Eliminating Health Disparities Initiative: 2023 Evaluation Capacity Building Grant

GRANT REQUEST FOR PROPOSAL (RFP)

IMPORTANT DATES

May 1, 2023	Request for Proposals (RFP) released
June 2, 2023	Last day to submit RFP questions (until 4:30 p.m. CDT)
June 9, 2023	Proposals due (until 11:59 p.m. CDT)
August 15, 2023	All applicants notified of funding decision
October 2, 2023*	Grant begins *(*or when grant agreement is fully executed, whichever is later)*

For more information and application documents, visit the following webpage: Eliminating Health Disparities Initiative: 2023 Evaluation Capacity Building Grant (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html)

Table of Contents

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.[*]

Minnesota Reservations: Land Cessation Treaties

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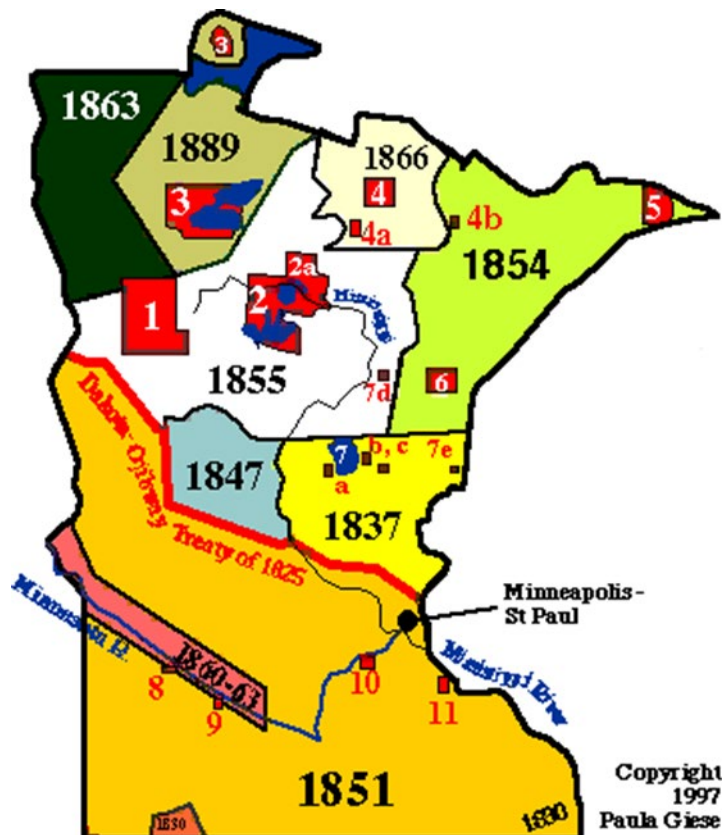
[*] This is the acknowledgment given in the USDAC Honor Native Land Guide, edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council.

Introduction

The Minnesota Department of Health (MDH) announces the availability of funds to be used to support and strengthen the capacity of Eliminating Health Disparities Initiative (EHDI) grantees. The EHDI Evaluation Capacity Building Grant funds are specifically designed to support EHDI grantees in strengthening the prevention and early detection services they provide to cultural communities in Minnesota, including identifying best practices in the elimination of health disparities and addressing social determinants of health, building successful partnerships, networking, improving their ability to monitor their success, learning about successful strategies in other communities, documenting success and areas for growth, and reporting results.

The purpose of this Request For Proposal (RFP) is to provide an outline of the EHDI program, the context for the work of EHDI grantees, and specific scope and aims of the evaluation services to be provided to EHDI grantees. Instructions for submitting a proposal are also included.

EHDI Program Background and History

The Minnesota Legislature created the EHDI grant program in 2001 ([Minn. Stat. §145.928](https://www.revisor.mn.gov/statutes/?id=145.928)). This law states that the goal of EHDI grants is to close the gap in the health status of populations of color and American Indians as compared with whites in the following priority health areas (PHAs):

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality and access to and utilization of high-quality prenatal care[1]
- Teen pregnancy prevention[2]
- Unintentional injuries and violence

EHDI grantees are not required to use evidence-based practices. Projects that are research-based and projects that are promising strategies are given equal weight in the review process. It is possible for projects to be both research-based and based on promising strategies; we do not view these two broad categories as mutually exclusive. All EHDI-funded projects must be grounded in community knowledge and wisdom.[3]

Eligible Levels of Change

In response to community and stakeholder feedback and based on the community-driven EHDI philosophy, funding is meant to be flexible and responsive to community needs. A key recommendation that emerged from a 2015 EHDI community input process was to encourage grantees to broaden program activities to address the social and economic conditions for health, also known as the social determinants of health. Community partners

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[1] Prenatal care access and utilization was added to the EHDI statute in the 2019 legislative session.

[2] Teen pregnancy prevention is not specified in state law. Federal TANF funding has been added to the state funding allocated for EHDI in order to address this particular health area.

