



Healthy Brain Community Grants

REQUEST FOR PROPOSALS (RFP)

Important Dates:

- Oct. 11, 2024: Request for Proposals Released
- Oct. 15, 2024: Informational Webinar Session
- Oct. 18, 2024: Last day to submit RFP Questions
- Nov. 12, 2024: Proposals due
- Dec. 20, 2024: Award applicants
- March 3, 2025: Estimated grant start date
- Sept. 29, 2028: Grant ends

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10/9/2024

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Healthy Brain Community Grants
- **Minnesota Department of Health (MDH) Program Website:** [Alzheimer’s Disease and Related Dementias \(https://www.health.state.mn.us/diseases/alzheimers/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/index.html)
- **Application Deadline:** Tuesday, Nov. 12, 2024 at 11:59 p.m. CT

1.2 Program Description

The Minnesota Department of Health (MDH) Aging and Healthy Communities Unit’s Healthy Brain Initiative is requesting proposals to reach and engage communities in Minnesota impacted by Alzheimer’s Disease and related dementias to improve brain health. The focus is on engaging communities disproportionately impacted by underdiagnosis and misdiagnosis. These communities include Black, Indigenous, people of color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), American Indian, people living with disabilities, and communities in Greater Minnesota.

Project proposals will demonstrate how organizations create, improve, or amplify brain health messages and strategies that reduce dementia risk, detect and diagnose dementia earlier, and support people living with dementia and their care partners.

This grant RFP is supported through funding from the Centers for Disease Control and Prevention’s (CDC) [BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias \(CDC-RFA-DP23-0010\)](#). The purpose of this funding is to increase early detection and diagnosis of dementia, provide culturally responsive education and awareness about dementia risk reduction and the benefits of early diagnosis, and enhance wellbeing for people living with dementia and their care partners.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. Once the grant agreement is signed by the awarded applicant and MDH, and the grant starts, awarded applicants can begin spending money on eligible expenses.

All applications are scored based on criteria defined in the **Attachment B: Application Score Sheet**. Only the applications that best meet the criteria will be considered for funding.

Award Details	Estimate
Estimated Annual Award	\$20,000
Estimated Number of Awards	1-4
Estimated Award Maximum for 3 years	\$60,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is **March 3, 2025**, and the projected end date is **Sept. 29, 2028**. There may be a chance to amend the agreement for an extended amount of time depending on funds. The current grant period will be **42 months** based on satisfactory grantee performance and funding availability. MDH estimates one to four grantees will be awarded \$20,000 annually for 3.5 years.

- Informational RFP Webinar Session: Oct. 15, 2024
- Last day to submit RFP questions: Oct. 18, 2024
- Estimated date applicants to receive award and denial notice: December 20, 2024

1.4 Eligible Applicants

Applicants who have received the Healthy Brain Community Grants in the past 2 years are not eligible to apply.

Eligible applicants may include, but are not limited to:

- Community-based organizations
- Tribal governments
- Nonprofit organizations
- Faith-based organizations
- Social service organizations
- Clinics or healthcare organizations
- Community Health Boards/Local Public Health
- Local government
- Community Coalitions

All **awarded** applicants must provide a [SWIFT \(mn.gov/mmb/accounting/swift/\)](https://mn.gov/mmb/accounting/swift/) vendor ID number and Unique Entity ID (UEI). Any entity that is new to doing business with the state will not have a SWIFT vendor ID yet. If you do not have or do not know your unique entity ID, please visit the unique entity ID registration page at the federal [System for Award Management \(sam.gov/content/homesam.gov\)](https://sam.gov/content/homesam.gov).

Organizations or entities that do not have state or federal recognition can still apply by working with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Applicants are encouraged to work with partners from different fields. Applicants should describe how they will work together and why it will make the project better.

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A single application should be submitted on behalf of all partners in the collaboration, with one organization identified as the lead. That organization will be the fiscal agent to receive and manage the grant funds.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.healthybrain@state.mn.us.

All answers will be posted within **seven business days** at the [Funding Opportunities \(https://www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html) webpage.

Please submit questions no later than 4:30 p.m. Central Time (CT) on **Oct. 18, 2024**.

To ensure the 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 to as outlined above, are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

RFP Information Meeting

MDH will provide an informational webinar on Tuesday, October 15, 2024 at 10 a.m. Central Time. Attendance is optional.

Visit the [Funding Opportunities \(https://www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html) webpage for a link to join the meeting.

