



Promising Practices: Family Home Visiting

REQUEST FOR PROPOSALS (RFP)

Community and Family Health Division
Minnesota Department of Health
Family Home Visiting Section
PO Box 64882
St. Paul, MN 55164-0882
www.health.state.mn.us/fhv/

January 10, 2023

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

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RFP Part 1: Overview

1.1 General Information

Announcement Title:	Promising Practices: Family Home Visiting (2023)
Program Website:	www.health.state.mn.us/communities/fhv/index.html
Letter of Intent Deadline:	January 27, 2023, 5:00 p.m. (CST)
Application Deadline:	February 24, 2023, 5:00 p.m. (CST)

1.2 Program Description

The Minnesota Department of Health (MDH) seeks proposals from Tribal Nations, non-profit organizations, and county governments to plan and implement promising practices home visiting services to Minnesota families in need. The goals of the Promising Practices Family Home Visiting program are to:

- Improve and promote parental and child health.
- Enhance positive parenting practices.
- Prevent child abuse and neglect.
- Reduce crime and intimate partner violence.
- Improve family experiences with reunification.
- Promote children's development and readiness to participate in school.
- Connect families to needed community resources and supports.
- Increase family economic self-sufficiency.

This Request for Proposals (RFP) seeks to expand access to community-based family home visiting programs for priority and hard to reach populations. Promising Practices programs are needed to explore flexible and non-model approaches to family home visiting program implementation and service delivery. These programs will address some of Minnesota's greatest disparities related to family home visiting access for hard-to-reach families.

1.3 Funding and Project Dates

Funding

MDH will use state sources to fund Promising Practices home visiting programs through this RFP. For more information visit: [Home Visiting for Pregnant Women and Families with Young Children \(https://www.revisor.mn.gov/statutes/cite/145.87\)](https://www.revisor.mn.gov/statutes/cite/145.87).

Funding will be allocated for two years through a competitive process. If selected, applicant agencies may incur eligible expenditures once the grant agreement is fully executed, and the grant has reached its effective date of July 1, 2023.

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Promising Practices Family Home Visiting	Funding Estimates
Estimated Amount to Grant	\$1.5 million per year
Estimated Number of Awards	6-10 awards
Estimated Award Maximum	\$250,000 per year
Estimated Award Minimum	\$100,000 per year

Match Requirement

There is no match requirement for this RFP.

Project Dates

This RFP is for a two-year grant period from 7/1/2023 to 6/30/2025. Applicants must submit a budget proposal for the first 12-months of the grant period. Funding in year two will be based on the awarded applicant’s:

- Staff retention and capacity.
- Successful recruitment and retention of families.
- Performance in achieving workplan goals and meeting target caseload.
- Spending trends and changing needs.

Grantees will receive an award letter each year of the grant and will be eligible for reimbursement of expenses not to exceed the amount listed in the award letter. The grantee will be required to submit a detailed budget and workplan for each year of the grant. Once approved, the budget and workplan will be incorporated as a part of the grant agreement.

Promising Practices Grant Period	Budget Periods
Year One	7/1/2023 – 6/30/2024
Year Two	7/1/2024 – 6/30/2025

1.4 Eligible Applicants

Eligible applicants include Tribal Nations, non-profit organizations, and community health boards (CHBs). Applicants must be located in and conduct grant activities in the state of Minnesota. Applicants must have state or federal recognition as a formal organization or entity, such as a Minnesota Tax ID or Unique Entity Identifier (UEI) number. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent. Applicants that are debarred or suspended by the State of Minnesota or the Federal Government are not eligible.

Applicants may only submit one proposal to this RFP. Applicants who submit two or more proposals will be disqualified and their applications will not be reviewed.

Promising Practices Eligible Applicants

- Tribal Nation, non-profit organization, or CHB not currently implementing any family home visiting program.
– OR –
- Tribal Nation, non-profit organization, or CHB currently implementing a flexible non-model family home visiting program.
– OR –
- Tribal Nation, non-profit organization, or CHB currently receiving Strong Foundations (Evidence-Based Home Visiting) or TANF funding from MDH to provide family home visiting services.

1.5 Questions and Answers

Questions regarding this RFP may be submitted via email to health.homevisiting@state.mn.us. Additional questions regarding this RFP may be emailed to kristen.tharaldson@state.mn.us. Questions regarding this RFP will be answered starting January 10, 2023. Submit all questions regarding this RFP no later than 5 p.m. on Friday, February 17, 2023.

A Frequently Asked Questions (FAQ) document that includes all questions and answers related to this RFP will be updated weekly on the MDH Family Home Visiting [Funding and Grants Management page \(https://www.health.state.mn.us/communities/fhv/grant.html\)](https://www.health.state.mn.us/communities/fhv/grant.html).

RFP Informational Meetings

MDH family home visiting staff will offer two virtual MS Teams meetings to review the RFP requirements and the application process on:

- Tuesday, January 17, 2023 from 1-2pm (CST) [Click here to join the meeting](#)
- Tuesday, January 24, 2023 from 10-11am (CST) [Click here to join the meeting](#)

Application Support Sessions

MDH family home visiting staff are available for an application support session related to RFP program requirements or budgetary questions. Limit of one session per applicant. To schedule a session between 1/17/23 – 2/17/23, contact kristen.tharaldson@state.mn.us.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

State of Minnesota policies aim to ensure fairness, precision, equity, and consistency in competitive grant award processes. This includes use of diversity, equity, and inclusion (DEI) principles in grant-making. MDH intentionally identifies how grant programs will serve diverse populations, especially populations experiencing inequities and/or health disparities. Multiple DEI approaches will be included in this grant process including:

- Resources for applicants: RFP informational meetings
- Resources for applicants: Frequently Asked Questions (FAQ) document
- Resources for applicants: one-on-one application support sessions
- Community involvement: use of community review teams
- Weighted scoring criteria: BIPOC leadership and staff
- Weighted scoring criteria: health equity and community engagement
- Final recommendations: split grant funds into organizational size categories (to be considered by MDH based on types of applications received)

For more information visit: [Policy on Rating Criteria for Competitive Grant Review \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf).