[3] Community knowledge and wisdom should be defined by each project's target populations. Within CHE, we view community knowledge and wisdom as valuing cultural ways of healing and recognizing health as a complete state of physical, mental, emotional and social wellbeing.

recommended that the EHDI program allow grantees to expand beyond providing programs that target individual-level changes (such as awareness, knowledge, behavior or skill) to focus on broader social determinants of health, such as changing policies, systems or environments that address the root causes of inequities. This recommendation is consistent with the MDH philosophy that we must work at multiple levels of change – including addressing the social determinants of health – in order to ultimately achieve health equity.

Depending on the needs of the community served, EHDI grantees may have chosen to work within *one or more of the following levels of change* to address one or more of the Priority Health Areas (PHAs) listed above.

1. Health Promotion/Direct Service: Delivering health promotion and prevention projects grounded in cultural knowledge and wisdom that contribute to eliminating disparities within one or more PHA through *direct service*. Level 1 activities often, but not always, focus on changes at the *individual level* and/or *family level*.

Examples include:

- Delivering a health promotion or prevention curriculum to prevent teen pregnancies
- Providing wrap-around services to high-risk pregnant or new moms to reduce infant mortality
- Providing exercise classes for older adults at risk of heart disease and stroke

2. Organizational/Institutional Change: Participating in or leading efforts that contribute to eliminating disparities in one or more PHAs by *changing organizational or institutional policies or changing the way a system in an organization or institution works*. Level 2 change often means modifying policies or systems to support individual behaviors and address risk and protective factors.

Examples include:

- Contributing to or promoting the adoption of teen-friendly clinic policies to support the prevention of HIV/STIs
- Contributing to or promoting a change in healthy food accessibility in a school, housing complex, etc. to reduce the incidence of diabetes
- Improving existing and/or developing new clinic procedures or workflows to improve HPV immunization rates
- Contributing to and/or implementing a new policy requiring age-appropriate comprehensive sexual health curricula in a school district
- Contributing to or leading the development of a statewide network for sharing best practices related to breast and cervical cancer screening in the American Indian community
- Spreading or disseminating a promising culturally appropriate model for health promotion or prevention initially developed within an organization to other organizations or institutions

3. Root Causes/Conditions for Health: Participating in or leading efforts that *target specific social and economic conditions for health (also known as the social determinants of health)* and contribute to eliminating disparities in one or more PHAs. Level 3 change often involves changing local, regional, Tribal or state policy, changing the

way systems work or changing the natural or built environment to address the root causes of health disparities.[4][5]

Examples, with the targeted social determinants of health in brackets, include:

- Contributing to or leading the development of a coordinated policy agenda that will strengthen affordable and stable housing for pregnant moms in the state to reduce infant mortality [Housing]
- Contributing to or leading a local or statewide effort to increase community safety so that people can walk, bike and play outside to support the reductions of cardiovascular disease, diabetes, and violence [Neighborhood Conditions]
- Contributing to or leading an effort to create welcoming communities to reduce isolation and increase feelings of belonging so that community members can have active social and outdoor lives to reduce cardiovascular disease and diabetes [Social Connections and Support]
- Contributing to or leading an effort to eliminate stigma and discrimination against LGBTQ communities of color or American Indians so that people can feel included, welcomed and valued in order to reduce chronic stress and risk behaviors that can lead to HIV/AIDs, STIs or teen pregnancy [Racism and Discrimination]

Center for Health Equity (CHE)

Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. By investing in community-based organizations and Tribes to develop health improvement strategies built on cultural knowledge and wisdom and community strengths, community members are more likely to be reached, engaged and impacted.

For more than a decade, the EHDI grants were administered through the MDH Office of Minority and Multicultural Health (OMMH). In December 2013, the Commissioner of Health established the MDH Center for Health Equity (CHE) with the intent of bringing an overt and explicit focus to the efforts of MDH to advance health equity in Minnesota. The mission of CHE is to connect, strengthen and amplify health equity efforts within MDH and across the state of Minnesota. OMMH was replaced by CHE, and EHDI remains an integral program of CHE.

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[4] **Policy, systems and environmental change** are ways of modifying the environment to make healthy choices practical and available to all community members. Policy change includes ordinances, resolutions, requirements or procedures that govern behavior or practices within an organization, community, system, etc. Systems change includes changes in processes or procedures that impact all elements of an organization, institution or system so that people or departments within that organization, institution or system change the way they operate or do their work. Environmental change includes changes to the economic, social or physical environment to benefit entire populations.

[5] EHDI grantees may lead or participate in advocacy work but may not engage in activities that are considered "lobbying."