Materials from the meeting, including the recording, questions and answers, will be posted by 4:30 p.m. on Oct. 21 at the [Healthy Brain Initiative website](#).

RFP Part 2: Program Details and Requirements

2.1 Background Information

The Challenge of Alzheimer's Disease and Related Dementias (ADRD) and Public Health Opportunities

Alzheimer's disease is the most common form of dementia and the 5th leading cause of death for older adults in the U.S. [1]. By 2060, approximately 14 million Americans are expected to have Alzheimer's disease, a nearly three-fold increase, with minority populations being affected the most [1]. Cases among Hispanic, African American, and American Indian and Alaska Native elders will be two and four times higher by 2060 [2,3].

In Minnesota, dementias including Alzheimer's disease are a significant and growing challenge, with the estimated number of Minnesotans living with Alzheimer's increasing 21% from 99,000 to 120,000 between 2020 and 2025 alone [1]. Dementia affects people of every racial and ethnic group in Minnesota. In 2018, 11.4% of both Non-Hispanic White and Non-Hispanic Black and 12.4% of American Indian elders with Original Medicare had ADRD [4]. Underdiagnosis of ADRD is common, especially among people of color [1].

In 2020, more than 11 million family members and friends in the US provided 15.3 billion hours of unpaid care to people with dementia, at an economic value of more than \$257 billion [1]. About three in 10 dementia caregivers nationwide delayed or did not do things to maintain their own health, and dementia caregivers are also more likely to report poorer health than other caregivers [1]. In 2021, 105,000 Minnesotans reported caring for people with dementia, and still more family and friends provide care to loved ones but do not see themselves as caregivers or prefer not to use the term. Minnesotans who self-identify as caregivers for people with dementia were more likely to report a history of depression and having a chronic condition compared to non-caregivers or caregivers of adults with other conditions. Three of every 10 caregivers caring for an adult with dementia reported needing additional support [5].

Public health approaches to Alzheimer's disease and other dementias (ADRD) are essential to move to a more holistic approach that emphasizes prevention and early detection. Three broad sets of approaches are needed:

1. **Risk Reduction:** Given advancements in knowledge about ADRD risk factors (e.g., lack of physical activity and uncontrolled high blood pressure) related to cognitive decline [1], and the growing awareness of the role social determinants of health (e.g., education, social context, health and healthcare, and neighborhood and built environment) play, we must work to reduce the risk of developing ADRD.
2. **Increasing Early Diagnosis:** Most people experiencing signs of memory loss and/or cognitive impairment have not spoken with a healthcare provider about it. This prevents people with symptoms from either accessing resources to support themselves and their loved ones if they do have ADRD or accessing opportunities to reverse or treat other potential causes of cognitive impairment.
3. **Caregiver Wellbeing:** A public health approach can also build community systems that help caregivers of persons with dementia access support and resources to take care of themselves.

Please note: For this application, the term community is inclusive and may be used for a geographic, cultural, racial or ethnic community or group.

Health Equity Priorities

- The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities. Find more information on health equity here: [Health Equity \(www.health.state.mn.us/divs/che/index.html\)](http://www.health.state.mn.us/divs/che/index.html).

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion considerations in grant-making. [The Policy on Rating Criteria for Competitive Grant Review \(mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](http://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Focus Populations

This grant aims to help organizations enhance their ability to provide better access to preventive and supportive services for dementia. This grant is focused on supporting populations affected by health inequities related to dementia, including BIPOC, LGBTQ+, American Indian, people living with disabilities, and communities in Greater Minnesota.

Health inequities result because of poor access to resources that support health and wellbeing, what is often called the social determinants of health (SDOH). These resources include: access to quality education, sufficient and stable income, safe and stable housing and built environments, and social and community connection. One determinant that contributes to health inequities is structural racism, which refers to racism built into systems and policies, rather than individual prejudice.

A growing body of work points to inequities related to the prevalence of dementia risk factors, ability to receive a timely dementia diagnosis, and support for caregivers. Selected examples include:

- Older non-Hispanic Black adults and Hispanic adults are more likely to have Alzheimer's disease and less likely to receive a formal diagnosis compared with older White adults.[1]
- Data describing disease rates for American Indian and Asian communities are limited, reflecting historic patterns of underinvestment in research. The limited data describing the experience of American Indians suggests that issues including underdiagnosis and misdiagnosis of disease may complicate understanding [1,3].
- BIPOC adults in Minnesota who are caregivers are twice as likely to report having inadequate social and emotional support compared with non-Hispanic white Caregivers [6]
- LGBT older adults tend to experience higher levels of social isolation, stigmatization, and discrimination, which contribute to dementia risk, lead to delays in detection, and make it much harder for people living with dementia and their caregivers to find needed support [7,8].
- Minnesota adults with disabilities have higher rates of diabetes, high blood pressure, and high cholesterol [9], established dementia risk factors [10].