Promising Practices Program Goals

The overarching goal of the Promising Practices Family Home Visiting program is to equip pregnant people, parents, and other caregivers with the knowledge, skills, and tools to achieve a healthy birth and to help their children be physically, socially, and emotionally healthy, safe, and ready to succeed in school. Overall aims of the Promising Practices program are to:

- Increase access to home visiting services that are culturally and linguistically responsive to the needs of the priority populations served.
- Identify families in need of flexible non-model home visiting services in terms of settings (jails, shelters, treatment centers), periodicity (frequency of visits), or approaches (use of doulas, certified lactation counselors, peer support recovery specialists, or adapted FHV models).
- Implement promising practice approaches that enhance positive parenting practices.
- Improve access to screenings for child abuse and intimate partner violence to prevent negative experiences related to healthy infant and child development.
- Improve coordination of community resources and support services for transitional or hard to reach families to promote and improve parental and child health.
- Sustain promising practice home visiting programs for priority populations in Minnesota.

This grant program will prioritize promising practices family home visiting services for:

- Families experiencing housing insecurity or homelessness.
- Families impacted by incarceration.
- Families experiencing substance use disorder (SUD).
- Families experiencing serious persistent mental illness (SPMI).
- Families experiencing intimate partner violence (IPV) or currently living in a domestic violence shelter.
- Black, Indigenous, and families of color with limited access to evidence-based or other family home visiting services.

Grant Outcomes

Implementation of promising practices family home visiting programs will:

1. Provide voluntary multi-generation home visiting to engage caregivers and children as the primary service delivery strategy.
2. Ensure the provision of high-quality home visiting services to families from priority populations via partnerships with early childhood systems.
3. Improve outcomes in two or more areas including: parental and newborn health; school readiness and achievement; family economic self-sufficiency; coordination and referral for other community resources and supports; reduction in child injuries, abuse, or neglect; or reduction in crime or domestic violence.

2.2 Eligible Projects

Eligible projects must address health equity and utilize community-driven strategies to:

- Plan and implement promising practices approaches to family home visiting.
- Offer promising practices home visiting services to parents and/or caregivers with children ages 0- 5.
- Demonstrate an ability to enroll families from priority populations and reach target caseload by the end of year one of the grant.
- Use parent support curriculum (including homegrown curriculum), evidence-informed home visiting models, or components from evidence-based home visiting models.
- Meet an identified gap in the existing continuum of early childhood services and complement, rather than duplicate, existing home visiting services.
- Assure they will maintain their current level of effort and local funding for existing family home visiting programs (not including federal or other state funding).
- Demonstrate they will supplement, not replace, existing funds being used for family home visiting services as of July 1, 2023.

Target Caseload

The target caseload is the total number of family slots that will be supported as a result of this funding. Only active cases (i.e. families currently receiving home visiting services) may be counted toward the target caseload when reporting. Target caseloads for promising practices programs can be between 10-25 families. Applicants may select a realistic target caseload to be achieved (year one) and maintained (year two) during the grant agreement.

Promising practice home visiting programs will include new or adaptive approaches to meet the needs of families from priority populations. Applicants are not allowed to simply expand their target caseload for an existing evidence-based family home visiting (EBHV) program.

Eligible Expenses and per Family Cap

Eligible expenses must be necessary, reasonable, allowable, and allocable to the activities proposed in the application. These include but are not limited to:

- Home visitor and home visitor supervisor salaries and fringe
- Hourly and contract staff salaries (doulas, lactation consultants, reflective practice consultants)
- Home visitor travel expenses (mileage) to provide home visiting services in a family's home or other safe and accessible place for the family
- Office supplies for staff
- Transportation expenses for families to attend group events
- Safety and educational supplies for families (\$250 per family per year)
- Incentives for families (\$250 per family per year)
- Parenting curriculum or workbooks for families
- Family home visiting training for home visitors and home visitor supervisors
- Electronic Health Record documentation system license fees (if applicable)
- Support for program evaluation activities (see Program Evaluation Requirements below)

Ineligible expenses include but are not limited to:

- Fundraising
- Bail bonds
- Childcare expenses
- Rent or mortgage payments
- Lobbyists, political contributions
- Taxes, except sales tax on goods and services
- Bad debts, late payment fees, finance charges, or contingency funds
- Direct medical, dental or mental health services and expenses for families

The [FHV Financial Guidance](https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf)

(<https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf>) provides more information.

The family cap (maximum cost per family per year) is \$10,000. Therefore, programs with a target caseload of 10 families (program minimum) should budget no more than \$100,000 per

year. Programs with a target caseload of 25 families (program maximum) should budget no more than \$250,000 per year.

2.3 Grant Management Responsibilities

Grant Agreement

Each awarded applicant must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read and comply with all conditions of the grant agreement. Once the grant agreement is signed, grantees should share a copy of the executed grant agreement with all staff who will work on grant deliverables.

No work on grant activities can begin until the grant is fully executed, or the start date has been reached, whichever is later.

Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions, or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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

Accountability and Reporting Requirements

It is the policy of the State of Minnesota and Federal Uniform Guidance 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 terms in the grant agreement have been met.

MDH-sponsored Family Home Visiting has mandatory reporting requirements to demonstrate that grant-funded project staff have been appropriately trained, that families are being adequately served, and that funding is being utilized for the sole purpose and intent of providing promising practice home visiting services to Minnesota families.

The reporting schedule will include:

- Check-in calls (minimum of four per year) with MDH staff to review program implementation, data, evaluation, progress on outcomes, and financial performance.
- Quarterly Data Reports, submitted in a manner and format prescribed by MDH. This report collects aggregate data, including the current caseload count of families served by the grant, and the number of filled and vacant staff FTEs.
- Narrative Reports, submitted in a manner and format prescribed by MDH. This form collects quantitative and qualitative data to document achievements and challenges in

meeting grant priorities and requirements, target caseload, families served, retention of families, retention of staff, trainings, client demographics, and performance measures.