Center for Health Equity (CHE)
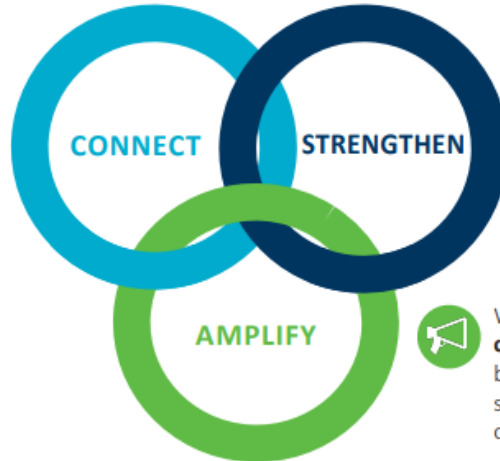
CHE is grounded in a set of core values and approaches (https://www.health.state.mn.us/communities/equity/about/handout.pdf) that shape our work, including the work of the EHDI program. Our **values** include honoring cultural knowledge and wisdom; fostering trust and belonging; listening deeply; and recognizing health equity as a human right. Through EHDI grants, we seek to support and amplify indigenous and cultural ways of healing, and we strive to build a community of grantees that recognizes and honors everyone's story, fosters trust between government and community, and allows grantees to define what health looks like for their communities.

Our work is guided by a set of **approaches**, including: racial equity; resilience; intersectionality; network leadership; community-driven data and decisions; and systems that heal, not harm.
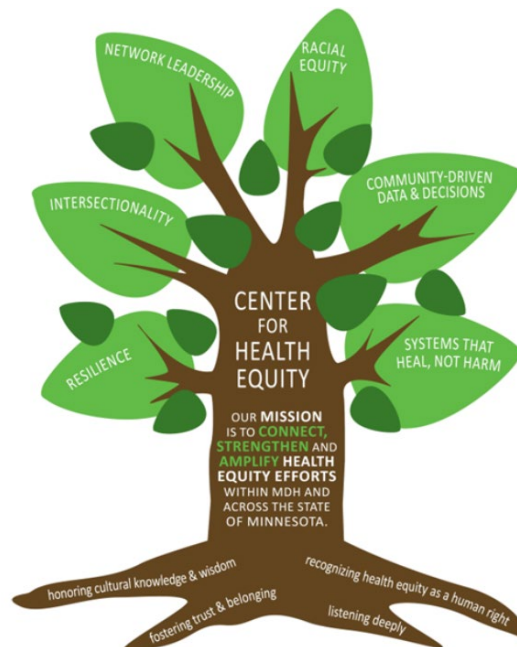
The development of the EHDI program was guided by these values and approaches, by feedback from members of the CHE Health Equity Advisory and Leadership (HEAL) (https://www.health.state.mn.us/communities/equity/about/committee.html) Council and by community and stakeholder input collected by MDH and CHE in recent years, including the 2015 Eliminating Health Disparities Initiative: Input Summary of Themes (https://www.health.state.mn.us/communities/equity/funding/rfp2018/mad.pdf).

The EHDI program is grounded in several *principles*, including:

▪ Community issues require community solutions.
▪ Effective initiatives are co-created with and supported by the community served.
▪ Effective strategies are grounded in cultural knowledge and wisdom.
▪ Sustainable projects complement related community services and activities.
▪ Organizations that reflect the populations served are more likely to understand community experiences, connect with community and effectively support community solutions.

Lessons Learned

The years of EHDI investments have yielded not only advances on the mandated goals, but also valuable information and lessons, including the need to:

▪ Use strategies that are grounded in practice and research, and that respect and reflect Minnesota's diverse cultures.
▪ Develop and improve behavior-based health improvement interventions that respect and reflect Minnesota's populations of color and American Indian populations.
▪ Identify policy, systems and environmental changes that are needed to eliminate health disparities between whites and people of color and American Indian populations.
▪ Provide support for partnerships that combine the skills, resources, and leadership necessary to take action to remove barriers to progress.
▪ Provide grantees with technical assistance to identify, measure, and report on appropriate to build an understanding of health disparities and evaluate solutions at programmatic levels.
▪ Pair strategies that focus on individual behavior change with strategies that address the social and economic factors that underlie and drive health disparities.

See also: Cultivating a Health Equity Ecosystem: Lessons Learned from the Eliminating Health Disparities Initiative (https://www.health.state.mn.us/communities/equity/ehdi/reports/impactreport.html).

EHDI Grants 2019-2023: Current Cycle

Final funding decisions for the 2023-2027 EHDI grants were made in April 2023 based on recommendations of Review Panels comprised of community members with content expertise. All applicants were immediately notified. State law prohibits MDH from sharing the names of those selected for funding until we have completed negotiating all grant agreements. We expect to share the names of those selected for funding in July 2023. When it becomes available, a list of those selected for funding will be posted on the 2022 Eliminating Health Disparities Initiative Request for Proposals (https://www.health.state.mn.us/communities/equity/funding/rfp2022/index.html) page. The following memo summarizes data about the applications received by MDH and the community review process: EHDI Grant Review Process Summary: Memo to Applicants and Partners (https://www.health.state.mn.us/communities/equity/funding/rfp2022/ehdigrantsummary.pdf).

