



Community-Driven Approaches to Eliminate the Harms of Commercial Tobacco

REQUEST FOR PROPOSAL (RFP)

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Part 1: Overview

1.1 General Information and Important Dates

- **Announcement Title:** Community-Driven Approaches to Eliminate the Harms of Commercial Tobacco Grant
- **Tobacco Prevention and Control Program Website:** www.health.mn.gov/tobacco
- **RFP Webpage:** <https://www.health.state.mn.us/communities/tobacco/initiatives/cbd>
- **Informational Webinar:** November 20, 2020, 10 – 11 a.m. Central Time
- **Questions and Answers:**
 - Applicants may submit RFP questions to tobacco@state.mn.us.
 - Deadline for submitting questions to MDH: December 21, 2020, 4 p.m. Central Time
 - Answers will be posted by December 22, 2020, 4 p.m. Central Time
- **Application Deadline:** January 7, 2021, 4 p.m. Central Time

1.2 Program Description

The Minnesota Department of Health (“MDH” or “the Department”) has been awarded funds by the Centers for Disease Control and Prevention (CDC) National State-Based Tobacco Prevention and Control DP20-2001 to **fund one community-based organization to work directly with the U.S. born African American population in Minneapolis, Minnesota and address underlying causes of health and harms of commercial tobacco use in the community**¹. MDH will fund one applicant² who will link their organization’s experience working in the community to address underlying causes of health to the use of commercial tobacco products and/or secondhand smoke exposure. The applicant does not necessarily need experience working on commercial tobacco prevention or cessation efforts. Reducing commercial tobacco harms will be accomplished by working to change community social norms related to commercial tobacco³, through changes to systems and community policies, practices, and environments.

The geographic area for this work is Minneapolis, Minnesota. Applicants may also identify specific neighborhoods within, or adjacent to, Minneapolis in which they have existing strong connections with the U.S. born African American community.

Underlying causes of health (also known as social determinants of health) are defined by public health organizations like MDH, the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) as the conditions in places where people live, learn, work, play, worship, and age

¹ U.S. born African Americans are the focus population for this project and are defined as people who are descended from multiple generations of African Americans born in the United States.

² The term “applicant” refers to all entities submitting a joint application for this RFP.

³ The term “commercial tobacco” refers to tobacco products manufactured by companies for recreational and habitual use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products. Commercial tobacco is mass-produced and sold for profit. Commercial tobacco does not include or refer to sacred tobacco (i.e., Asema used by the Anishinaabe and Cansasa used by the Dakota) that are used by many Native American tribes in spiritual and cultural ceremony and prayer.

that affect a wide range of risks to health and worsen health status. Examples of underlying causes of health include:

- Access to health care services
- Access to social support services
- Safe housing
- Access to healthy food options
- Access to transportation
- Job opportunities
- Access to opportunities for physical activity
- Public safety

MDH recognizes that addressing underlying causes of health is complex, can take a long time before change happens, and requires multiple levels of intervention, only some that can be addressed at the community level. However, MDH invests in this effort to acknowledge the importance of addressing underlying causes of inequities in commercial tobacco use and exposure, and seeks creative ideas for implementation.

State and national data consistently demonstrate U.S. born African American community members, compared to White community members, use commercial tobacco products at higher rates, face greater challenges avoiding exposure to secondhand smoke, and are less successful at quitting commercial tobacco use – which make it harder to achieve and maintain positive health and wellbeing.

MDH will fund one applicant that has been successful at addressing underlying causes of health and can integrate addressing commercial tobacco use and secondhand smoke exposure into their approaches. MDH does not require applicants to have previous experience or expertise in addressing commercial tobacco use, and applicants will not be scored on the basis of previous commercial tobacco control experience. Applicants may also address other relevant factors that have led to commercial tobacco disparities, such as racial discrimination, social and cultural norms, and socioeconomic factors. This is a new approach for MDH’s commercial tobacco control and prevention work in Minnesota.