Program Evaluation Requirements

Applicants must budget a minimum of 10% of awarded funding for program evaluation activities. Evaluation funds may be used for internal staff time and work or to subcontract with external evaluation partners. Applicants should budget sufficiently to carry out data collection, data entry, analysis, and reporting activities described in their proposals.

Outcome Areas

Each grantee will specify which outcome areas will be addressed by the proposed home visiting program. Programs must improve outcomes in two or more of the following areas:

- Parental and newborn health
- School readiness and achievement
- Family economic self-sufficiency
- Coordination and referral for other community resources and supports
- Reduction in child injuries, abuse, or neglect
- Reduction in crime or domestic violence

Evaluation Measures

Grantees are required to report to MDH on at least two specific evaluation measures within each selected outcome area, with a minimum of 4 measures (at least two measures for each of two selected outcome areas). Applicants should define their planned evaluation measures in the proposal. Applicants should consider how their proposed home visiting program activities will lead to the desired outcomes when serving their target population. Applicants should ensure that their selected data collection option will gather the data necessary for their specific evaluation measures (see Data Collection and Reporting Method below).

Example Evaluation Planning Framework

The table below provides an example framework for planning how to respond to the program evaluation section of the application. Applicants are not required to use this framework or the outcome areas, strategies, or evaluation measures in this example.

Outcome Area	Strategies or Activities Targeting the Outcome Area	Evaluation Measure	Key Data Collection Needed for Measure
Parental and newborn health	Provide infant feeding education, resources, and culturally competent support to families prenatally	At least 50 percent of birthing caregivers served by the program initiate breastfeeding	Breastfeeding status at birth

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Outcome Area	Strategies or Activities Targeting the Outcome Area	Evaluation Measure	Key Data Collection Needed for Measure
Parental and newborn health	Provide culturally competent immunization education; refer families to community immunization clinics	At least 70 percent of children served by the program are up to date on immunizations per CDC recommendations at 12 months of age	Immunization status at 12 months
School readiness and achievement	Train home visitors in developmental and social-emotional screening with the ASQ-3 and ASQ:SE-2; implement screening and referral protocol	At least 70 percent of children served by the program have had developmental and social-emotional screening by 9 months of age	Developmental and social-emotional screening records including screening dates
School readiness and achievement	Incorporate culturally specific storytelling, singing, and language activities into home visiting curriculum; provide families with children’s books written in the family’s primary or heritage language	At least 80 percent of families served by the program engage in early language and literacy activities on a regular basis	Measurement of early language and literacy activities such as reading, storytelling, and/or singing

Data Collection and Reporting Method

Grantees will select from two options for collection of program evaluation data for this grant:

1. **Option 1: IHVE data collection** (submissions of individual-level data to the MDH Information for Home Visiting Evaluation system), or
2. **Option 2: Grantee-designed data collection.**

If selecting Option 1 (IHVE data collection), MDH will use data from the IHVE system to calculate the grantee’s selected program evaluation measures and review the results with the grantee annually during the grant period. Grantees must implement a process to obtain written informed consent to release data to the State of Minnesota from each home visiting participant before submitting their data to IHVE. Review Appendix C: IHVE Program Evaluation Data Collection and Measures for more information about this option.

If selecting Option 2 (Grantee-designed data collection), grantees will be responsible for collecting their own program evaluation data, calculating their evaluation measures, and

reporting results to MDH annually during the grant period. Grantees may design their own data collection processes for the home visiting program or use existing processes if data collection for their Promising Practices Family Home Visiting program has already been established.

Program Evaluation Meeting

Promising Practices Family Home Visiting awardees must participate in a program evaluation meeting with MDH by 8/1/2023. During this meeting, MDH and awardees will review the proposed evaluation measures and data collection plan, and identify technical assistance needed to meet grant requirements.

Grant Monitoring

Promising Practices grant monitoring requires the following:

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

For more information visit: [Minnesota Statutes, section 16B.97 \(www.revisor.mn.gov/statutes/cite/16B.97\)](#) and [Policy on Grant Monitoring \(www.mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](#).

Technical Assistance

MDH will provide technical assistance to Promising Practices grantees to support them in fulfilling their grant objectives. MDH staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, developmental screenings, home visiting approaches, home visitor trainings, and other best practices.

Grant Payments

Per state policy, reimbursement is the method for making grant payments. Grantee requests for reimbursement must correspond to the approved budget. MDH shall review each invoice against the approved budget, grant expenditures to-date, and the latest grant progress report before approving payment. MDH has 30 calendar days to pay invoices once approved.

The Promising Practices invoicing schedule will be:

- July-Sept 2023: Due October 20, 2023 (repeat for grant year two)
- Oct-Dec 2023: Due January 20, 2023 (repeat for grant year two)
- Jan-March 2024: Due April 20, 2024 (repeat for grant year two)
- April-June 2024: Due July 20, 2024 (repeat for grant year two)

Monthly invoicing may be available upon request.

For more information visit: [Policy on Grant Payments \(www.mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](#).

Funding Acknowledgement

Grant recipients are required to acknowledge their MDH grant award in all publications and presentations related to this grant award and funding.

