DEPARTMENT OF HEALTH
CENTER FOR HEALTH EQUITY

Eliminating Health Disparities Initiative Grant Application

Instructions

Please complete all fields in this application. Character limits include spaces. If you experience problems with the application or need the application in a different format, please call 651-201-5813.

Please submit your complete application via email to health.ommh@state.mn.us with the subject line *EHDI RFP Application – [insert applicant organization name]*. If you are unable to submit via email and need to submit via mail, please send your application to the address at the end of the application.

Remember, you must submit the following in order for the application to be considered complete:

1. Application Form *(this form)*
2. Work Plan
3. Budget
4. Due Diligence Review Form
5. Applicant Conflict of Interest Disclosure Form

General Information

Lead Organization

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN):   Minnesota Tax ID:

Fiscal Agent (if different from lead organization; leave blank if no fiscal agent)

Lead Organization Name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN):   Minnesota Tax ID:

Project Contact

Name: Title:

Phone: Email:

Racial/Ethnic Makeup of Lead Organization*

Is your organization led by people of color and/or American Indians (i.e., more than 50% of board, leadership **and** staff identify as people of color or American Indian)?

☐ Yes, more than 50% of lead organization's board, leadership and staff identify as people of color or American Indian

☐ No

	TOTAL NUMBER (A)	NUMBER OF PEOPLE OF COLOR OR AMERICAN INDIANS[1] (B)	PERCENT PEOPLE OF COLOR OR AMERICAN INDIANS (B/A)
STAFF ON EHDI PROJECT[2]	_____	_____	_____
LEADERSHIP[3]	_____	_____	_____
BOARD[4]	_____	_____	_____

[1] **People of color and American Indians** may include anyone who identifies as a person of color or American Indian. If an organization has a predetermined definition, they may use that to determine the numbers above.

[2] **Staff on EHDI project** should include all staff and supervisors who will be paid for partly or entirely out of the EHDI grant budget or through any in-kind or matching funds. Do not include staff paid for by indirect costs.

[3] **Leadership** includes all senior leadership positions within lead organization, which may include president, vice president, executive director, assistant executive director, chief executive officer, chief financial officer, chief operating operator, directors, managers and/or supervisors (supervisors on EHDI project may be counted again).

[4] **Board** refers to board of directors for nonprofit applicants. If the lead organization does not have a board, include the makeup of the board of directors for the fiscal agent. For community health board (CHB) applicants, please include the makeup of your CHB. For tribal government applicants, please include the makeup of Tribal Council.

*This data helps MDH track how grantees reflect the race/ethnicity of the populations served, in accordance with statute 145.928. To receive full points on this scoring item, the lead organization must have more than 50% of board, leadership **and** staff identifying as people of color or American Indian. Applications that are strong in all other respects—and that meet some of these criteria—may still be competitive. Question #4 in the Organizational Values and Capacity section of the application form is applicants' chance to further explain staff/board/leadership representation and/or organizational progress in this area.*

Project Information

Level(s) of Change: *(check all that apply)*

☐ Health Promotion/Direct Service

☐ Organizational/Institutional Change

☐ Root Causes/Conditions for Health (social determinants of health)

Priority Health Area(s): *(check all that apply)*

☐ Breast and cervical cancer
☐ Cardiovascular disease
☐ Diabetes
☐ HIV/AIDS and STIs
☐ Immunizations for adults and children
☐ Infant mortality and prenatal care
☐ Teen pregnancy prevention
☐ Unintentional injuries and violence

Primary Community Served: *(select only one)*

☐ African American
☐ African immigrant
☐ American Indian
☐ Asian/Pacific Islander
☐ Hispanic/Latino/Latina/Latine

Other Communities Served: *(check all that apply)*

☐ African American
☐ African immigrant
☐ American Indian
☐ Asian/Pacific Islander
☐ Hispanic/Latino/Latina/Latine

Description of Racial/Ethnic Population(s) Served (e.g., Hmong, Somali, etc.) (*optional*):

Other Relevant Demographics of Population(s) Served (e.g., youth, LGBTQ, disability, etc.) (*optional*):

Geographic Area(s) Served:

Brief Project Summary (*1,000 characters maximum, unscored*):

Annual Funding Request

Funding Type	Annual (1-year) Funding Request
General Funds	$
TANF (teen pregnancy prevention only)	$
Total Annual Request (General + TANF)	$

Certification

I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the lead organization.

