DEPARTMENT OF HEALTH
CENTER FOR HEALTH EQUITY

EHDI 2023 Capacity Building Grant - Application Form

Instructions

Please complete all fields in this application and respond to all questions. If you experience problems with the application or need it in a different format, email ommh@state.mn.us or call 651-201-5813.

Please submit your complete application via email to ommh@state.mn.us with the subject line *EHDI Capacity Building RFP Application – [insert applicant organization name]*.

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

1. Application Form *(this form)*
2. Budget (Excel template)
3. Due Diligence Review Form (PDF)
4. Applicant Conflict of Interest (COI) Disclosure Form (PDF)
5. Additional Attachments – optional

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 **and** leadership **and** staff identify as people of color or American Indian)?

☐ Yes, more than 50% of lead organization's board[4], leadership[3] and staff [2]identify as people of color or American Indian[1]

☐ No. Comments (optional): _____

[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] **Project Staff** should include all staff and supervisors who will be paid for partly or entirely out of the EHDI Evaluation 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, asst. executive director, chief executive officer, chief financial officer, chief operating operator, directors, managers and/or supervisors (supervisors on EHDI Evaluation 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.*

Project Information

Brief Project Summary (*1,000 characters maximum, unscored*) - Description is required under Federal Funding Accountability and Transparency Act (FFATA).

Annual Funding Request

| Annual (1 year) Funding request | | $ |

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: _____

I. Organization Overview (no points assigned)

1. Provide a brief overview of the lead organization, including history, mission, size, and location. Provide a brief overview of lead organization's current (but not past) portfolio of work. *(Required information but not scored.)* 3,500-character limit

II. Personnel Qualifications (35 total points)

2. Briefly describe the project staff's* roles and responsibilities in this project, illustrating your capacity to serve approximately thirty EHDI grantees simultaneously. Describe the professional training and work history of the principal staff and credentials that may be relevant to the work to be performed under this grant. Include staff's lived experience that may be relevant to the work and partnerships under this grant. (Resumes are not required but can be submitted as additional, optional attachments.)

   *The "project staff" refer to the principal staff taking on roles and responsibilities related to this grant (as opposed to staff within the organization who are not taking on roles and responsibilities in this grant.) (Up to 15 points) 3,500-character limit

3. Describe the project staff's strengths and limitations including, but not limited to: program evaluation planning; data collection and analysis; reporting; familiarity with measurement issues; evaluation technical assistance and support; teaching evaluation using a mentorship, coaching, or consultative approach; and cultural competence. (Up to 10 points) 3,500-character limit

4. Describe the project staff's expertise and experience working with organizations similar to EHDI grantees, such as community-based organizations, populations of color and American Indians, coalitions or partnerships, community health boards, community clinics, and other similar groups. (Up to 10 points) 3,500-character limit

III. Experience and Expertise (25 total points)

5. Please list - and briefly describe - any previous work/projects that are relevant to this grant in terms of eliminating health disparities, scope, purpose, or approach. (Up to 5 points)
3,500-character limit

6. Describe your expertise and experience in conducting evaluations of health promotion and/or disease prevention initiatives for public health agencies. Highlight any special expertise you may have with the eight health disparity areas identified for EHDI's eight priority health areas; social determinants of health strategies; and policy, systems and environmental change strategies to address health equity. (Up to 10 points) 3,500-character limit

7. Describe your organization's experience and expertise providing evaluation technical assistance and support to build organizational capacity and sustain an evaluation Community of Practice (CoP), if any. (Up to 10 points) 3,500-character limit

IV. Project Narrative (40 total points)

8. Project Design: Describe your understanding of EHDI and the overall approach you would take to meet the objectives and deliverables outlined under the Scope of Work. (Up to 5 points) 3,500-character limit

9. Project Implementation: Provide a project design and timeline of proposed activities, including methods of communicating and reporting to Minnesota Department of Health (MDH) and with EHDI grantees. A logic model and or a logic map can be provided as optional attachments. 7,000-character limit

   a. Participate in meetings with EHDI grantees and MDH. (*Up to 5 points*)
   b. Conduct an initial and post evaluation capacity assessment. (*Up to 5 points*)
   c. Conduct one-to-one evaluation technical assistance and support. (*Up to 5 points*)
   d. Develop and implement a shared outcome measurement system. (*Up to 5 points*)
   e. Build and sustain an evaluation Community of Practice (CoP). (Up to 5 points)
   f. Support grantees to learn from and take action on evaluation findings, including disseminating and articulating evaluation findings. *(Up to 5 points)*

Question 9 continued, if needed.

10. Challenges and Limitations: Discuss any key elements or questions that would need to be addressed for the evaluation capacity building to be successful, and how you plan to address them. (Up to 5 points) 3,500-character limit

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