes](https://www.revisor.mn.gov/statutes/cite/13/full) (<https://www.revisor.mn.gov/statutes/cite/13/full>) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per [Minn. Stat. § 16B.98, subd. 8](https://www.revisor.mn.gov/statutes/cite/16B.98) (<https://www.revisor.mn.gov/statutes/cite/16B.98>), the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

([Minn. Stat. § 363A.02 \(https://www.revisor.mn.gov/statutes/cite/363A.02\)](https://www.revisor.mn.gov/statutes/cite/363A.02)) The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

The grantee agrees to comply with the rules and relevant orders of the [Minnesota Department of Human Rights \(https://mn.gov/mdhr/\)](https://mn.gov/mdhr/) issued pursuant to the Minnesota Human Rights Act.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing the communities served by the grant program, the African American Health State Advisory Council, as well as some MDH staff, agency partners and other state agency staff. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. The award decisions of MDH are final and not subject to appeal. Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure 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

Review committee members will be divided into teams. Each reviewer will review and score the applications assigned to their team individually using a provided score sheet (refer to Appendix A for a sample Application Scoring Criteria sheet). Reviewers will score each application on a 100-point scale.

Complete responses will be reviewed based on the following factors:

- Organizational History, Values and Capacity (20 total points)
- Project Narrative (40 total points)
- Community Engagement (20 total points)
- Work Plan (10 total points)
- Budget (10 total points)

This standardized scoring system will determine the extent to which each applicant meets the selection criteria for this grant.

The review teams will then participate in a review meeting(s) where applications will be discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting(s), team members will make recommendations to MDH based on the scoring criteria and discussion.

MDH will make final decisions on all applications and will balance the recommendations by the review teams with other factors including, but not limited to:

- Review team scores
- Range of primary systemic issues
- Geographic distribution of services
- Total funding available

A 100-point scale will be used to assess proposals and make the final award recommendation. The criteria and respective points on which proposals will be judged are in the Application Form. Refer to Attachment A: Application Scoring Criteria at the end of this RFP document.

The review committee will review complete responses submitted on or before January 22, 2024, by 11:59 p.m. CST. After this deadline, if MDH concludes it lacks proposals for a primary systemic issue or geographic region, the submission process may be reopened, and submissions will be reviewed on a rolling basis until funds are used.

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them. State policy requires state agencies 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)

MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for

applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

Notification

MDH anticipates notifying all applicants of funding decisions via email by May 2024. All notices of award and non-award will be sent via email to the contact person listed on the application.

Awarded applicants who are not current vendors in the State’s SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee’s work plan and/or budget before a grant agreement can be made final (“executed”). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant organization being awarded the funds. The effective date of the agreement is estimated to be in May 2024, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2027, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application Process and Instructions

3.1 Application Deadline

All applications **MUST** be received by MDH no later than **11:59 p.m. Central Time, no later than Monday, January 22, 2024.**

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 Submission Instructions

Applicants are *strongly encouraged* to submit applications, including the Application Form and all four attachments (#2-5 below) through the online application: **[PBH Grant Application Form \(https://redcap.health.state.mn.us/redcap/surveys/?s=FX4W9WJ9AN4PWNJF\)](https://redcap.health.state.mn.us/redcap/surveys/?s=FX4W9WJ9AN4PWNJF)**.

Applicants who are unable to submit through the online Application Form may submit their application documents via email or postal mail. If submitting by email, please send to oaah.mdh@state.mn.us **with the subject line *PBH Grant RFP Application – [insert applicant organization name]***. If submitting by postal mail, please submit a single printed copy bound with a paper clip (do not staple). An application sent by postal mail must be postmarked by or on Monday, January 22, 2024, and received by MDH no later than Monday, January 29, 2024, by 4:30 p.m.

Applications submitted by **postal mail** must be sent to:

Christy Nguyen, Office and Administrative Specialist Principal
Minnesota Department of Health
Orville L. Freeman Building
PO Box 64975
St. Paul, MN 55164-0975

Applicants may *not* hand-deliver applications to MDH.