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- In Minnesota, small town/rural communities have the highest Alzheimer’s disease mortality rate at 50.1 per 100,000 compared with 33.2 and 49.4 (44.8-54.1) per 100,000 for large and small to medium metro areas, respectively [11].

With this funding opportunity, we aim to move forward together knowing that providing resources for all Minnesota communities, in ways that honor their assets and strengths, will shape the collective future with good health for all that we desire.

Applicants will be required to share how the proposed activities will reach and engage the specific populations served.

While these funds are focused on health disparities related to brain health, MDH recognizes the ways in which unjust systems (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism) intersect to create interconnected layers of disadvantage and inequity. Because these systems are overlapping and interdependent, they will not be unraveled in isolation. Rather, the approaches to equity should be both intersectional and multipronged. This concept of **intersectionality** is one of MDH’s core values. Therefore, applications focused on the intersections of race/ethnicity and other identities/communities experiencing inequities are welcome (e.g., projects may focus on serving African American persons who identify as LGBTQ, American Indians with disabilities, etc.).

Resources on intersectionality: [MDH’s DEAI Resource on Intersectionality \(mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf\)](https://mn.gov/mmb-stat/enterprise-talent-development/DEAI/ETDIntersectionality.pdf)

2.2 Eligible Projects

Proposals must focus on understanding social determinants of health in the focus populations that contribute to brain health. Activities must be actionable with the grantee outcome expectations and goals stated in section **2.4 Mandatory Project Requirements**. Please review **Attachment B: Grant Application Scoring Criteria**.

There are different ways of understanding a public health issue, each community is unique, and strategies that work in one community may not work in another. Approaches that lead with lived experience, creativity, and novelty are prioritized. Funding is meant to be flexible and responsive to community needs. Depending on the need of the focus population, applicants may choose to work within one or more of the following categories.

Projects must create or enhance risk reduction, early diagnosis, and caregiver wellbeing strategies as they align with the Minnesota Dementia Strategic Plan. Below are some examples of what this could look like:

Risk Reduction Strategies

- **Reduce Stigma:** Work with communities to create messages that address misinformation and provide an accurate understanding about dementia.
 - Example: Partner with local community leaders and organizations to develop accurate, culturally and linguistically relevant messages about dementia risk, and find creative ways to share these messages with the community.
- **Eliminate Discrimination:** Work with communities to address discrimination and build welcoming spaces, programs, and care for people living with dementia and their care partners.

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- Example: Partner with local schools and after school programs to increase Dementia Friendly Communities and create space for intergenerational social interactions
- Example: Provide Reframing Aging Framework training to staff at local community organization to combat ageism and be more inclusive and welcoming to people living with dementia.
- **Raise Awareness:** Teach people about dementia, including what causes it, how early detection and diagnosis can help, and the importance of caregiver health and well-being.
 - Example: Partner with trusted messengers to educate the community about uncontrolled high blood pressure as a risk factor for dementia

Early Diagnosis Strategies

- **Raise Awareness:** Teach people about dementia, including what causes it, how early detection and diagnosis can help, and the importance of caregiver health and well-being.
 - Example: Engage diverse rural communities to develop and disseminate messages about the importance of early detection and diagnosis.
- **Increase Screening and Detection:** Support clinics and community-based organizations that serve communities with health inequities to increase screening and early detection.
 - Example: Adapt current screening tools to be more relevant to specific communities and test the adapted tool to see if it has increased screening rates in the community.
- **Coordinate Resources:** Promote and help people to use tools and resources that can prevent and detect dementia early and improve care.
 - Example: Partner with key community organizations in the local area to create a central hub that connects care partners and people living with dementia to community-specific resources and services in Greater MN.
- **Build Connections:** Improve relationships and referrals between community organizations and clinics to better support families and people living with dementia.
 - Example: Collaborate with health care clinic to implement a warm hand-off process to improve referrals between caregivers, social service staff and health care teams.