In the meantime, MDH offers information about the current group of 2019-2023 EHDI grantees (https://editwww.web.health.state.mn.us/communities/equity/ehdi/2019-2023grantees.pdf), below, in an effort to help applicants understand the types of organization they may be supporting.

At the conclusion of the review process, 25 programs were awarded funds, with grant amounts ranging from approximately $87,000 to $250,000. Strategies that these grantees are implementing to achieve EHDI goals include:

- Providing services that address key social and economic factors that contribute to health disparities;
- Conducting activities that lead to policy, systems and environmental changes at the local level;
- Delivering culturally responsive health promotion and prevention programs that contribute to eliminating health disparities within identified priority health areas;
- Building and strengthening cross-sector partnerships to create sustainable solutions to improve health outcomes; and
- Developing organizational, community and individual leadership capacities.

Learn more about the currently-funded EHDI grantees and their grant-funded projects by visiting 2019-2023 EHDI Grantees Projects https://www.health.state.mn.us/communities/equity/ehdi/grantees/index.cfm). The number of current EHDI grantees addressing each priority health area is as follows (several grantees are addressing multiple areas):

2019-2023 EHDI grantees	
Priority Health Area (PHA)	Number of Grantees*
Breast and Cervical Cancer	1
Diabetes	7
Heart Disease and Stroke	4
HIV/AIDS/STIs	5
Immunizations	2
Infant Mortality and Prenatal Care	2
Teen Pregnancy	12
Unintentional Injuries and Violence	5

*Total exceeds 25 because many grantees are addressing multiple PHAs.

Key information regarding the 2019-2023 EHDI grant cycle:

- All grants were for four years contingent upon satisfactory performance and availability of funding.
- All grantees implemented approved work plans.
- Two grantee gatherings are held each year, a Spring gathering and a Fall gathering. In these gatherings, Center for Health Equity staff provide MDH and Center updates and EHDI grant management updates; the Evaluation Capacity Building provider shares EHDI evaluation data and facilitates a discussion around the data; specific EHDI grantees share their work; and grantees break out into small groups to discuss topics of their choice.
- Grantees' draft logic models and evaluation plans were due in January 2020. Grantee semi-annual reports are due in January, and annual reports are due in July, of each year of the grant.
- Grantees receive programmatic and evaluation technical assistance from EHDI staff. The assistance provided involves identifying outcome indicators, conducting and analyzing data from focus groups, and reviewing logic models and evaluation plans.
- Grantees are required to set aside 10 percent of their funds for evaluation, which can be used for internal evaluation expenses or to hire an external evaluator.
- All documents shared with grantees are posted and updated on the EHDI Grantee Portal (https://www.health.state.mn.us/communities/equity/ehdi/portal/index.html) webpage.

RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: Eliminating Health Disparities Initiative: 2023 Evaluation Capacity Building Grant
- **Minnesota Department of Health (MDH) Website**: Eliminating Health Disparities Initiative Request for Proposals: 2023 Evaluation Capacity Building Grant (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html)
- **Application Deadline**: Friday, June 9, 2023 (until 11:59 p.m. CDT)

1.2 Program Description

The Minnesota Department of Health (MDH) announces the availability of funds to be used to support and strengthen the capacity of Eliminating Health Disparities Initiative (EHDI) grantees. The EHDI 2023 Evaluation Capacity Building Grant is specifically designed to support EHDI grantees in strengthening the prevention and early detection services they provide to cultural communities in Minnesota, including identifying best practices in the elimination of health disparities and addressing social determinants of health, building successful partnerships, networking, improving their ability to monitor their success, learning about successful strategies in other communities, documenting success and areas for growth, and reporting results.

The purpose of this Request For Proposal (RFP) is to provide an outline of the EHDI program, the context for the work of EHDI grantees, and specific scope and aims of the evaluation services to be provided to EHDI grantees with this grant. Instructions for submitting a proposal are also included.

1.3 Funding and Project Dates

Funding

EHDI grant funding comes from two sources: federal Temporary Assistance for Needy Families (TANF) funds and state general funds. The recipient of this EHDI 2023 Evaluation Capacity Building Grant will receive a portion of funding from both sources.

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	$50,000 - $100,000 annually[6]
Estimated Number of Awards	1 -2[7]

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[6] MDH reserves the right to award the grant to more than one applicant if it deems those applicants are strongest in certain qualifications or have proposed the strongest approach related to a specific deliverable.
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Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is October 2, 2023 or when the agreement is fully executed by all parties, whichever is later. The projected end date is August 31, 2027. The grant period will be four years, contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

Eligible applicants may include, but are not limited to:
▪ Non-profit organizations
▪ Universities, colleges, or research institutions
▪ Professional consulting firms
▪ Independent contractors

Organizations can apply on their own or as part of a multi-organization collaboration.

This RFP will give further priority to applications that demonstrate an ability to work effectively in partnership with American Indians and populations of color.

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 groups that do not have state or federal recognition may apply with a fiscal agent.[8] 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.

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.