REQUIRED: Applicants must complete and submit the following five documents in order for their application to be considered complete:

1. Application Form
2. Applicant Conflict of Interest (COI) Disclosure Form
3. Due Diligence Review Form
4. Work Plan
5. Budget (Excel template)

All forms listed above can be found online at the following webpage: **[2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html)**

It is the applicant’s responsibility to allow sufficient time to address all potential delays. Sole responsibility rests with the applicant to ensure that their application is received on or before the submission deadline. MDH will not be responsible for a proposal that is delayed or lost in transit by the Postal Service, a private carrier, or a technological delay. All submissions are final. Full and complete proposals not received by the deadline given above will NOT be considered.

When MDH receives your application, a staff person will send an email within 48 hours (not including weekends or holidays) to acknowledge the receipt of the application. The email will be sent to the person listed as the “Project Contact” on the first page of the Application Form. MDH will send the receipt of confirmation email from the following email address: oaah.mdh@state.mn.us.

3.3 Application Instructions

Late or incomplete applications will be rejected and not evaluated.

Applications must include all five required application materials listed above. Do not provide any materials that are not requested in this RFP (e.g., memorandums of understanding [MOUs] or letters of support), as such materials will not be considered or 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.

REQUIRED APPLICATION DOCUMENT #1: Application Form

Applicants are *strongly encouraged* to submit applications documents through the online Application Form: : [PBH Grant Application Form](#) (<https://redcap.health.state.mn.us/redcap/surveys/?s=FX4W9WJ9AN4PWNJF>). We encourage applicants to draft answers the questions offline either using the fillable PDF template on the website or in a Word document (remembering character limits) and then copy and paste your answers into the online application. Once you begin the online form, we encourage you to complete it. However, should you need to, you can click "save and return later" to come back to the form. Once you are satisfied with all your answers and have uploaded all four required documents, please click "Submit" at the bottom of the online form. Once the applicant clicks “Submit,” no further action is needed.

Applicants who are *unable to submit through the online form* may download the application form template from [2023 Paths to Black Health Grant RFP](#) (<https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html>) for submission via email or postal mail. Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the [Adobe Acrobat](https://get.adobe.com/reader/) (<https://get.adobe.com/reader/>) website. Please complete all fields in the application.

Character limits are enforced automatically and include spaces. To ensure that all application submissions have a similar format and length for the review process, **we request that applicants use 11-point Calibri font in the application.**

To bold, italicize or underline in the Application Form, the following keyboard shortcuts can be used:

Key Commands for Adobe Acrobat

Style	Keyboard Shortcut (Mac)	Keyboard Shortcut (PC)
Bold	Command + B	Ctrl + B
Italics	Command + I	Ctrl + I
Underline	Command + U	Ctrl + U

Applicants who are unable to use the online form or the PDF application form on the website may craft their application question responses in another written format that does not exceed the character limits.

REQUIRED APPLICATION DOCUMENT #2: Applicant Conflict of Interest (COI) Disclosure Form

This form can be found on the [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html) webpage.

Applicants must complete the Applicant Conflict of Interest 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.

REQUIRED APPLICATION DOCUMENT #3: Due Diligence Review Form

The Due Diligence Review Form can be found at [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html).

Please note that the Due Diligence Review Form score is not part of the 100 total points used to select grantees, and it is for internal staff use only (not the review committee). The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

REQUIRED APPLICATION DOCUMENT #4: Work Plan

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the **funding period**. Funded grantees will develop a separate work plan for the last two years of the grant later. **Applicants are strongly encouraged to use the Microsoft Word template provided on the PBH RFP website [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html).**

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Morehead and Owatonna – provide free access to Microsoft Word. Applicants who are unable to use the Microsoft Word template provided on the website may submit their work plan in another format that does not exceed the page limit below.