Caregiver Support Strategies

- **Offer Training:** Create and share ongoing training and materials for people who care for those living with dementia.
 - Example: Add free dementia curriculum to continuing education for all care team members including personal care assistants and community health workers.
- **Advance Shared Action:** Unite communities and organizations to co-create and lead actions using culturally responsive language and practices that lower the risk of dementia, detect it earlier, and support the well-being of people with dementia and their caregivers.
 - Example: Design creative social gatherings and connections that support care partners and people living with dementia at monthly luncheons and karaoke nights to increase and improve social community connections.
- **Support People with Dementia:** Help people living with dementia and their care partners understand the disease, plan for future changes, and find services that can help.
 - Example: Partner with church that offers respite so that caregivers can have time for self-care

2.3 Eligible and Ineligible Expenses

Expenses should be aligned with project goals and activities (subject to final approval from MDH and CDC).

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Food
- Direct patient care
- Medical equipment
- Construction
- Non-grant-related costs or expenses not contributing to project activities/deliverables.
- Cash assistance for personal/family needs paid directly to individuals
- Costs incurred outside grant award period
- Staff gifts/bonuses, personal use goods/services, or meals (except during approved travel)
- Grant writing or research
- Sponsorships of events, trainings or advertisements that are not directly related to the grant
- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

If you are unsure if an expense is eligible or ineligible, please send your question to MDH by the Q&A deadline as outlined on [Funding Opportunities](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html) (<https://www.health.state.mn.us/diseases/alzheimers/funding/index.html>).

2.4 Mandatory Project Requirements

All projects must include the following components: community engagement and the MN Dementia Strategic Plan.

Community Engagement

Applicants will demonstrate the ability to involve the population they serve in decision making, or ensure activities are effective and inclusive. Community engagement means working alongside, with, or led by community members. This could include but is not limited to:

- Co-creation of materials, health education, or initiatives
- Actively seeking feedback or guidance from the community the project aims to serve
- Gathering community members for listening sessions, forums, or planning purposes
- Engaging community members as leadership or guides for project scope
- Supporting outreach events or activities to excite, engage, or connect with community members
- Using community health assessments, surveys, or other existing community-developed resources to guide work

Minnesota Dementia Strategic Plan (MDSP)

Applicants should review the Minnesota Dementia Strategic Plan and demonstrate how their project aligns with at least one or more of the strategies. Clearly identify which strategy your project is implementing. View the MDSP here: [About the Healthy Brain Initiative - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/about/healthy-brain-initiative/)

Grantee Outcome Expectations & Goals

Grantee programs should contribute to at least one of the following outcomes. The relationship between proposed activities and outcomes will be stated in the workplan of funded projects. All work under this grant should include activities that purposely address.

- Increase public knowledge about brain health, risk factors for dementia and benefits of early detection and diagnosis.
- Increase knowledge and skills of current and future workforce.
- Increase community partnerships.

Grantee's Activities

With support and technical assistance from MDH, **all awarded grantees** will be required to:

Before the grant agreement is executed:

- Work with MDH to revise and finalize the workplan and budget.
- Assign one staff person to serve as the primary liaison between MDH and the grantee organization.

After the grant agreement is fully executed:

- Submit an Activity Tracker, Mid-year and Final Reports on grant activities. MDH staff will provide template for Activity Tracker and reports. Reports will include successes, partnerships, challenges experienced, and plans for sustainability.
- Participate in monthly check-ins with assigned grant manager to cover topics such as: grant management support; invoicing, reporting, and timeliness of communications.
- Co-develop evaluation plan with MDH staff to identify activities and ways to measure their impact.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MDH Healthy Brain Initiative staff will be available to provide guidance and assistance on topics including partnership development, budgeting, invoicing, data collection, evaluation, and other effective practices. MDH staff will connect grantees to national resources from the CDC and the BOLD Centers of Excellence as they become available. MDH will also support grantees in identifying appropriate and feasible evaluation measures and outcomes for their projects and provide general evaluation technical assistance. Grantees are encouraged to seek support and learn from other grantees throughout the grant period.

2.5 Application Review and Selection Process

Review Process

Applications will be reviewed by a committee representing the focus populations this RFP intends to serve and other internal partners. 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:

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 and Weight

The review committee will review and score each application on a 50-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria found in **Attachment B: Grant Application Scoring Criteria**. Applicants are encouraged to review this form to ensure applications address the items in the scoring criteria.