2.4 Grant Provisions

Scope of Work Requirements

Grantees are expected to:

- Deliver family home visiting services with respect to the proposed promising practice and/or evidence-informed model or approach.
- Create a clear plan for staff hiring and training, including consistent application of promising practice approaches for all families.
- Implement a variety of recruitment strategies to reach and maintain target caseloads. Waitlists are not encouraged, but if they become necessary, grantees must develop appropriate protocols for servicing waitlist families until they are enrolled.
- Establish protocols for eligibility and enrollment to ensure families are linked to home visiting services based on need. The use of community partnerships and collaborations is essential for timely and appropriate referrals and follow-up.
- Increase staff capacity to deliver culturally responsive and trauma-informed services, and ability to provide services to priority populations.
- Achieve and maintain the target caseload within the first year of the grant period. Grantees below their target caseload may be put on a performance improvement plan or may have their target caseload and/or funding adjusted in year two of the grant.
- Implement reflective practice support for home visitors and supervisors.
- Offer flexible hours of operation and/or use of telehealth if promising practices approaches allow it.
- Ensure family participation and caregiver perspectives inform program improvement.
- Provide family-centered home visiting services that reflect the needs of families served. Use tools to assess family risk factors such as depression, intimate partner violence, child development (including social-emotional) and parent-child interaction. Implement protocols for assessing these risk factors, including specific assessment tools.
- Attend and participate in meetings and check-ins with MDH staff to monitor progress.
- Attend and participate in the Promising Practices Communities of Practice.
- Provide home visiting services in accordance with MDH financial, evaluation and programmatic requirements and expectations. Compliance will be documented in program and fiscal site reviews annually.
- Meet all financial requirements outlined in the FHV Financial Guidance document as well as the grant agreement.

The [FHV Financial Guidance](https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf)

(<https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf>) provides more information.

Contracting and Bidding Requirements

Grantees must follow all procurement and contracting requirements according to relevant state and/or federal policies and regulations.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.
- A grantee or applicant's objectivity in carrying out the grant is or might be otherwise impaired.
- A grantee or applicant has an unfair competitive advantage.

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is suspected, 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.

Applicants must complete Appendix F: Conflict of Interest – Applicant 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.

For more information visit: [Minnesota Statutes, section 16B.98](#) (www.revisor.mn.gov/statutes/cite/16B.98) and [Grants Management Policies, Statutes and Forms](#) (www.mn.gov/admin/government/grants/policies-statutes-forms/).

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with state statutes, 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.

For more information visit: [Minnesota Statutes, section 13.599 \(www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599).

After MDH has completed the evaluation process, all remaining data in the application is public except for trade secret data as defined and classified in Minn. Stat. 13.37, subd. 2(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information (as defined by Minn. Stat. § 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 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 state statute, 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.

For more information visit: [Minnesota Statutes, section 16B.98 \(www.revisor.mn.gov/statutes/cite/16B.98\)](http://www.revisor.mn.gov/statutes/cite/16B.98).

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.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

For more information visit: [Minnesota Statutes, section 363A.02 \(www.revisor.mn.gov/statutes/cite/363A.02\)](http://www.revisor.mn.gov/statutes/cite/363A.02).

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 or apprenticeship.

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

For more information visit: [Minnesota Rules, part 5000.3500 \(www.revisor.mn.gov/rules/5000.3500/\)](http://www.revisor.mn.gov/rules/5000.3500/).

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process. An objective review will be conducted by community review committees representing people with knowledge of home visiting and/or early childhood services and systems. Contents of submitted proposals, including any confidential information, will be shared with the community review committee. All applications that meet Minimum Submission Requirements will be evaluated, scored, and ranked. Attempts by any applicant (or representative of any applicant) to contact or influence any member of the community review committee will result in disqualification of the applicant.

The community 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:

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- MDH reserves the right to request additional information to further clarify or validate information submitted in the application, provided the application substantially complies with the requirements of this RFP. It is important that applicants ensure 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 withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- This 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.

Selection Criteria and Weight

A standardized scoring system will be used to determine the extent to which the application meets the selection criteria. The scoring factors and weight on which applications will be judged are based on the criteria listed in Appendix A.

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota and Federal Uniform Guidance to consider a grant applicant's past performance before awarding subsequent grants.
- State policy requires MDH to conduct a financial review prior to a grant award made of \$25,000 and higher.

For more information visit: [Policy on the Financial Review of Nongovernmental Organizations \(www.mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf\)](http://www.mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

Notification of Award

The anticipated timeframe to inform Promising Practice Family Home Visiting applicants of grant award decisions is April 2023.

RFP Part 3: Application and Submission Process

3.1 Letter of Intent

Applicants required to submit a Letter of Intent (LOI) to apply for funding under this RFP. Submitting a LOI does not obligate the sender to submit an application.

Letters of Intent should include:

- Applicant legal name
- Brief description of the proposed communities and/or priority populations to be served.
- Brief description of the geographic area to be served.
- The anticipated evidence-informed model(s) and promising practice approaches to family home visiting to be funded through this RFP.
- The anticipated target caseload to be funded once the promising practice home visiting program is implemented and at full capacity.
- The anticipated amount of funding the applicant will request to support promising practice home visiting services.

Letters of Intent *must* be submitted electronically by **5:00 p.m. (CST) on January 27, 2023** to the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

3.2 Application Deadline

Applications *must* be submitted electronically by **5:00 p.m. (CST) on February 24, 2023** to the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by mail, delivery, computer or technology problems.

3.3 Application Submission Instructions

MDH-FHV requires application submissions to be made through the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

- **New Users:** Please click on "Create New Account" to complete the registration process and create your logon credentials.
- **Existing Users:** Please enter your credentials and log in. If you forgot your password, use the "Forgot your Password?" link to the left on the logon screen to reset your password.
- **Not Sure:** If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Family Home Visiting staff at health.homevisiting@state.mn.us for assistance.

Once in the system, click on the “apply” button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system. Then select the “Promising Practices: Family Home Visiting (2023)” application.

Applications must include all required application materials. Do not provide documentation that is not requested in this RFP, as such information will not be considered or evaluated.