To ensure that all applicants' work plans have a similar format and length for the review process, **we request that applicants use 11-point Calibri font in the work plan tables.**

Applicants may find it useful to identify their grant program objective and craft their objectives and activities in the work plan before completing the Project Narrative section of the Application Form. Please note that your work plan is only for the first two fiscal years (approximately May 2024 – June 2025) and the Project Narrative in the Application Form should provide a high-level description of your entire four-year project (approximately May 2024 – June 2027). The sample work plan provided on the PBH RFP website may be helpful in conceptualizing how the different components of the work plan work together. Please note that your project may vary significantly from the sample work plan depending on the objectives and activities you have identified. Most applicants will have more activities than are shown in the sample work plan.

Project Objectives

List the **project objectives** that you plan to achieve. Although this work plan is only for the first two years (approximately May 2024 – June 2025), your objectives may be for the entire four-year period, if applicable. There will be an opportunity to revise the work plan at the end of Year 2. The following tips might be helpful as you craft your objectives:

- Think about objectives as major steps a program will take to attain its goal of reducing disparities in the area you have identified.
- Make your objectives “SMART”:
 - ✓ **Specific:** concrete and well-defined
 - ✓ **Measurable:** can determine what changed and how much it changed
 - ✓ **Achievable:** feasible to put into action
 - ✓ **Realistic:** considers constraints such as resources, personnel, cost and time frame
 - ✓ **Time-Bound:** time frame for the objective; short-term to intermediate-term objectives must be achievable within the duration of the grant.
- Make your objectives begin with action verbs (e.g., Increase, Decrease, Develop, Initiate).
- Your objectives are where programmatic and evaluation outcome measures and indicators will likely come from.

A common format for objectives is as follows: By (when, date), (percent or number of changes from a stated base) of (what population) will (indicator – do what, change how).

For example: *By June 30, 2027, 95 percent of program participants will initiate prenatal care before the third trimester of pregnancy.*

Project Outcomes

List the **project outcomes** that you plan to achieve for each objective. Project outcomes are what you will measure to determine the success of your activities.

Project Activities – Work Plan Tables

The work plan tables must include all planning and implementation activities you plan to undertake **during the first two fiscal years (approximately May 2024 – June 2025) of the grant.**

For each activity, indicate the lead staff position and any supporting staff from your organization; the external partners involved; the anticipated timeline (start and end dates); and the estimated number of people served by the activity. Note that your outputs should be specific, measurable and realistic (e.g., 20 participants complete program).

Applicants may add and/or delete headings, tables and rows as needed.

For application review and selection purposes, applicants do not need to list every activity in detail. Applicants who are awarded a grant may be asked to provide additional details during negotiations before a grant agreement is signed.

REQUIRED APPLICATION DOCUMENT #5: Budget (Excel Template)

Applicants must submit a budget narrative and budget summary that provides an overview of how funds will be used **during the first two fiscal years** of the grant (**approximately May 2024 – June 2025**). Funded grantees will develop a separate budget later for the last two years of the grant. **Applicants are strongly encouraged to use the Microsoft Excel template provided at [2023 Paths to Black Health Grant RFP \(https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html\)](https://www.health.state.mn.us/communities/equity/funding/aarfp2023/index.html).**

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Moorhead and Owatonna – provide free access to Microsoft Excel. Applicants who are unable to use the Microsoft Excel template provided on the website may submit their budget in another format that provides the information below.

The four tabs (sheets) within the budget template (Excel format) include:

1. Instructions – includes information about indirect costs and a sample budget.
2. Indirect Guidance
3. Budget – **applicants must complete this sheet.**
4. Summary (auto-fills once the “Budget” tab has been completed by the applicant)

Budget Narratives

The budget narratives (or explanations) within the budget document should provide a brief but sufficient explanation of how funds will be used from the grant start date through June 30, 2025. The budget must be consistent with the stated objectives, planned activities and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs and other similar numeric detail sufficient for the calculation to be duplicated.