The data, history of commercial tobacco use, and targeted advertising by the tobacco industry to U.S. born African Americans consistently show current commercial tobacco control and prevention efforts are not meeting the communities’ needs, and a new and creative approach is needed. MDH also seeks to build and strengthen capacity within the U.S. born African American community to help ensure the sustainability of the funded project’s activities to change social norms around commercial tobacco use and exposure to secondhand smoke.

1.3 Funding and Project Dates

Funding

Funding for this grant opportunity is a required component of MDH’s work funded by CDC.

MDH will award funding to **one applicant** through a competitive application process. If selected, the applicant will only be reimbursed for work done after the MDH grant agreement is fully executed and the grant has reached its effective date.

Funding	Estimate
Estimated Amount to Grant	Up to \$100,000 annually
Estimated Number of Awards	1

Match Requirement

There is no organizational or local financial match requirement.

Project Dates

The estimated grant start date is **March 1, 2021**, and the end date is **April 28, 2025**. The grant period will be contingent on satisfactory performance and funding availability, and without possibility of extension.

1.4 Eligible Applicants

MDH seeks to fund one applicant that is committed to improving community health and igniting passion for social justice and health equity⁴. The grantee must be willing to serve as a leader and work collaboratively with MDH, CDC, and other commercial tobacco control partners as part of the commercial tobacco prevention control movement in Minnesota.

Applicants must have substantial experience working in or representing the U.S. born African American community in Minneapolis, Minnesota, and have robust and long-standing connections to community networks. Applicants must have experience with coalition building and/or community organizing. Applicants may identify specific neighborhoods within, or adjacent to, Minneapolis in which they have existing strong connections with the U.S. born African American community. Applicants must also have experience addressing one or more of the underlying causes of health (also called social determinants of health) in the community. Applicants do not need to have experience working to address commercial tobacco use or secondhand smoke exposure.

Eligibility

Eligible applicants include community-based nonprofit organizations, faith-based organizations, social service organizations, or clinics that represent and serve the U.S. born African American population in Minnesota. Community boards of health are not eligible. 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 Federal Employer Identification Number (EIN) or Minnesota Tax ID. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent.⁵

Collaboration between organizations or entities are welcome, but not required. A single application should be submitted on behalf of all collaborative organizations. Each application should identify one

⁴ Health equity is a state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age or gender have the opportunity to be as healthy as they can — to reach their full “health potential.”. For more information:

https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf

⁵ 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 may be a different entity from the lead organization (which performs the work). In a multi-entity collaboration, one entity must be designated as the fiscal agent.

lead organization. The lead organization does not need to be the fiscal agent. **The lead organization is defined as the primary entity leading and carrying out the project within the targeted community.**

To be eligible to apply, the lead organization must have at least 51% representation of U.S. born African Americans among entire staff⁶ and leadership⁷ to be considered.

Preference will be given during application review and scoring to applications from lead organizations with at least 60% representation among staff, and/or 51% representation among leadership.

1.5 Questions and Answers

All questions regarding this RFP must be emailed to tobacco@state.mn.us. All answers will be posted on the RFP webpage (<https://www.health.state.mn.us/communities/tobacco/initiatives/cbd>) within two business days.

Submit questions no later than 4 p.m. Central Time, December 21, 2020. Responses will be posted by 4 p.m. Central Time on December 22, 2020.

To ensure proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Webinar

There will be a virtual WebEx meeting on **Friday November 20, 2020, from 10 – 11 a.m. Central Time.**

This meeting will be recorded and posted on the RFP webpage

(<https://www.health.state.mn.us/communities/tobacco/initiatives/cbd>) within one week of the meeting.

⁶ Staff should include all staff and supervisors whose salary/wages are paid by the lead organization.

⁷ Leadership includes all senior leadership positions within lead organization, which may include president, vice president, executive director, assistant executive director, chief executive officer, chief financial officer, chief operating operator, directors, managers and/or supervisors (supervisors on project may be counted again). For nonprofit (501c3) applicants, leadership also includes board of directors.