Electronic Signature: _____

Title: _____   Date: _____

Organizational Values and Capacity (35 points)

1. Provide a brief overview of the lead organization, including history, mission and major programming, and how your organization has worked to eliminate health disparities and advance racial equity. *(2,000 character limit)*

2. Describe how your EHDI project proposal fits within your organization's current programming and broader work. *(2,000 character limit)*

3. Describe how your organization fosters trust and belonging with the population(s) you propose to serve, including your organization's history of co-creation with the community and the lived experiences and/or training of your organization's staff. *(2,000 character limit)*

4. Describe how your staff, leadership and board reflect the population(s) you propose to serve. If your staff, leadership and board are not reflective of the population(s) served, describe efforts being made to improve in this area. *(1,500 character limit)*

5. Describe how your organization values the many identities and lived experiences of the population(s) you propose to serve (e.g., people of color and American Indians who identify as LGBTQ, have a disability, live in rural areas and/or have low incomes) and cultivates a welcoming environment where people can bring their full selves. *(1,500 character limit)*

Project Narrative (35 points)

Responses in this section should align with and expand upon your work plan. The instructions for the work plan can be found on pages 19-21 of the RFP.

6. Describe the extent of the disparity or disparities in the target population(s) for the identified priority health area(s). *(1,500 character limit)*

7. Describe the **level(s) of change** you will be working within to address the identified priority health area(s) in the population(s) served, including your rationale for working within the identified level(s) of change. *(Refer to pages 11-13 of the RFP for levels of change; 1,500 character limit)*

8. Describe your **strategies** for reducing the disparities described in Question 6. *(2,000 character limit)*

9. Provide a brief overview of the **activities** you will undertake to address the identified priority health area(s) in the population(s) served. *(2,500 character limit)*

10. Describe how your proposed activities value cultural knowledge and wisdom and build on community resilience, including why you believe the activities will be effective in the population(s) served (may include lived experiences, organizational experience, research, etc.). *(2,500 character limit)*

Community Engagement and Collaboration (30 points)

11. Describe how your proposed strategies and activities were co-created with the community served and/or how the community served will be involved in the co-creation of project strategies and activities moving forward. Co-creation should involve listening deeply, sharing power and community-driven decision making. *(2,000 character limit)*

12. Describe how your proposed project fills an unmet need or gap in the field as related to other activities, projects or services (led by other organizations/agencies) occurring in the community/communities served. Include how you will align your project with the other activities, projects or services in meaningful and mutually beneficial ways. *(1,500 character limit)*

13. Describe how you will collaborate with stakeholders such as other community organizations, local public health, other government agencies or health systems, contributing to building systems that heal, not harm. *(1,500 character limit)*

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Evaluation and Impact (20 points)

14. Describe how you plan to evaluate the components and impact of your project, including the staff and/or contractors involved in the evaluation and their experience and/or interest in evaluation. If you have limited evaluation expertise and only have a tentative evaluation plan in place, please describe how you plan to take advantage of MDH-provided technical assistance to increase your staff and organization's capacity to evaluate your project and impact. *(1,500 character limit)*

15. Describe how the community served by this grant will be involved in the evaluation of the project, including having a voice in how their data are collected and interpreted. *(1,500 character limit)*

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16. Describe the outcomes you will work to achieve at the end of the 4-year grant period (i.e., what changes among your target population(s) do you hope to achieve in order to reduce the disparities in your chosen priority health area(s)?). *(1,500 character limit)*

17. Describe how you plan to integrate learning from your evaluation into your EHDI project activities over time. *(1,000 character limit)*

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