Applicants should organize their expenditures into the following categories:

I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known.

- b. Salary charged to grant.
- c. Fringe benefit rate.

The staff included in this section of the budget narrative should be the same as the staff included in the application or work plan.

II. Contractual Services

For any proposed subcontractors, applicants must list the following:

- a. Name of contractor, if known, or selection process to be used.
- b. Scope of work the contractor will provide.
- c. Length of time the services will be provided.
- d. Total amount you expect to pay the contractor.

Grant funds may be used for small contracts – such as facilitators, speakers or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

III. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals (if applicable).

Below is an overview of the [Commissioner’s Plan \(https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp\)](https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) which outlines limits for allowable travel expenses. Use these reimbursement rates to estimate travel expenses.

Grantees may be reimbursed for meals including tax and a reasonable gratuity according to the Commissioner’ created by the Commissioner of Minnesota Management and Budget, or the actual expense, whichever is less. Alcohol purchases will not be reimbursed. Maximum reimbursement for meals including tax and gratuity is:

Travel Reimbursement Rate

Meal	Limit
Breakfast	\$10
Lunch	\$13
Dinner	\$19

IV. Supplies

These costs may include office supplies, postage or mailing, duplication or copies, phone service and equipment and computer or internet expenses.

V. Other

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the work

plan.

VI. Indirect Costs

MDH policy caps indirect costs at either a grantee's federally negotiated rate or at 10 percent (per [Code of Federal Regulations Title 2 Part § 200.332 \(https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332\)](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332)), as applied to a grant's *total direct costs*. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in your organization's indirect cost pool. **For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to Tab 2 of the budget template.**

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant.

Grantees must maintain records that verify all grant expenses, including those categorized as indirect costs.

RFP Part 4: Attachments

- Attachment A: Application Scoring Criteria
- Attachment B: Grant Agreement Sample
- Attachment C: Social Determinants of or Root Causes of Health

Attachment A: Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations. There are 100 total possible points.

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

Rating Levels

Rating or Score	Description
Excellent = 9-10	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good = 7-8	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good = 5-6	Generally, meets minimum requirements; significant weaknesses, but correctable.
Marginal = 3-4	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory = 1-2	Fails to meet minimum requirements; needs major revision to make it acceptable.
Not answered = 0	Did not answer the question or offered no response at all.

Scoring Sections

I. GENERAL INFORMATION (NO POINTS ASSIGNED/UNSCORED)

Criteria	Information provided?
Applicant provided a brief project summary and project contact details. <i>(Yes or No - Not scored)</i>	Yes or No

II. ORGANIZATIONAL HISTORY, VALUES AND CAPACITY (20 POINTS)

Criteria	Score (0-10)
1. Lead organization’s history, mission and major programming align with and/or complement the purpose of the grant proposal. Specifically, the organization demonstrates strong capacity for working to eliminate health disparities and advance racial equity U.S.-born African American population as defined in the RFP. (worth up to 10 points)	
2. The project proposal aligns well with current programming and the long-term vision to eliminate such disparities while advancing racial justice among the defined U.S.-born African American population. (worth up to 10 points)	
Total score points for this section (out of 20):	

III. PROJECT NARRATIVE (40 POINTS)

Criteria	Score (0-10)
3. Applicant shows an understanding of the underlying causes of the primary systemic issue and why it is important to address among the defined U.S.-born African American population. (worth up to 10 points)	
4. The proposed activities appear appropriate and likely to contribute to the positive change in the named primary systemic issue. (worth up to 10 points)	
5. The proposed activities value cultural knowledge and wisdom while building on community resilience and strength. The applicant provides a convincing rationale for how these activities will be effective in the U.S.-born African American population. (worth up to 10 points)	
6. The plan to evaluate the components and impact of their project are clear, reasonable and appropriate. (worth up to 10 points)	
Total score points for this section (out of 40):	