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. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, applicants warrant that the information provided is true, correct, and reliable for purposes of evaluation for a potential grant award. The inclusion of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject to suspension of grant activities or other remedies available by law. **All costs incurred in responding to this RFP will be borne by the applicant.**

3.4 Application Forms

1. Form A: Organization Information (online entry; not scored)

Applicants shall complete and submit Form A: Organization Information as part of their application. Basic information about the applicant entity is requested, including legal and business name (as entered in SWIFT), address, and tax identification. All applicants must identify the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter into a legally binding contract with the State. This information will be used for contracting purposes.

2. Form B: Project Narrative (online entry/upload; scored)

Applicants shall complete and submit Form B: Project Narrative as part of their application. The project narrative describes community needs and resources, and clearly justifies why the promising practice approach to family home visiting is appropriate for addressing the identified gap in services for priority populations and hard to reach families. Recommended and required section page limits are included.

3. Form C: Workplan and Staffing Plan (Excel Workbook/upload; scored)

Applicants shall complete and submit Form C: Workplan and Staffing Plan as part of their application. A template will be provided. Applicants can edit the workplan to adapt objectives and activities to meet the needs of their priority population, and if awarded, should submit a final workplan similar in scope. Activities may be added or adapted but not deleted. The work plan timeline must extend across the first year of the grant period (July 1, 2023 to June 30, 2024) and include start and completion dates for all activities.

The Staffing Plan documents promising practices home visiting staff who are in benefit earning positions. Only home visitors and home visitor supervisors should be included unless clear rationale is provided in the project narrative. The target caseload for each home visitor should reflect the proposed full-time equivalent (FTE). Applicant staff in

support roles (leadership, scheduling, finance) are included in the fringe rate and should not be included in the Staffing Plan.

The workplan and staffing template is available with the RFP and can be found on the [Family Home Visiting Funding and Grants Management page](https://www.health.state.mn.us/communities/fhv/grant.html) (<https://www.health.state.mn.us/communities/fhv/grant.html>).

4. Form D: Budget Details and Justification (Excel Workbook/upload; scored)

Applicants shall complete and submit Form D: Budget Details and Justification as part of their application. A budget template will be provided. The file must be submitted as an Excel Workbook; a PDF will not be reviewed.

The budget template is available with the RFP and can be found on the [Family Home Visiting Funding and Grants Management page](https://www.health.state.mn.us/communities/fhv/grant.html) (<https://www.health.state.mn.us/communities/fhv/grant.html>).

- The budget period for year one of this grant award is July 1, 2023 to June 30, 2024.
- The maximum cost per family for promising practices home visiting services is \$10,000 per family for the 12-month budget period.
- Grantees must dedicate at least 10% of budget to program evaluation.

5. Supplemental Documents (not scored)

Applicants must submit the following supporting documents to be eligible for review:

- Due Diligence Form
- Applicant Conflict of Interest Form
- Indirect Cost Questionnaire
- Organizational Chart: Indicate the proposed promising practices staff and program location in relation to the applicant agency's current structure.

Appendix A: Application Evaluation Criteria

A numeric scoring system will be used in conjunction with a technical review to evaluate eligible applications. Overall scores will be used to develop final recommendations. MDH may consider size of applicant agencies, geographic (rural/urban) balance, and other factors in final decisions.

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

Evaluation Criterion Title	Percentage of Total	What would a top score look like?
Criterion A: Strengths and Qualifications of the Applicant Agency and Staff	15%	Applicant agency has a strong history of providing services to identified priority populations within the service area. Staff have experience with home visiting programs and/or work with pregnant people, new or young parents, or children ages 0-5. Agency employs a skilled, culturally diverse workforce across roles that reflects communities served. Applicant agency is supportive of staff and encourages self and team care to ensure staff retention.
Criterion B: Increasing Access to Home Visiting for Priority and Hard to Reach Families	25%	Applicant agency clearly describes how families eligible for promising practices family home visiting services will be identified and recruited. Approaches to family home visiting are strategic and aim to meet the unique needs of enrolled families. Activities to engage priority and hard to reach families are described in the narrative and work plan. Referral networks include new and existing partnerships to reach priority populations, highly mobile families, and families in transition. Retention strategies are flexible and meet families where they are at.
Criterion C: Promising Practices Program Implementation	25%	Applicant agency clearly describes rationale for innovative multi-generational approaches to family home visiting. Staff training or experience includes screening families for unmet basic needs and concerns related to family well-being. Activities to support program planning and implementation are described in the narrative and work plan. Intake and enrollment processes are family centered and culturally responsive. Home visitor needs for training, reflective supervision, and inclusion in a Promising Practices Home Visiting Community of Practice are supported. Program plans to serve a sufficient number of families based on community needs and funding available.

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Evaluation Criterion Title	Percentage of Total	What would a top score look like?
Criterion D: Advancing Health Equity and Reducing Health Disparities	15%	Applicant agency has a strong history of addressing health disparities and/or engaging communities in advancing health equity. Agency policies and practice demonstrate organizational support for diversity and the provision of trauma-informed services. Activities to support strong engagement with families, including options for participant input and leadership development, are described in the narrative and workplan. These may include family participation on advisory committees, planning or leading group events, or sharing program outcomes with their community. Agency leadership and staff have ongoing and meaningful connections with community members.
Criterion E: Reporting, Grant Management and Program Evaluation	15%	Applicant agency has a strong history of success meeting reporting and evaluation requirements for grant programs. Activities to support timely data submissions, required reports, and review and use of data to drive results are included in the narrative and work plan. Plans support timely submission of invoices and budget modifications. Agency has a positive history of compliance with funders and completion of contract deliverables. Specific evaluation measures within program outcome areas have been identified, as well as a rationale for selecting those measures.
Criterion F: Budget and Budget Narrative	5%	Budget reflects costs of proposed services, does not exceed allocated funding amount, and only includes allowable expenses. Budget demonstrates competitively compensated home visitors and supervisors. Budget narrative is clear, thorough, and justifies line items. Sound financial infrastructure, clean financial statements/audits, and good internal controls are in place.

Appendix B: Submission Checklist

Please use the following list to assure that your application is complete. This is for reference only and does not need to be submitted.