Part 2: Program Details and Requirements

2.1 Project Overview

The purpose of this grant is to address underlying causes of health and harms of commercial tobacco use and secondhand smoke exposure among the U.S. born African American population within Minneapolis, Minnesota by using community-led strategies to change systems and community policies, practices, and environments.

Underlying causes of health (also known as social determinants of health) are defined by public health organizations like MDH, the CDC, and the World Health Organization (WHO) as conditions in the places where people live, learn, work, play, worship and age that affect a wide range of risks to health and increase poor health status. Tools for putting social determinants of health into action can be found on the CDC webpage Tools for Putting Social Determinants of Health into Action (<https://www.cdc.gov/socialdeterminants/tools/index.htm>).

2.2 Eligible Projects

Proposals must focus on the U.S. born African American population in Minneapolis, Minnesota. MDH seeks proposals that leverage community strengths, are community-driven, and culturally appropriate to address underlying causes of health and harm of commercial tobacco use and exposure to secondhand smoke. Proposals must tie at least one area of the underlying causes of health to commercial tobacco use and secondhand smoke exposure using a strategy that works to change systems and community policy, practices, or environments in which people live, work, learn, play, worship, and age.

Project Strategies and Outcomes

Project strategies must be community-driven, respond to community needs, and contribute to sustainable change within the community. Proposed project activities may include institutional or organizational changes, systems change interventions, or local public policy changes.

Strategies should start with one or more underlying causes of health, and layer on one or more of the three commercial tobacco prevention focus areas listed below. The strategy selection should be based on organizational or community capacity and readiness.

Some examples of how project strategies could work to address underlying causes of health and layer on one or more of the commercial tobacco prevention focus areas are listed in the table below, but should not be considered an exhaustive list. Applicants can build upon examples listed in the table below or suggest new approaches that will work to change systems and community policy, practices, or environments in which people live, work, learn, play, worship and age.

Commercial Tobacco Prevention and Control Focus Areas:

1. Addressing access and exposure to commercial tobacco products and marketing
2. Creating smoke-free and commercial tobacco-free environments
3. Integrating commercial tobacco cessation connections and support into existing services and community networks

The following are **examples** of strategies to address underlying causes of health that layer on strategies to address the three commercial tobacco use areas. This list is meant to generate ideas only and not limit proposals.

Strategies to address underlying causes of health	Strategies to address commercial tobacco use
Increase availability of safe and affordable housing	Implementation of smoke-free or commercial tobacco-free policy and access to cessation services
Increase or improve access to healthy food options	Adoption of policy to restrict the sale of commercial tobacco products at grocery stores
Increasing access to physical activity by adding walking/running/biking paths	Adoption or implementation of policies to make walking and biking paths smoke-free or commercial tobacco-free
Increase or improve access to healthcare services by bringing primary care services into spaces community members already frequent (e.g., community centers, schools, churches) or bringing services to people in their homes (e.g., community health workers)	Making cessation services part of those healthcare services in a systematic way
Promotion of cultural, cultural healing, or spiritual practices linked with health and wellbeing	Including education about the history of the community's commercial tobacco use and targeting by the tobacco industry
Increase access to education	Adoption or implementation of smoke-free or commercial tobacco-free grounds policies and increase access to cessation services
Increase civic engagement and social justice	Including education about the history of the community's commercial tobacco use and targeting by the tobacco industry

2.3 Project Requirements

The following section lists **required grant activities** that the selected applicant will be expected to conduct during the course of the grant period. **MDH and CDC will provide support to help meet grant requirements and build capacity as needed.**