IV. COMMUNITY ENGAGEMENT AND COLLABORATION (20 POINTS)

Criteria	Score (0-10)
7. Proposed strategies and activities were co-created with defined U.S.-born African American population and/or plans reflect how they will be co-created moving forward. Co-creation should involve listening deeply, sharing power and community-driven decision making. (worth up to 10 points)	
8. Do the activities have potential for meaningful reach and impact in the African American community. (worth up to 10 points)	
Total score points for this section (out of 20):	

V. WORK PLAN (10 POINTS)

Criteria	Score (0-5)
9. The activities are clear and comprehensive and are likely to achieve the identified objectives. Each activity includes the staff involved; external partners involved; expected timeline; outputs; and an estimate of the population served by the activity. (worth up to 5 points)	
10. The work plan as a whole provides a clear picture of the scope and timeline of the proposed project. The objectives are feasible and appropriate for the U.S.-born African American communities. (worth up to 5 points)	
Total score points for this section (out of 10):	

VI. BUDGET (10 POINTS)

Criteria	Score (0-5)
11. The budget narrative includes a clear and reasonable description of how funds will be used for the first two fiscal years of the grant. (worth up to 5 points)	
12. The requested level of funding is reasonable and justified for the proposed scope of activities and depth of partnerships. (worth up to 5 points)	
Total score points for this section (out of 10):	

Attachment B: Grant Agreement Sample

[MDH Draft Grant Agreement \(https://www.health.state.mn.us/about/grants/grantagreement.pdf\)](https://www.health.state.mn.us/about/grants/grantagreement.pdf)

This is sample language only. If awarded a grant, your actual language may vary.

Attachment C: Social Determinants or Root Causes of Health

The use of the term "health" in this Paths to Black Health Grant RFP is intentionally broad and includes not only physical and mental health but social determinants of health (SDOH).^{10 11} SDOH are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These conditions are shaped by the amount of money, power, and resources that people have (socioeconomic position), all of which are influenced by policies, culture, and societal values (socioeconomic and political factors). An individual's socioeconomic position can be shaped by various factors such as their education, occupation, or income. All of these factors (social determinants) impact the health and well-being of people and the communities they interact with. Some of the factors related to health outcomes include:

- How a person develops during the first few years of life (early childhood development)
- How much education a person obtains and the quality of that education
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Living conditions such as housing status, public safety, clean water and pollution
- How much money a person earns (individual income and household income)
- Social norms and attitudes (discrimination, racism and distrust of government)
- Residential segregation (physical separation of races/ethnicities into different neighborhoods)
- Social support
- Language and literacy
- Incarceration
- Culture (general customs and beliefs of a particular group of people)
- Access to mass media and emerging technologies (cell phones, internet, and social media)

¹⁰ [The Centers for Disease Control and Prevention \(CDC\) \(https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#what-are-social-determinants\)](https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#what-are-social-determinants)

¹¹ [Creating Health Equity in Minnesota. Minnesota Department of Health. \(https://www.health.state.mn.us/communities/equity/about/creatingtheequity.html\)](https://www.health.state.mn.us/communities/equity/about/creatingtheequity.html)

The following list of root causes/conditions for health (also known as the social determinants of health) may help applicants think about the many complex and interconnected root causes of health disparities. Please note that the following list is not exhaustive. There are many different ways of thinking about and classifying the root causes of disparities or the conditions needed to achieve health and health equity. The social determinants listed below are also not in order of importance.



Education

Education opens the doors to opportunities and resources that lead to a higher socioeconomic status.^{12,13} More education is associated with higher-paying jobs and the benefits that come with those jobs, like financial security, health insurance, healthier working conditions, and social connections. Education also gives us the tools we need to make choices about our health. People who have more years of education tend to live longer and have better health. Education also affects health across generations, because children of more educated parents tend to be healthier and do better in school.