1.5 Questions and Answers

All questions regarding this RFP must be submitted via the main webpage:
Eliminating Health Disparities Initiative 2023 Request for Proposals: Evaluation Capacity Building Grant (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html). See the heading "Questions," then click on the "Submit questions" link.

If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

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[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.

MDH staff will post all questions and answers within 7 business days (and often within 1 to 2 days) on the webpage: EHDI 2023 Evaluation Capacity Building RFP Questions and Answers (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/qa.html).

Please submit questions no later than June 2, 2023 (until 4:30 p.m. CDT). 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 June 6, 2023.

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 Part 2: Program Details and Requirements

2.1 Priorities

Health Equity Priorities

The vision of the Minnesota Department of Health 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. Find more information on health equity on the Center for Health Equity (CHE) website (https://www.health.state.mn.us/communities/equity/index.html).

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) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

2.2 Eligible Projects

Responsibilities

The primary responsibility of the EHDI Evaluation Capacity Building grantee is to provide evaluation, technical assistance, capacity building, and support to approximately 30 EHDI grantees.

Please note the 4-year grant period for EHDI *grantees* is July 1, 2023 – June 31, 2027.

The grant period for the EHDI Evaluation Capacity Building grantee begins October 2, 2023 (or when grant agreement is fully executed, whichever is later). The grant period will end for the EHDI Evaluation Capacity Building grantee August 31, 2027 in order to complete close-out tasks related to the EHDI grantees' work.

Ineligible Expenses

Ineligible expenses include but are not limited to:
• Fundraising
• Taxes, except sales tax on goods and services
• Lobbying, lobbyists, political contributions (refer to Lobbying vs. Advocacy section on page 14)
• Bad debts, late payment feeds, 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)

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 sample grant agreement: Standard Grant Template - Version Sept 2022 (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Fcommunities %2Fenvironment%2Fwater%2Fdocs%2Fcom%2Fgranttemplate.docx&wdOrigin=BROWSELINK). 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 of 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

In addition to the requirements listed above, the monitoring schedule will also include a monthly check-in with MDH staff.

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 2023, an invoice must be submitted for this expense by November 30, 2023. 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

Deliverables

The following deliverables to the Center for Health Equity and to EHDI grantees are required based on the anticipated evaluation capacity building timeline of activities:

- Initial and post evaluation capacity assessment reports
- Evaluation technical assistance and support plan based on the initial assessment
- Products associated with the Community of Practice, including a live website if this was developed as part of this objective
- Grantee Profiles
- Reporting template for the shared measurement system co-created with EHDI staff
- Shared measurement reporting system
- Progress reports (mid-year and annual reports due each year of the four-year grant cycle)

Building Evaluation Capacity among EHDI Grantees

The EHDI Evaluation Capacity Building grantee will work closely with the Center for Health Equity staff including the Director and Co-Director of the Center for Health Equity, EHDI grant managers, and EHDI priority health area specialists.

The primary responsibility of the EHDI Evaluation Capacity Building grantee is to provide evaluation technical assistance and support to approximately 30 EHDI grantees. This involves assisting them in:

- Carrying out meaningful evaluations of their work which means evaluations that capture the essence of what their programs are trying to accomplish, are culturally responsive, and have high utility value in that they can be used to make continuous program improvements, and leveraged to achieve long-term sustainability (e.g., invested public support, financial support, and evaluation processes that are integrated into the organizational structure);
- Assessing the effectiveness of their programs in reducing racial, ethnic, and other disparities in the priority health areas and/or addressing social determinants of health in their communities;
- Learning about successful strategies or approaches developed by other grantees or other groups working in the same priority health area or with the same population; and,
- Communicating their findings to their intended audiences.

Scope of Work

EHDI Evaluation Capacity Building Grant applicants are asked to submit a proposal that outlines how they would assume the following areas of responsibility to meet the terms of the grant. Please note that MDH and the grantee will engage in discussions and negotiations to execute a final grant agreement.

1. Meetings
   a. Attend half-day EHDI Grantee Gatherings (meetings) held twice a year, and collaborate with EHDI staff to plan these meetings.
   b. Attend monthly meetings with EHDI staff to discuss EHDI updates, plan evaluation technical assistance and support activities as well as other grant activities.

2. Evaluation capacity assessment
   a. Conduct an initial evaluation capacity assessment with EHDI grantees to determine the level and type of evaluation technical assistance and support needed, and create an Evaluation technical assistance (TA) Plan based on the assessment findings.
   b. Conduct a post-evaluation capacity assessment at the end of the grant period to determine evaluation capacity built among grantees.