Required Project Timeline
Grant Year 1: March 1, 2021 – April 30, 2022
<ul style="list-style-type: none"> ● By April 30, 2021, MDH will collaborate with the grantee to complete the following: <ul style="list-style-type: none"> ▪ Develop a coalition or engage a current coalition. The coalition must include representatives from the following groups: community stakeholders, community leaders, local public health, and multi-disciplinary and diverse community partners (e.g., healthcare systems, housing, businesses, faith-based organizations, and education). ▪ Complete a memorandum of understanding (MOU) or memorandum of agreement (MOA) to be signed by the coalition. ▪ Provide a letter of support that includes a description of the organization’s role in support of the proposed project for submission to the CDC. ▪ Conduct a joint readiness assessment. ▪ Collaborate with coalition and community stakeholders to develop the following: <ul style="list-style-type: none"> ▪ A strategic plan. ▪ Detailed work plans and culturally appropriate strategies and activities. ▪ Collaborate with CDC to establish a baseline for the population and determine the minimum number of people within the selected population that will be reached by the strategies and activities. ● By April 30, 2022, MDH will collaborate with the grantee to complete the following: <ul style="list-style-type: none"> ▪ Conduct data collection. ▪ Establish annual objectives, strategies, and activities. ▪ Participate in CDC sponsored learning opportunities with MDH.
Grant Year 2: May 1, 2022 – April 30, 2023
<ul style="list-style-type: none"> ● Establish annual objectives. ● Implement strategies and activities and adjust action plans as appropriate. ● Conduct an additional readiness assessment to identify barriers to success.
Grant Years 3 – 4: May 1, 2023 – April 28, 2025
<ul style="list-style-type: none"> ● Conduct data collection. ● Evaluate and develop a best practices document/publication based on lessons learned. ● Attend the National Conference on Tobacco or Health, New Orleans, LA in 2022.

A work plan is not required for this application. MDH anticipates working collaboratively with the grantee to support the development of the work plan so it meets the needs of the applicant’s proposed project and work plan milestones required by MDH and CDC.

Applicants are not expected to address each required activity in the application except those which are specifically asked for in the application form. The project requirements listed here are to provide applicants with a sense of the types of activities they will be expected to complete.

Assessment

This requirement includes conducting an initial readiness assessment in Year 1 with assistance provided by MDH and CDC, as well as an additional readiness assessment in Years 2 - 4. Assessment will directly involve community members and partners to collect information that helps inform activities and project direction. The grantee may also assess, but not limited to:

- Specific social and economic conditions for health (social determinants of health) that contribute to commercial tobacco-related disparities.
- Social norms around commercial tobacco and the social, cultural, and environmental factors that influence commercial tobacco use.
- Availability and accessibility of commercial tobacco products and where community members are most exposed to commercial tobacco use and secondhand smoke.
- Community priorities and how to connect and integrate commercial tobacco prevention and cessation with other high-priority issues.
- Gaps in culturally relevant cessation or other commercial tobacco prevention resources and services within the community.
- Gaps in existing smoke-free and commercial tobacco-free environments and policies within the community.

Information can be collected in several ways, such as listening sessions, interviews, focus groups or surveys. If an applicant has existing, current assessment data, they should demonstrate how it will be used to support proposed activities and strategies. Applicants are not required to address assessment activities in their applications, as MDH and CDC will work with the grantee to develop and implement the assessment.

Community Engagement and Partnership Building

Community engagement is a process through which community members are involved in issue identification, problem solving, and decision-making. The grantee should engage and work in authentic partnership with community members to ensure activities and strategies are appropriate and welcomed by the community.

Building collaborative partnerships is important for making sure project activities reflect the needs and views of the community. The applicant is required to address in their application how they will identify and engage existing and new partners, including those within the community who may not work in commercial tobacco prevention and control, to foster collaboration and incorporate community strengths and networks.

Evaluation

Evaluation of the project will be led by MDH in partnership with the grantee and supplemental guidance from CDC. **The grantee will be expected to spend at least 10 percent of their grant award on staff time, sub-contractors, or other expenses related to evaluation activities, including data collection and reporting.** Evaluation data will be used to contribute to the development of a best practices document or publication based on lessons learned.