Income

Income is one of the strongest predictors of health.^{14,15} People with higher incomes and greater wealth generally enjoy better health and live longer than people with lower incomes. On average, the more money you make, the healthier you are. Individuals and communities with higher incomes are more likely to have safe homes and neighborhoods, access to health care, grocery stores with healthy foods and good schools. On the other hand, people living in poverty face many hardships that can lead to poor health, such as unsafe housing, lack of access to healthy foods, less time for physical activity, less education and more overall stress. Income also has a significant impact on the health and future income of children, and it can affect health across generations.

¹² Santa Clara County Public Health report, [Health and Social Inequity in Santa Clara County](https://publichealth.sccgov.org/sites/g/files/exicpb916/files/ship-exec-summary.pdf) (2011)

¹³ Robert Wood Johnson Foundation, [Education and Health](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447) (2011)

¹⁴ Minnesota Department of Health, [White Paper on Income and Health](https://www.health.state.mn.us/data/legislative/docs/2014incomeandhealth.pdf) (2014)

¹⁵ Santa Clara County Public Health report, [Health and Social Inequity in Santa Clara County](https://publichealth.sccgov.org/sites/g/files/exicpb916/files/ship-exec-summary.pdf) (2011)

Employment

Employment provides income and other resources, such as health insurance, that lead to better health.^{16,17} Our jobs can also give us a sense of identity and purpose, as well as social connections. Where we work, and the type of work we do, influences our health. People with lower socioeconomic status are more likely to work in jobs with unhealthy and/or unsafe working conditions. Unemployment can also contribute to poor health—and good health is often needed for employment. This creates a bad cycle for people who are unable to work because of illness or disability; without employment, they have fewer resources and opportunities to improve their health.

Housing

Good health depends on having homes that are safe and healthy.^{18,19} A safe and healthy home gives people security, privacy and stability, which can lower their stress. Homeowners often have better health than renters. Lower-income families in poor living conditions are more likely to suffer from serious illnesses – both infectious and chronic – and injuries. Unhealthy and unsafe living conditions can include run-down homes, pest infestations, mold, lead and other toxins in the home and overcrowding. These conditions can negatively affect children’s growth and development. Not having a home is even worse; homelessness has serious impacts on the health and well-being of individuals and families.

Neighborhood Conditions

The neighborhoods we live in have powerful effects on our health and how long we live.^{20,21} A safe and healthy neighborhood provides places for children to play and adults to exercise that are free from crime, violence and pollution. Experiencing nature and green spaces is beneficial to health, and having green spaces in your neighborhood makes them easier to access. Access to grocery stores selling fresh fruits and vegetables makes it easier for people to eat healthful foods. Good public transportation helps people get to their jobs, medical appointments and other places they need to go. Living in a neighborhood with good schools and public services, as well as connections and trust between neighbors, strengthens health. However, not everyone has access to healthy neighborhoods. Housing discrimination over many years has limited the ability of many low-income families, American Indians and people of color to move

¹⁶ Robert Wood Johnson Foundation, *Work, Workplaces and Health* (https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70459) (2015)

¹⁷ Santa Clara County Public Health report, *Health and Social Inequity in Santa Clara County* (<https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/ship-exec-summary.pdf>) (2011)

¹⁸ Santa Clara County Public Health report, *Health and Social Inequity in Santa Clara County* (<https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/ship-exec-summary.pdf>) (2011)

¹⁹ Robert Wood Johnson Foundation, *Housing and Health* (<https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>) (2011)

²⁰ Santa Clara County Public Health report, *Health and Social Inequity in Santa Clara County* (<https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/ship-exec-summary.pdf>) (2011)

²¹ Robert Wood Johnson Foundation, *Housing and Health* (<https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>) (2011)

to healthy neighborhoods. Laws and policies may favor wealthier neighborhoods, leaving lower-income communities struggling with a lack of resources to make their neighborhoods safer and healthier. Many people in rural communities also have difficulty accessing healthy food, medical care, public services and other important resources for health.