3. One-on-one evaluation technical assistance and support
   a. Assist grantees in identifying and clarifying program dimensions such as: understanding the environment in which their program operates, building opportunities for community involvement in program planning and implementation; utilizing community assets (see *b* below); identifying program priorities; and, if new program practices or policies are implemented, understanding their organizational implications.
   b. Work with grantees to identify community assets and resources, especially culturally specific assets and resources, and how these can be utilized to meet their program objectives and improve community health.
   c. Assist grantees in developing a culturally responsive evaluation[9] that is reflected in their program theory of change, logic model, and evaluation plan. EHDI grantees are required to submit draft logic models and evaluation plans in January 2024; the EHDI Evaluation Capacity Building grantee will work with grantees to refine and finalize their logic model and evaluation plans as needed after this initial deadline.
   d. Meet with grantees individually or in small groups to refine evaluation plans and/or provide feedback on outcomes statements, indicators, methodologies, data collection and analysis plans, and reports. It is imperative that the Evaluation Capacity Building Grantee conduct these activities with, rather than for EHDI grantees, in such a way that grantees are able to conduct these activities on their own in the future.
   e. Assist grantees in learning from, and taking action on, their evaluations findings.

4. Provide additional forms of support such as developing evaluation tools (for example, handouts, tip sheets, resource lists, forms, and templates) or conducting trainings (in-person, virtual or hybrid) that would help build grantees' evaluation capacity. The Evaluation Capacity Building Grantee is encouraged to utilize EHDI grantees' strengths and assets in providing these additional forms of support; for example, inviting grantees to be presenters or highlighting their work in trainings.

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[9] A culturally responsive evaluation fully takes into account the race/ethnicity and culture of program participants, including their values, beliefs, history, and context.

5. Develop a shared outcome measurement system.[10]
    a. Work with EHDI grantees, staff, and Priority Health Area Specialists[11] to develop a shared measurement system consisting of common outcome measures in each of the eight priority health areas that align with statewide and national outcome measures, and also respects and accommodates program-specific outcomes selected by the grantees themselves.

6. Build and sustain a Community of Practice (CoP)
    a. Work with EHDI staff and grantees to build and sustain a Community of Practice (CoP) where grantees actively engage with their peers and MDH outside of mandatory grantee gatherings. This engagement could take the form of learning, inquiring, problem solving, or sharing news about their program, lessons learned and best practices, tools, and other resources.
    b. Grant applicants must specify the basic structure for the CoP which could be in-person interactions, virtual, or a combination.
    c. Among the structures that may be proposed is an online community of practice among grantees, Center for Health Equity staff, EHDI Priority Health Area Specialists, and invited guests that would have functions such as, but not limited to:
        - Electronic bulletin board where grantees can share information; post questions and answers or solutions; and connect with other grantees;
        - Calendar for upcoming events;
        - Library of articles, reports, tools, or online resources; and
        - Forum for grantees to hold "coffee break" type conversations on topics of their choice.

7. Dissemination and articulation of evaluation findings
    a. Assist EHDI grantees in disseminating and articulating their evaluation findings to increase program visibility and add value to their program. This may include assistance in preparing abstracts, social media posts, posters, brochures, flyers, or oral presentations. It is desirable that the EHDI grantees are credited as the primary authors of such dissemination products.
    b. Work with EHDI staff and grantees to create 2-page "Grantee Profile" documents for posting on the EHDI website, and for grantees to share with their community members. Estimated timeline for completion is Year 3 of the grant. Examples can be found on the 2016-2019 EHDI Grantee Profiles (https://www.health.state.mn.us/communities/equity/ehdi/profiles/index.html) webpage.

2.5 Grant Provisions

Contracting and Bidding Requirements

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[10] In this shared measurement system, EHDI grantees will track the same outcomes and use the same indicators to evaluate the performance of their programs. This will facilitate better reporting to MDH and community members in that results can be aggregated across grantees thereby providing a picture of their collective impact and how (continued from previous page's footnote) EHDI is contributing to the elimination of health disparities statewide. Results for Minnesota can also be compared to those of other programs in the same priority health areas. The shared measurement system will benefit EHDI grantees by enabling collective learning from the evaluation process, collaborative work towards mutually defined common outcomes, and a sense of community and collective accomplishment in the process. At the organization level, using common measures will allow them to learn about statewide and national outcome measures in their priority health area, better align their program strategies, use the results to strategize system-level improvements, and strengthen collaborations to enhance program delivery. It is important to note that in addition to participating in the shared measurement system, EHDI grantees still may specify their own program-specific outcomes.
[11] Priority Health Area (PHA) Specialists are subject matter experts at MDH who serve as a resource to EHDI grantees.

(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 (http://www.mmd.admin.state.mn.us/process/search)](http://www.mmd.admin.state.mn.us/process/search);
   - [Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (https://mnucp.metc.state.mn.us/)](https://mnucp.metc.state.mn.us/) or
   - [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/contract-compliance-business-development-9)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).
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. 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.
viii. 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.
ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: [Office of State Procurement / Minnesota Office of State Procurement (https://mn.gov/admin/osp/)](https://mn.gov/admin/osp/).

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; or
- 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; or
- 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), 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), 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 (https://www.revisor.mn.gov/statutes/cite/13.599), subd. 3(a)).