MDH and CDC will provide evaluation assistance to the grantee as needed to help the grantee meet grant requirements and build grantee evaluation capacity. Applicants are not required to address evaluation activities in their applications, as MDH and CDC will work with the selected organization or grantee to develop and implement the evaluation.

Commercial Tobacco-Free Organizational Commitment

The grantee is required to make an organizational commitment to addressing the harms of commercial tobacco through policy change, setting an example, and serving as a champion for the community.

The grantee must have or be working towards a commercial tobacco-free policy (excluding traditional tobacco gardens or for ceremonial purposes). Applicants without a policy must indicate they will work toward adopting a policy during the grant period.

Grantee may not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

Applicants must acknowledge their commitment as part of their application.

Ineligible Expenses

The selected grantee cannot use grant funds for the following items:

- Costs not directly related to the grant
- Nicotine replacement therapies (NRT) or cessation medication
- Direct cessation services, medical care, or clinical care
- Tobacco compliance check inspections
- Synar or FDA compliance monitoring
- Research
- Cash assistance paid directly to individuals to meet their personal or family needs
- Alcohol, gifts for staff, staff meals (except approved travel), or parties
- Capital improvements or alterations
- Costs incurred prior to the grant award
- Start up or ongoing costs of a private business venture
- Ongoing costs of a program
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.4 Grant Management Responsibilities

Grant Agreement

The selected applicant must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation of the project. Once the grant agreement is signed, the selected applicant then becomes a grantee and is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement is attached as Attachment E. 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 grantee will be legally responsible for ensuring implementation of the work plan and compliance with all applicable state 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 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.

- Monthly check-in calls with the grant manager
- Tracking all activities and work done under the grant
- Submitting quarterly progress reports each year
- Work with MDH to evaluate the project throughout the grant year, and help produce a final evaluation of the project

Grant Monitoring

Throughout the grant period MDH will monitor the grantee's progress and performance. Minn. Stat. §16B.97 and Policy on Grant Monitoring 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

Grant Payments

Per State Policy on Grant Payments, 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.

Invoices will be due by the last day of the month for the preceding month.

2.5 Grant Provisions

Contracting and Bidding Requirements

(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. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 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>);
 - Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (<https://mnuccp.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/central>).
- 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: <http://www.mmd.admin.state.mn.us/debarredreport.asp>.

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](#).

Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list in the application form as directed. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

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.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 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, 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, Subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 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 (Minnesota Statutes chapter 13) 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](#) Subdivision 8, 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](#). 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. Minnesota Rules, part [5000.3500](#)

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.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content specialists and community leaders with relevant knowledge and

experience with the community. 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.

Selection Criteria

The review committee will be reviewing each applicant on a scale that was developed by a community advisory committee. The standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors that applications will be judged are based on the scoring criteria in Attachment D. 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. This is for the benefit of the applicant. **Do not include sample score sheet with your application.**

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 states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations

Notification

MDH anticipates notifying all applicants via email of funding decisions by February 1, 2021.

Part 3: Application and Submission Instructions

3.1 Application Deadline

All application materials must be received by MDH no later than 4 p.m. Central Time, on January 7, 2021.

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.

3.2 Application Submission Instructions

Application materials can be found on the RFP webpage (<https://www.health.state.mn.us/communities/tobacco/initiatives/cbd/index.html>).

Applications must be submitted by:

1. Completing and submitting the online Application Form; and
2. Emailing your completed Budget Form (Attachment A) and Due Diligence Review Form (Attachment B) to tobacco@state.mn.us.

3.3 Application Instructions

You must submit the following in order for the application to be considered complete:

- Application Form
- Budget Form
- Due Diligence Review Form

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor 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.

Part 4: Attachments

Attachment A: Sample Application

Attachment B: Budget Form

Attachment C: Due Diligence Review Form

Attachment D: Sample Scoring Criteria

Attachment E: Sample Grant Agreement