Minnesota Department of Health

# Attachment D: Application

## General Information

1. Lead Organization Name:
2. Executive Director/Chief Executive Officer
   1. Name:
   2. Email:
   3. Phone:
3. Authorized Representative/Main Contact
   1. Name:
   2. Email:
   3. Phone:
4. Address:
5. Federal Employer ID (EIN):
6. Minnesota Tax ID:
7. If two or more organizations are collaboratively applying for this RFP, please include the following information for each organization: Organization name, Executive Director/Chief Executive Officer name/email, Authorized Representative name/email, address.

## 1. Organizational Capacity (45 points)

**a) Briefly summarize your organization’s history, mission, goals, and administrative structure. (10 points)**

**b) Is this a collaborative proposal including more than one organization? (5 points) Yes/No**

**c) Briefly describe past experience providing relevant services to trauma victims/survivors, families, and heirs. (10 points)**

**d) Describe past experience providing priority services (culturally specific, intergenerational, holistic, convening fellowship, mental health). (10 points)**

**e) Describe past experience serving the focus population. (10 points)**

## 2. Project Narrative (45 points)

**a) Describe the focus population and your reason for selecting that focus population. If the focus population has experienced disproportionate rates of trauma, including historical trauma, resulting from events such as assault or another violent physical act, intimidation, false accusations, wrongful conviction, a hate crime, the violent death of a family member, or experiences of discrimination or oppression based on the victim's/survivor’s race, ethnicity, or national origin, please describe that here. (15 points)**

**b) Describe proposed activities. Activities should fall under one or more of the following categories:**

* **Health and wellness services, which may include services and support to address physical health, mental health, cultural needs, and spiritual or faith-based needs**
* **Remembrance and legacy preservation activities**
* **Cultural awareness services**
* **Community resources and services to promote healing for victims/survivors, families, and heirs (15 points)**

**c) Describe your capacity to implement the above activities with the focus population. (15 points)**

3. Work Plan (10 points)

Please provide a detailed work plan for the project, July 1, 2024 – June 30, 2025. Work Plans help reviewers understand how you will meet the goals of the project. Copy and paste to add as many goals, objectives, and activities as necessary.

### Goal 1

Insert Goal 1 here.

#### Objective 1.1

Insert Objective 1.1 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 1, Objective 1.1 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |

#### Objective 1.2

Insert Objective 1.2 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 1, Objective 1.2 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |

#### Objective 1.3

Insert Objective 1.3 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 1, Objective 1.3 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |

### Goal 2

Insert Goal 2 here.

#### Objective 2.1

Insert Objective 2.1 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 2, Objective 2.1 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |

#### Objective 2.2

Insert Objective 2.2 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 2, Objective 2.1 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |

#### Objective 2.3

Insert Objective 2.3 here.

| **Activity Description** | **Estimated Completion Date** | **Responsible Party** |
| --- | --- | --- |
| Insert an activity for Goal 2, Objective 2.3 | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |
| Add as many rows as you need | Insert an estimated complete date for activity here. | Insert responsible party for this activity here. |