The review committee will then meet to discuss applications as a team. Reviewers will be able to modify their individual scores based on the discussion at the review meeting. The review committee will then submit final scores and make recommendations to the MN Healthy Brain Initiative staff based on the criteria and discussion.

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 \$50,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations. (mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf).
- MDH staff will conduct a pre-award review of finalists prior to awarding funds in accordance with this policy. The review will include both the Due Diligence Review Form and a review of past performance for applicants who are previous grantees of MDH. These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grants.

Notification

MDH anticipates notifying all applicants via email of funding decisions via email **by December 20, 2024**.

All notices of award and non-award will be sent via email to the contact person listed on the application. Awarded applicants who are not current vendors in the State's SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee's budget before a grant agreement can be made final. Once a work plan and budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement is estimated to be **March 3, 2025** or the date on which all signatures for the agreement are obtained, whichever is later. **The grant agreement will be in effect until Sept. 29, 2028**, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received by MDH no later than **11:59 p.m. Central Time, on Tuesday, Nov. 12, 2024.**

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.

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact health.healthybrain@state.mn.us after that time frame for further instructions.

3.2 Application Submission Instructions

Applications must be submitted to the following email: health.healthybrain@state.mn.us **no later than 11:59 p.m. Central Time, on Tuesday, Nov. 12, 2024.**

Applicants may *not* hand-deliver applications to MDH.

3.3 Application Instructions

REQUIRED: Applicants must submit **all four documents** for the application to be considered complete.

- Application Form (Attachment A)
- Budget (Excel template) (Attachment C)
- Due Diligence Review Form (unscored) (Attachment D)
- Applicant Conflict of Interest Disclosure Form (unscored) (Attachment E)

All application materials and instructions are attached and can be found on the [Funding Opportunities \(https://www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html) webpage.

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.

RFP Part 4: Grant Responsibilities and Provisions

4.1 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and MDH's Authorized Representative has notified the Grantee that work may start.

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

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

The reporting schedule will be bi-annual progress reports due 30 days following the end of each reporting period. Each year will have two reports, one Mid-Year Report and one Final Report for that year.

The grantee will participate in regularly scheduled meetings with MDH staff and must submit an annual report due 30 days after the end of the grant cycle on September 29.

Year 1:

- Mid-year Reporting Period: Mar. 3, 2025 or when grant is fully executed – Dec. 31, 2025
- Mid-year Report Due: Feb. 2, 2026
- Final Reporting Period: Jan. 1, 2026 – Sept. 29, 2026
- Final Report Due: Nov. 2, 2026

Years 2-3:

- Mid-year Reporting Period: Oct. 1, 2026 – Mar. 31, 2027 | Oct. 1, 2027 – Mar. 31, 2028
- Mid-year Report Due: May 3, 2027 | May 1, 2028
- Final Reporting Period: April 1, 2027 – Sept. 29, 2027 | April 1, 2028 – Sept. 29, 2028
- Final Report Due: Nov. 1, 2027 | Nov. 1, 2028

Grant Monitoring

Minn. Stat. §16B.97 (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and [Grants Policy \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.

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- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.
- The monitoring schedule will be set forth in the grant agreement.

Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. MDH staff will 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 will not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be monthly, with invoices due 30 days after the end of each month. MDH pays all approved invoices within 30 days of receipt.

4.2 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 \(www.revisor.mn.gov/statutes/cite/471.345\)](http://www.revisor.mn.gov/statutes/cite/471.345).

(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. 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.
- ii. 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 \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/)
 - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program \(https://mnuccp.metc.state.mn.us/\)](https://mnuccp.metc.state.mn.us/) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and [City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).

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- iii. 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.
- iv. 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.
- v. 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.
- vi. Grantee must not contract with vendors who are suspended or debarred by the federal government or by the Minnesota Department of Administration: The state's list of debarred vendors is available at: [Suspended/Debarred Vendor Detailed Information \(mn.gov/admin/osp/government/suspended-debarred/\)](https://www.mn.gov/admin/osp/government/suspended-debarred/); the federal list is available at www.sam.gov.

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 \(www.revisor.mn.gov/statutes/cite/16B.98\)](http://www.revisor.mn.gov/statutes/cite/16B.98) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Disclosure form (Attachment F) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice.
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired.
- 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 perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes\(www.revisor.mn.gov/statutes/cite/13/full\)](https://www.revisor.mn.gov/statutes/cite/13/full)) 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 \(www.revisor.mn.gov/statutes/cite/16B.98\)](http://www.revisor.mn.gov/statutes/cite/16B.98), subd. 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\(www.revisor.mn.gov/statutes/cite/363A.02\)](http://www.revisor.mn.gov/statutes/cite/363A.02). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part [5000.3550 \(www.revisor.mn.gov/rules/5000.3550/\)](http://www.revisor.mn.gov/rules/5000.3550/).