- Letter of Intent due by **5 p.m. (CST) on January 27, 2023**. Submit via Foundant.
- SWIFT vendor account: All applicants must have a SWIFT vendor account. Please go to SWIFT, login and confirm that your organization's name, address, locations, banking information, phone numbers, and other contact information is correct. MDH strongly encourages applicants to initiate direct deposit. To access visit: [SWIFT Vendor Resources \(www.mn.gov/mmb/accounting/swift/vendor-resources/\)](http://www.mn.gov/mmb/accounting/swift/vendor-resources/)
- Form A: Organization Information
- Form B: Workplan and Staffing Plan
- Form C: Project Narrative
- Form D: Budget Details and Justification
- Due Diligence Form (see Appendix E)
- Conflict of Interest- Applicant (see Appendix F)
- Indirect Cost Questionnaire (see Appendix G)
- Organizational Chart
- Cost per family for promising practices home visiting services does not exceed \$10,000.
- Application due by **5 p.m. (CST) on February 24, 2023**. Submit via Foundant. The application must be limited to Word, Excel and/or PDF files.

Appendix C: IHVE Program Evaluation Data Collection and Measures

Promising Practices Family Home Visiting awardees may opt to submit data to the Information for Home Visiting Evaluation (IHVE) system to meet grant program evaluation requirements. Applicants should review this section to understand requirements for submitting data to IHVE and to ensure data needed for the applicant's specific evaluation measures is collected in IHVE.

IHVE Data System

The Information for Home Visiting Evaluation (IHVE) data system is the primary method used by MDH to collect evaluation data for Family Home Visiting programs. Data collection in IHVE is standardized for consistency between home visiting model and program types.

Grantees must use one of the following options to submit data to IHVE:

- **Option 1:** Use of an electronic health record (EHR) or other case management data system with IHVE-compatible forms.
- **Option 2:** IHVE data entry forms hosted by MDH in the REDCap application.

The IHVE Data Collection Manual provides a description of how the IHVE system works, the questions and response options collected in IHVE, and definitions and guidance for answering IHVE questions. For more information visit: [IHVE Data Collection Manual](http://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf) (<http://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf>).

IHVE-COMPATIBLE FORMS IN EHRS AND CASE MANAGEMENT SYSTEMS

IHVE-compatible forms are available in data systems that have met MDH requirements to submit data to IHVE. The [FHV Evaluation webpage](https://www.health.state.mn.us/communities/fhv/ihve.html) (<https://www.health.state.mn.us/communities/fhv/ihve.html>) provides a current list of data systems with IHVE-compatible data collection forms.

Data submissions to IHVE from EHRs and case management systems are continuous, in near "real-time." Home visiting staff are expected to complete and submit IHVE forms through their EHR or data system in a timely manner after each home visit is completed.

Grantees selecting this option must obtain training and technical assistance on data entry and submission from their EHR or data system vendor. Because of the variability in IHVE-compatible forms between software systems, MDH cannot provide technical assistance on the mechanics of data entry and submission within specific systems. Grantees should contact their EHR or data system vendor with technical questions about data entry and submission. MDH may be a secondary contact if issues cannot be resolved with the data system vendor.

MDH-HOSTED IHVE DATA ENTRY FORMS

MDH hosts and maintains IHVE data collection forms in the REDCap application for grantees that do not have access to a data system with IHVE-compatible data collection forms. MDH provides live virtual training to grantee staff on how to enter data in these forms and can provide one-on-one technical assistance to IHVE REDCap form users on an as-needed basis.

More information about the MDH-hosted IHVE forms in REDCap is available in the [IHVE REDCap User Guide \(https://www.health.state.mn.us/docs/communities/fhv/redcapuserguide.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/redcapuserguide.pdf).

Data Practices and Informed Consent

Grantees are required to comply with state statutes as applied to all data created, collected, received, stored, used, maintained, or disseminated by the grantee under their grant agreements with MDH. Individual-level data on home visiting participants is classified as private data under the Data Practices Act.

For more information visit: [Minnesota Statute, chapter 13: Minnesota Government Data Practices Act \(https://www.revisor.mn.gov/statutes/cite/13\)](https://www.revisor.mn.gov/statutes/cite/13).

Grantees are required to obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to IHVE. In addition, grantees are required to provide a Tennesen Warning notice that tells the home visiting participant why their data is being collected and how the data will be used. Grantees will be required to provide MDH with a blank copy of the form or forms used to document informed consent for release of information to the State of Minnesota.

More information is available in the [Family Home Visiting Informed Consent Guidance \(https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf).

Grantees must keep records of program participants served by this grant that do not provide informed consent to release their private data to the State of Minnesota. These participants should be included in aggregate reporting, including the Quarterly Data Report.

Evaluation Measures using IHVE Data

Applicants considering the IHVE Data Collection option for this grant should review this table to ensure that the data needed for calculation of their selected evaluation measures will be available in IHVE.

Table of Program Evaluation Measures that can be calculated with IHVE data

Outcome Area	Measure Name	Measure Description
Parental and newborn health	Preterm Birth	Percentage of infants born to mothers enrolled in home visiting prenatally who are born before 37 weeks 0 days of gestation
Parental and newborn health	Low Birth Weight	Percentage of mothers enrolled in home visiting during pregnancy who deliver a low birth weight (LBW) child.
Parental and newborn health	Breastfeeding at 6 Months	Percentage of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age
Parental and newborn health	Initiation of Breastfeeding	Percentage of mothers enrolled in home visiting during pregnancy who initiate and continue breastfeeding for at least 3 months.