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), 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. Use of generic trade secret language encompassing substantial portions of the 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) 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) 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)). 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/)).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights (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 of staff from the Minnesota Department of Health (MDH) and potentially current EHDI grantees. 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.

MDH reserves the right to award the grant to more than one applicant if it deems those applicants are strongest in certain qualifications or have proposed the strongest approach related to a specific deliverable.

Selection Criteria and Weight

The grant will be awarded based upon a careful review of responders' qualifications (personnel and organizational), previous experience, and the quality of responses.

The top two applicants will be invited to an interview with the Center for Health Equity Director and EHDI staff who will make the final selection.

Applicants must possess requisite competencies in evaluation practice (see for example the American Evaluation Association's Guiding Principles (https://www.eval.org/About/Guiding-Principles), Evaluator Competencies (https://www.eval.org/About/Competencies-Standards/AEA-Evaluator-Competencies), and Statement on Cultural Competence in Evaluation (https://www.eval.org/About/Competencies-Standards/Cutural-Competence-Statement)), most importantly in the teaching of evaluation through a mentorship, coaching or consultative approach. Applicants must also demonstrate the organizational and fiscal capacity needed to complete the scope of work described in this RFP. Of special interest is demonstrated expertise and experience in working with grantees who possess similar attributes as EHDI grantees: community-based and/or health-focused organizations serving populations of color and American Indians; social service non-profit groups and coalitions; tribal governments; community health boards; and community clinics. Prior work experience in measuring and evaluating the health impact of projects focused on social determinants of health and policy, systems, and environmental change is desirable. Prior experience with public health agencies and the evaluation of health promotion and disease prevention projects is also desirable. Strong proposals are those that reflect an understanding of the nature of the initiative, the type of evaluation services needed, and can outline an organized and feasible approach to achieving the stated evaluation objectives.

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. See also Attachment A: Application Scoring Criteria at the end of this RFP document.

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 MDH to complete a pre-award risk assessment and Due Diligence form for each applicant.

Notification

MDH anticipates notifying all applicants of funding decisions via email by August 15, 2023. All notices of award and non-award will be sent via email to the contact person listed on the application.

Awarded applicant(s) 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 agency being awarded the funds. The effective date of the agreement will be October 2, 2023 or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until August 31, 2027, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications submitted via email MUST be received by MDH no later than 11:59 p.m. (CDT), on June 9, 2023

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

Applicants who are unable to submit via email may submit their application via postal mail. If submitting by mail, please submit a single printed copy bound with a paper clip (do not staple). Applications may *not* be hand-delivered to MDH. An application sent by postal mail must be postmarked by or on June 9, 2023 and received by MDH no later than June 19, 2023.

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

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

REQUIRED: Applicants must complete and submit the following 4 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. Budget (Excel template)

- OPTIONAL: Additional attachments (not required)

Forms 1, 2, 3, and 4 listed above can be found online at the following webpage: *Eliminating Health Disparities Initiative 2023 Request for Proposals: Evaluation Capacity Building Grant* (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html).

Note that there is a not a form for Additional attachments; this includes any optional forms an applicant may decide to include as part of their application.

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 and time-stamped on or before the submission deadline (via email). MDH will not be responsible for a proposal that is delayed or lost in transit by the Postal

Service or a private carrier. All submissions are final. Full and complete proposals not received by the deadline given above will NOT be considered.

When MDH receives your application, we will send an email within 48 hours 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: ommh@state.mn.us.

3.3 Application Instructions

Late or incomplete applications will be rejected and not evaluated.

Applications must include all four 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 APPLICATON DOCUMENT #1: Application Form

This form can be found on the EHDI RFP webpage (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html).

LOGISTICS:
Applicants may use Adobe Acrobat Reader to complete the form (which can be downloaded for free from the Adobe Acrobat (https://get.adobe.com/reader/) website). Please complete all fields in the application. Character limits are enforced automatically and include spaces. To bold, italicize or underline in the application form, the following keyboard shortcuts can be used:

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

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

This form can be found on the EHDI RFP webpage (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html). Applicants must complete the Applicant Conflict of 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 APPLICATON DOCUMENT #3: Due Diligence Review Form

This form can be found on the [EHDI RFP webpage](https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html) (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html).

REQUIRED APPLICATON DOCUMENT #4: Budget

This form can be found on the [EHDI RFP webpage](https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html) (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html). Applicants must submit a budget narrative and budget summary that provides an overview of how funds will be used during the *first two years of the grant (October 2023 – June 2025)*. **Applicants are *strongly encouraged* to use the Microsoft Excel template provided on the** [EHDI RFP webpage](https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/index.html) (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/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 same information below.

THE THREE TABS (SHEETS) WITHIN THE BUDGET TEMPLATE (EXCEL FORMAT) INCLUDE:
1. Instructions: Includes information about Indirect Costs, and also a sample budget.
2. Annual Budget (FY24-25 Budget for Years 1 and 2 combined) - *applicants must complete this sheet*
3. Summary (auto-fills once the "Annual Budget" tab has been completed by the applicant)

Applicants must request one annual amount of funding that does not vary from year to year. For example, if an applicant requests $100,000 annually and is fully funded, the applicant's 2-year / FY24-25 budget (likely start date of October 2, 2023 – June 30, 2025) in the Budget template would total $200,000.