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

RFP Part 5: Attachments

Required attachments:

- Attachment A: [Application form with detailed instructions \(Word\)](#)
- Attachment B: [Grant Application Scoring Criteria \(Word\)](#)
- Attachment C: [Budget Template \(Excel\)](#)
- Attachment D: [Due Diligence Form \(www.health.state.mn.us/about/grants/resources.html\)](http://www.health.state.mn.us/about/grants/resources.html)
- Attachment E: [Applicant Conflict of Interest Disclosure Form \(www.health.state.mn.us/about/grants/resources.html\)](http://www.health.state.mn.us/about/grants/resources.html)
- Attachment F: Frequently Asked Questions (found on [Funding Opportunities \(https://www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html))

Attachment A: Healthy Brain Community Grants Application

Applicants are strongly encouraged to download and complete the Application Form (Microsoft Word document) provided at [Funding Opportunities \(https://www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](https://www.health.state.mn.us/diseases/alzheimers/funding/index.html) to ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 12-point Calibri font. Applicants do not need to include the prompts in their response if they indicate the section and question before their response (e.g., “C1”).

Attachment B: Grant Application Scoring Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

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

Attachment C: Budget template

Applicants must submit a budget that details how funds will be used during the first fiscal year of the grant. Funded grantees will develop separate budgets for the last two fiscal years of the grant later in coordination with their MDH Grant Manager and in alignment with their workplan. A grantee’s budget may be revised during the grant period in consultation with MDH and the evaluation team.

Attachment D: Due Diligence Form

Applicants must complete the [Due Diligence Review Form \(www.health.state.mn.us/about/grants/duediligence.pdf\)](http://www.health.state.mn.us/about/grants/duediligence.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

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Please note that the Due Diligence Review Form score is not part of the total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Attachment E: Applicant Conflict of Interest Disclosure Form

Applicants must complete the [Applicant Conflict of Disclosure form \(www.health.state.mn.us/about/grants/coiapplicant.pdf\)](http://www.health.state.mn.us/about/grants/coiapplicant.pdf) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Attachment F: Frequently Asked Questions

[Alzheimer's Disease and Related Dementias Funding Opportunities \(www.health.state.mn.us/diseases/alzheimers/funding/index.html\)](http://www.health.state.mn.us/diseases/alzheimers/funding/index.html)

References

- [1] Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. (www.alz.org/alzheimers-dementia/facts-figures)
- [2] Rajan KB et al. Population estimate of people with clinical Alzheimer's disease and mild cognitive impairment in the United States (2020-2060). *Alzheimer's and Dementia*. 2021: <https://pubmed.ncbi.nlm.nih.gov/34043283/>
- [3] DHHS Statement of Bruce Finke, .D. Elder Health Consultant IHS to the United States Senate Aging Committee: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/testimony/113/113th-August-13-2014.pdf
- [4] Medicare Chronic Conditions Data 2018 (since retired).
- [5] MDH Healthy Aging and Communities Unit. Analyses of 2016 Behavioral Risk Factor Surveillance System Data including the Caregiver Module. December 2021.
- [6] MDH Center for Health Statistics Analyses. Minnesota Behavioral Risk Factor Surveillance System Data 2018.
- [7] Alzheimer's Association and SAGE Advocacy & Services for LGBT Elders. 2021. Issues Brief: LGBT and Dementia. <https://www.alz.org/media/Documents/2021-lgbtq-issues-brief.pdf>
- [8] Alzheimer's Association. LGBT Older Adults and Dementia Infographic. https://www.alz.org/media/Documents/lgbt_older_adults_dementia_infographic.pdf
- [9] MDH. Cardiovascular Health and Diabetes Prevalence in Minnesota Dashboard: Chronic Disease Prevalence Dashboard <https://www.health.state.mn.us/diseases/chronic/cdprevdata.html#Example2>
- [10] Livingston et al. 2024 Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet* 404:10452. <https://www.thelancet.com/commissions/dementia-prevention-intervention-care>

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[11] MDH Healthy Aging and Communities Unit. Analyses of CDC Wonder Mortality Data 2021. CDC WONDER.