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Outcome Area	Measure Name	Measure Description
Parental and newborn health	Depression Screening	Percentage of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
Parental and newborn health	Well Child Visits	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule
Parental and newborn health	Immunizations	Percentage of children enrolled in home visiting who are up to date on immunizations per CDC recommendations at 3 months, 6 months, and 12 months
Parental and newborn health	Postpartum Care	Percentage of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
School readiness and achievement	Developmental Screening	Percentage of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
School readiness and achievement	Social-Emotional Screening	Percentage of children enrolled in home visiting who receive social-emotional screening at 12 months of age.
School readiness and achievement	Caregiver-Child Interaction	Percentage of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
School readiness and achievement	Early Language and Literacy Activities	Percentage of children enrolled in home visiting with a family member who reported that during a typical week they read, told stories, and/or sang songs with their child daily, every day
School readiness and achievement	Behavioral Concerns	Percentage of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
Reduction in child injuries, abuse, or neglect	Safe Sleep	Percentage of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding
Reduction in child injuries, abuse, or neglect	Child Injury	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting
Reduction in crime or domestic violence	Intimate Partner Violence Screening	Percentage of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool

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Outcome Area	Measure Name	Measure Description
Family Economic Self-Sufficiency	Primary Caregiver Education	Percentage of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting
Family Economic Self-Sufficiency	Continuity of Insurance Coverage	Percentage of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months
Coordination and referral for other community resources and supports	Tobacco Cessation Referrals	Percentage of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within three months of enrollment
Coordination and referral for other community resources and supports	Completed Depression Referrals	Percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Coordination and referral for other community resources and supports	Completed Developmental Referrals	Percentage of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.
Coordination and referral for other community resources and supports	Completed Social Emotional Referrals	Percentage of children enrolled in home visiting with positive screens for social-emotional well-being concerns (measured using a validated tool) who receive services in a timely manner
Coordination and referral for other community resources and supports	Intimate Partner Violence Referrals	Percentage of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources

Appendix D: Definitions

Community – A community is a geographically distinct area that is defined by the applicant. Communities should be areas that hold local salience and may be defined as a neighborhood, town, city, county or other geographic area. Services provided within a particular community should be distinguishable from services provided in other communities.

Community Health Board (CHB) – The community health board as defined by Minn. Stat. § 145A.02 is the legal governing authority for local public health in Minnesota. Community health boards work with MDH to prevent diseases, protect against environmental hazards, promote healthy behaviors and healthy communities, respond to disasters, ensure access to health services, and assure an adequate local public health infrastructure.

Evidence-Informed Family Home Visiting – Evidence-informed family home visiting programs are in the process of exploring the effectiveness of unique home visiting approaches, or the combination of home visiting and related models or curriculum. Evaluation of program data should demonstrate significant, positive outcomes for families from priority populations. Programs may result in (but are not required to) support for evidence-informed approaches to move to evidence-based models through additional research and evaluation. For purposes of this RFP, the purpose of using evidence-informed approaches and models are to expand access to community driven family home visiting programs for priority and hard to reach populations.

Home Visiting – Programs or initiatives in which home visiting is a primary service delivery strategy and in which services are offered on a voluntary basis to clients including, but not limited to, pregnant women, expectant fathers, and parents and caregivers of children ages birth to five, targeting specific participant outcomes.

Informed Consent – Written permission from an individual to allow a government entity to release the individual's private data to another government or non-government entity or person, or to use the individual's private data within the entity in a different way (Minn. Stat. § 13.05, subd. 4). A valid informed consent must be voluntary and not coerced, be in writing, and explain why the use or release of data is necessary. Awarded applicants must have a process that asks clients for their written informed consent to provide the State with their identifiable individual level data. Awarded applicants must inform their clients that the client's decision regarding informed consent will not in any way impact that family's access to services.

Non-Profit Organization – An entity granted tax-exempt status by the Internal Revenue Services and that does not seek or produce a profit.

Priority Populations – Priority populations for this RFP include: Families experiencing housing insecurity or homelessness; families impacted by incarceration; families experiencing substance

use disorder (SUD); families experiencing serious persistent mental illness (SPMI); families experiencing intimate partner violence (IPV) or currently living in a domestic violence shelter. Priority populations may also include black, Indigenous, and families of color with limited access to evidence-based or other available family home visiting services.

Promising Practice Approaches – An approach to the provision of home visiting services that creates flexibilities for transitional or hard to reach families. Promising Practices may include implementation of one or more (a combination of) family home visiting curriculums and parenting support curriculums that may be adapted for use with priority populations. Flexible program components may include location of services (setting), frequency of services (periodicity), staffing (training or experience of family home visitors), and methods to reach participants (virtual/in-person; with children or separated from children). Promising Practices may use unique staffing models (doulas, reunification specialists, community health workers, peer recovery support staff) to provide services for enrolled families.

Reflective Supervision – Reflective supervision is a form of professional development that is provided to early childhood home visitors. Reflective supervision acknowledges that very young children have unique developmental and relational needs, and that all early learning occurs in the context of relationships. Attention to all relationships is important, including between home visitor and supervisor, between home visitor and parent, and between parent and infant or young child. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work.

Target Caseload – The target caseload is the total number of family slots that will be added as a result of this funding. Only active cases of enrolled families receiving services may be counted toward the target caseload when reporting. Awarded applicants will identify a target caseload that will be achieved (year one) and maintained (year two) during the grant agreement.

Tribal Nation – A federally recognized American Indian Tribe considered a sovereign nation.