Transportation

Transportation is key to all of our daily activities, providing access to jobs, food and health care, as well as connections to family and friends. Having a range of transportation options improves social connectedness, supports mental health and provides access to economic opportunity. Reliable and affordable transportation is important for equity in health. Equitable transportation supports the health of communities by ensuring that everyone can get where they need to go. Older adults, youth and people with disabilities may rely on public transportation, when it is available. Rural populations may have very limited transportation options. In cities, heavy traffic may cause noise and air pollution, limit opportunities for walking and pose safety hazards.

Access to Health Care

Access to quality health care is important for protecting health.^{22,23} Without access to routine health care, people's health needs are often not met and they may become sicker and end up in the emergency room. People with health insurance are much more likely to have access to health care, including preventive services that can help them avoid chronic disease. Not having insurance is a major barrier to accessing health care. Transportation, language and cost can also be barriers. If people cannot get to medical appointments or have a hard time communicating with health care providers, their access is limited. Even if people have health insurance, it may not cover enough of the costs to make it affordable to access the care they need. Some communities, especially in rural areas, do not have enough doctors and clinics. Disparities in access to health care affect people's quality of life and ability to contribute fully to society.

Racism and Discrimination

Many research studies show that racism leads to worse health for people of color.^{24,25,26} People of color have higher rates of serious health issues than whites, including heart disease, stroke, diabetes,

²² Santa Clara County Public Health report, *Health and Social Inequity in Santa Clara County* (<https://publichealth.sccgov.org/sites/q/files/exicpb916/files/ship-exec-summary.pdf>) (2011)

²³ Office of Disease Prevention and Health Promotion, *Healthy People 2020: Access to Health Services* (<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>)

²⁴ World Health Organization, *The Solid Facts* (http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf) (2003)

²⁵ Santa Clara County Public Health report, *Health and Social Inequity in Santa Clara County* (<https://publichealth.sccgov.org/sites/q/files/exicpb916/files/ship-exec-summary.pdf>) (2011)

²⁶ California Newsreel, *Unnatural Causes: Backgrounders from the Unnatural Causes Health Equity Database* (<http://www.unnaturalcauses.org/resources.php>) (2008)

hypertension, certain cancers, respiratory illness and pain-related problems. On average, African Americans, American Indians, Pacific Islanders and some Asian American groups live shorter lives and have worse health outcomes than whites. Because of discrimination and structural racism, people of color are likely to be less wealthy, have less education and live in segregated communities with underfunded schools and public services, poor transportation and housing, and more environmental hazards. But even when people of color have higher incomes and education levels, their health can still be negatively impacted by racism. For example, infant mortality rates among babies born to college-educated African American women are higher than rates among babies born to white women who have not finished high school.

Racism and other forms of discrimination – including discrimination and stigma against people with disabilities, LGBTQ+ individuals, people who practice certain religions and immigrants – prevent people from accessing opportunities and services. People’s health suffers when they experience discrimination from individuals. Even more damaging are institutions and systems that exclude, do not serve or harm some groups of people.

Social Connections and Support

Social connections and support contribute to people’s health by giving them the emotional and practical resources they need, such as encouraging words during a difficult time or rides to medical appointments.^{27,28} Belonging to a social network makes people feel cared for and valued. Supportive relationships can reduce stress and promote healthier behaviors. Social support improves outcomes related to many health conditions, as well as pregnancy outcomes. Social support may be especially important for communities of color because of its role in protecting against the harmful health effects of discrimination.

Social isolation and exclusion, on the other hand, are associated with premature death. People who get less social and emotional support from others are more likely to experience health problems such as depression, pregnancy complications and disability from chronic diseases. Social isolation is a special concern for older adults, people with disabilities and people experiencing stigma related to certain health conditions or related to a certain part of their identity.

²⁷ World Health Organization, *The Solid Facts* (http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf) (2003)

²⁸ Office of Disease Prevention and Health Promotion, [Healthy People 2020: Social Cohesion](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/social-cohesion) (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/social-cohesion>)