BUDGET NARRATIVES
The budget narratives (or explanations) within the budget document should provide a brief but sufficient explanation of how funds will be used. 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.
Please round expenditures to the nearest dollar and enter the total for each line item.

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; and
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), Please note TANF restrictions on page 17. Grant funds cannot be used for out-of-state travel without prior written approval from MDH.
In addition to travel for program activities, applicants should include expenses related to travel/per diems in order to attend the annual Community Health Conference (usually held in the Brainerd area) and also an annual all-day grantee gathering in the metropolitan area.

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

Tribal Grantees Tribal grantees will be reimbursed for meal expenses as outlined in their Tribal Policy and not to exceed the Federal GSA Per Diem Rates (https://www.gsa.gov/travel/plan-book/per-diem-rates). Rates vary by city and state.

Non-Tribal Grantees Non-Tribal grantees may be reimbursed for meals including tax and a reasonable gratuity according to the Commissioner's Plan (https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp), 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:

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 2 CFR Part § 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.

Part 4: Due Diligence Review Form

The Due Diligence Review Form can be found on the EHDI RFP webpage (https://www.health.state.mn.us/communities/equity/funding/rfpeval2023/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 use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Part 5: Additional Attachments (optional)
For example, staff resumes, logic model, work plan, et cetera.

Application questions #2 and #9 permit optional attachments. If attachments are included in response to other application questions, they will not be read. The purpose of character limits and attachment limits is to make the application process more transparent, fair and equitable for all applicants.

RFP Part 4: Attachments

- Attachment A: Application Scoring Criteria

- Attachment B: Grant Agreement Sample

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 **or 5**	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good **or 4**	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good **or 3**	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal **or 2**	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory **or 1**	Fails to meet minimum requirements; needs major revision to make it acceptable.
Left blank **or 0**	Did not answer the question or offered no response at all.

Scoring Sections

I.   ORGANIZATION OVERVIEW AND PORTFOLIO (NO POINTS ASSIGNED)

Criteria	Information provided?
1. Applicant provided a brief overview of the lead organization, including history, mission, size, and location. Provided a brief overview of lead organization's current (but not past) portfolio of work. *(Yes or No. Not scored.)*	Yes or No

II.   PERSONNEL QUALIFICATIONS (35 POINTS)

Criteria	Score (0-5)
2. a. Roles and responsibilities are clearly stated and leverage project personnel's respective strengths, including lived experience. Illustrates the applicant's capacity to serve approximately thirty EHDI grantees simultaneously.	
b. Possess the experience and the technical expertise to provide evaluation technical assistance and support (auto-multiplied points by 2 in the Score column).	
3. Personnel possess the essential evaluation competencies, including cultural competence (auto-multiplied points by 2 in the Score column).	
4. Personnel have experience working with organizations similar to EHDI grantees (auto-multiplied points by 2 in the Score column).	
Total score points for this section:	

APPLICATION SCORING CRITERIA (CONT.)

III.   EXPERIENCE AND EXPERTISE (25 POINTS)

Criteria	Score (0-5)
5. Previous work/projects are relevant to this grant in terms of eliminating health disparities, scope, purpose, or approach.	
6. Experience conducting evaluations of health promotion/disease prevention initiatives that address social determinants of health factors and utilize policy, expertise in EHDI eight priority health areas, and system and environmental change strategies (auto-multiplied points by 2 in the Score column).	
7. Experience and expertise providing evaluation technical assistance and support to build organizational capacity and sustain an evaluation Community of Practice (CoP), if any. (auto-multiplied points by 2 in the Score column).	
Total score points for this section:	

IV.   PROJECT NARRATIVE (40 POINTS)

Criteria	Score (0-5)
8. Project Design: Demonstrates clear understanding of EHDI, objectives of the evaluation capacity building grant, and deliverables.	
9. Project Implementation: Project design and timeline address how the following grant activities will be carried out: a. Participate in meetings with EHDI grantees and MDH.	
b. Conduct an initial and post evaluation capacity assessment.	
c. Conduct one-to-one evaluation technical assistance and support.	
d. Develop and implement a shared outcome measurement system.	
e. Build and sustain an evaluation Community of Practice (CoP).	
f. Support grantees to learn from and take action on evaluation findings, including disseminating and articulating evaluation findings.	
10. Proposal identifies challenges and limitations posed by this project, and how these will be addressed.	
Total score points for this section:	

Attachment B: Grant Agreement Sample

MDH Sample Grant Agreement: Standard Grant Template - Version Sept 2022 (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Fcommunities%2Fenvironment%2Fwater%2Fdocs%2Fcom%2Fgranttemplate.docx&wdOrigin=BROWSELINK)

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