Appendix E: Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. The Due Diligence Review is an important part of this assessment. These reviews allow MDH to better understand the capacity of applicant agencies and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
<p>1. How many years has your organization been in existence?</p> <p><input type="checkbox"/> Less than 5 years (5 points)</p> <p><input type="checkbox"/> 5 or more years (0 points)</p>	
<p>2. How many paid employees does your organization have (part-time and full-time)?</p> <p><input type="checkbox"/> 1 (5 points)</p> <p><input type="checkbox"/> 2-4 (2 points)</p> <p><input type="checkbox"/> 5 or more (0 points)</p>	
<p>3. Does your organization have a paid bookkeeper?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, an internal staff member (0 points)</p> <p><input type="checkbox"/> Yes, a contracted third party (0 points)</p>	
SECTION 1 POINT TOTAL	

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
<p>4. Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No (6 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> • Accounting • Purchasing • Payroll <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)</p> <p><input type="checkbox"/> Yes, for all of the processes listed (0 points)</p>	
<p>6. Is your organization’s accounting system new within the past twelve months?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point)</p>	
<p>7. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p><input type="checkbox"/> No (1 point)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
SECTION 2 POINT TOTAL	

Section 3: To be completed by all organization types

Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) – if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) – if yes, answer question 9A</p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.</p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p>	
<p>11A. Could there be an impact on the organization’s financial status or stability?</p> <p><input type="checkbox"/> No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability.</p> <p><input type="checkbox"/> Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.</p>	
<p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p>	
<p>SECTION 3 POINT TOTAL</p>	

Section 4: To be completed by non-profit organizations with potential to receive award over \$25,000 (excluding formula grants)

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from non-profit organizations before awarding a grant of over \$25,000 (excluding formula grants).

Section 4: Non-profit Financial Review	Points
<p>13. Does your non-profit have tax-exempt status from the IRS?</p> <p><input type="checkbox"/> No - If no, go to question 14</p> <p><input type="checkbox"/> Yes – If yes, answer question 13A</p>	Unscored
<p>13A. What is your non-profit’s IRS designation?</p> <p><input type="checkbox"/> 501(c)3</p> <p><input type="checkbox"/> Other, please list:</p>	Unscored
<p>14. What was your non-profit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?</p> <p>Enter total revenue here:</p>	Unscored
<p>15. What financial documentation will you be attaching to this form?</p> <p><input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board-approved financial statement</p> <p><input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990</p> <p><input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit</p>	Unscored

Signature

I certify that the information provided is true, complete, and current to the best of my knowledge.

- **SIGNATURE:**
- **NAME AND TITLE:**
- **PHONE NUMBER:**
- **EMAIL ADDRESS:**

MDH Staff Use Only

Section 4A: Non-profit Financial Review Summary

Complete Section 4A for non-profit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

1. **Were there significant operating and/or unrestricted net asset deficits?**
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
2. **Were there any other concerns about the non-profit organization’s financial stability?**
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
3. **Please describe the deficit(s) and/or other concerns about the non-profit organization’s financial stability:**
4. **Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the non-profit organization’s financial stability:**
5. **Granting Decision:**
6. **Rationale for grant decision:**

Section 5: Total Points

Section 1	+	Section 2	+	Section 3	=	Total Points
	+		+		=	

Section 6: Program Information

MDH Grant Program	Information
Applicant Project Name	
MDH Grant Program Name	
Division/Section	
Date Non-profit Review Completed	
Review conducted by	

Minnesota Department of Health
Revised 1/2020.

To obtain this information in a different format, call: 651-201-3584. Printed on recycled paper.

Appendix F: Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived, or potential individual or organizational conflicts of interest that exist, as required by state laws and federal regulations. It is helpful if the applicant explains the reason for the conflict, but it is not required.

A Conflict of Interest disclosure will not automatically result in removal of the applicant or grant application from the review process.

For more information visit: [Minnesota Office of Grants Management \(OGM\) \(www.mn.gov/admin/government/grants/policies-statutes-forms/\)](http://www.mn.gov/admin/government/grants/policies-statutes-forms/).

For more information related to conflicts of interest visit: [Code of Federal Regulations \(www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.112\)](http://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.112).

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public.

For more information visit: [Minnesota Statute, section 43A.38 \(http://www.revisor.mn.gov/statutes/cite/43A.38\)](http://www.revisor.mn.gov/statutes/cite/43A.38).

A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests.

A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest.

It is not MDH's intent to disqualify applicants based on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

I. Organizational Conflict of Interest:

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage.
- For example, a non-profit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This non-profit entity cannot use this information to its advantage in securing a subsequent grant. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access.

II. Individual Conflict of Interest:

An **individual conflict** of interest occurs when any of the following conditions is present:

- a. 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.
- b. 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.
- c. 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.
- d. An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the "ground rules" for this solicitation by performing work such as, but not limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.
- An employee or volunteer of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours".

For more information on volunteer status as it relates to conflicts of interest visit: [Code of Federal Regulations \(www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101\)](http://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101).

Instructions

Read the descriptions below. Mark the appropriate box(es) that pertain to you and your organization as it relates to this Request for Proposal (RFP) and obtain applicant signature.

Applicant Name:

RFP Title: *Promising Practices: Family Home Visiting (Winter 2022)*

MDH Grant Program Name: *Promising Practices: Family Home Visiting*

By signing in the space provided below, Applicant certifies the following:

A. To the best of Applicant’s knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.

B. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict:

Name of entity/individual	Relationship (e.g., Volunteer, Employee, Contractor, Family Relation)	Description of conflict (optional)

C. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.

D. Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant’s Signature

Printed Name	Title
Signature	Date

**This form is required from every grant applicant.
Please include this form with your RFP application materials.**

(This form is considered public data under [Minn. Stat. § 13.599](#))

MDH Program Use Only

This section to be completed by appropriate MDH Grant Program Staff:

- Applicant has no conflict(s) of interest.
- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated. Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*

- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

MDH Program's Signature

Printed Name	Title
Signature	Date

Appendix G: Indirect Cost Questionnaire

Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs is a portion of any grant awarded, not in addition to the grant award. Please refer to page 29 for more detailed information on indirect costs.

Instructions

Please complete the information below and return this form as part of the application.

1. Name of applicant agency: _____

2. Are you requesting an indirect rate?

Yes No

3. Do you have an approved Indirect Cost Rate Agreement with a Federal agency?

Yes – Please submit a copy of your current rate with this completed form.

No – Please continue completing the rest of this form.

4. Non-federal indirect rate being requested: _____

Up to 10 percent of direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for state funds.