



Summary of Interviews with Grantees and Potential Grantees

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Executive Summary

Background and purpose

As part of [END HIV MN](#), Minnesota's plan to eliminate new infections and better support people living with HIV, the Minnesota Department of Human Services (DHS) and Minnesota Department of Health (MDH) sought input from grantee organizations¹ and potential grantee organizations² to improve DHS' and MDH's grantmaking processes. One of the strategy's tactics is for the State of Minnesota to increase its meaningful inclusion of the voices of disproportionately affected populations in decision-making about funding and programming. Another is to increase the organizational capacity of small, new, or yet-to-be formalized, culturally specific community-based organizations (CBOs) so that they can successfully apply for, secure, and implement state and federal HIV funding.

To solicit this feedback, DHS and MDH engaged Management Analysis and Development (MAD)³ to conduct interviews with grantees and potential grantees. MAD conducted 16 individual and group interviews with 23 organizations from June to August 2020. Interview findings are presented here in three sections: non-American Indian grantees, American Indian grantees, and potential grantees. A detailed discussion of the methods used for interviews and analysis appears in the body of this report.

Summary of findings

Experience with the RFP process

Non-American Indian grantees offered the following observations about their experience with the DHS and MDH RFP process:

- Applicants face a high administrative burden.
- It is not equitable to ask all organizations to apply to the same RFP, when some are so much larger and better established and when some organizations serve specific cultural communities.
- Target populations the RFPs identify do not always match up with the populations grantee organizations can reasonably reach or serve.
- Some smaller, grassroots organizations face challenges in working with a fiscal agent.
- The RFP timeline is too short. Grantees also have other concerns about the grantmaking timeline: It frequently changes, DHS and MDH may not always respond within the deadline, and the funding sources' fiscal years are not the same, causing grantees to have to continuously submit reports for various funders.
- Grantees would like state agencies to proactively request information from them as sub-applicants for federal grants.

¹ Grantee organizations include groups that currently receive or previously received DHS or MDH funding.

² Potential grantee organizations include groups that have not previously applied for DHS or MDH funding and those that have applied in the past but have not received funding.

³ MAD is a management consulting practice, housed in Minnesota state government, that provides consultation to public sector organizations.

When asked about their experience with the RFP process, **tribes** expressed that they would like a more “sovereign-to-sovereign” relationship with the state for grant funding. **Neither tribes nor CBOs serving American Indians** would like to compete against their peers for funding.

Suggestions for improving RFP wording and directions

Some **non–American Indian grantees** felt that the following RFP sections are already clear and easy to understand:

1. What the RFP is asking for in terms of the activities or services it would fund
2. What applicants would need to include in their proposal (the written portion)
3. How DHS or MDH would evaluate the proposal
4. The insurance requirements
5. What the grant administration requirements would be for groups that were successfully awarded the grant (such as reporting requirements or requirements for reimbursement)

Several **non–American Indian grantees** identified two areas as the most difficult to understand in the RFP process:

1. What applicants would need to include in the budget
2. Which forms and documentation have to be submitted with the proposal

These grantees suggested that DHS and MDH make forms, budgets, and even grant reporting documents available in more user-friendly formats.

Both American Indian and non–American Indian grantees agreed that jargon can be a barrier for applicants, especially small, grassroots, and culturally specific organizations.

American Indian grantees also remarked that the proposal scoring process could be improved: Cutoff scores for funding (versus not funding) proposals seem arbitrary, and it is not clear whether American Indians or people of color serve on the evaluation committees that score the proposals.

General suggestions for improving the RFP process

Non–American Indian grantees suggested that DHS and MDH apply creative solutions to eliminate repetitive applicant requests, such as a system to store basic information on applicants, so that these organizations do not need to start from scratch explaining who they are and what they do for every RFP. Further, these grantees said, make sure a point of contact is available at DHS or MDH to answer applicants’ questions.

American Indian grantees shared that it is unreasonable to have the same expectations for tribes and CBOs serving American Indians as long-standing, white-run organizations or counties because they are not starting from the same place.

Time needed to complete a proposal

Among **non–American Indian grantees**, several participants agreed that six weeks would be sufficient, while a few felt that a longer timeline of eight to ten weeks would be ideal. Factors that affect submission time for these

grantees include quality of the work product, correspondence with potential partners, and the number of parties involved in preparing the proposal.

American Indian grantees reported that eight to ten weeks' time would be sufficient to respond to an RFP, noting that small tribes and organizations do not have the capacity to quickly turn around a proposal. Both tribes and CBOs serving American Indians have had to pass up opportunities for funding due to lack of capacity to prepare the proposal.

All three **potential grantees** suggested a timeframe of one to two months, with a slight preference for six to eight weeks. Two of the three potential grantees stated there have been times when they decided not to submit a proposal due to lack of capacity.

Receiving feedback on proposals

Non-American Indian grantees would like to receive feedback on why a proposal was not chosen or how the applicant could improve, and on overall trends in the set of proposals that MDH or DHS receives, including what distinguished successful proposals from the unsuccessful ones.

Similarly, **American Indian grantees** asked for feedback on how they could improve if a grant was not awarded. One remarked that feedback on the budget and characteristics of successful proposals would be preferable to constructive feedback on the proposal narrative since the latter can cause finger-pointing among staff members.

Potential grantees mentioned constructive criticism and comments on the proposal narrative as two areas for which they would like feedback on proposals.

Responding orally to questions (in addition to in writing)

The vast majority of **non-American Indian grantees** responded that they would be in favor of responding orally to questions as well as in writing. A few grantees offered advice DHS and MDH could apply if the agencies choose to adopt this practice. **All American Indian grantees** expressed interest in having the opportunity to respond orally to DHS' or MDH's questions in the RFP process. **Potential grantees** generally agreed with the idea as well.

How grantees find out about funding opportunities

Non-American Indian grantees mentioned listservs and communications specific to current grantees as the most common way they learn about funding. Among **American Indian grantees**, tribes typically learn about funding opportunities through relationships, while emails are not as effective. American Indian CBOs learn about funding from relationships as well as from listservs.

The most common way **potential grantees** cited for finding out about funding is through emails and listservs. Potential grantees also find out about grants through colleagues, word of mouth, and Facebook and other social media sites. One potential grantee, an organization serving the African-born community, pointed specifically to Hennepin County as a source of information on funding opportunities.

Information to have in advance of RFPs

Non–American Indian grantees stated it would be useful to have an announcement that an RFP would be released, as well as information on the funding range. **American Indian grantees** agreed with both points, and noted that information on the RFP timeline and overall program goals would be helpful.

In addition to these ideas, **potential grantees** made several other suggestions, such as: the purpose of the RFP, expected outcomes of the work, RFP requirements, metrics for measurement, how proposals will be evaluated, and where the funding is directed. Potential grantees would also like to have a pre-RFP webinar on how to apply, as well as an RFP point of contact for technical assistance.

What it would take for potential grantees to apply

Potential grantees stated that in order for them to consider becoming HIV service providers with DHS and MDH, they would want these agencies to consider:

- Rethinking a one-size-fits-all grantmaking approach
- Relaxing grant policies that are prohibitive for small, grassroots, or culturally specific organizations
- Investing in relationship-building

Technical assistance for proposal writing, implementation

Non–American Indian grantees believe they would benefit most from technical assistance on their initial proposal ideas; how to prepare a proposal, with specific examples; the requirements and data systems of the Centers for Disease Control and Prevention (CDC); financial management (especially for small, grassroots, or culturally specific organizations); and data and statistics.

American Indian grantees said they would like a point of contact at DHS or MDH to answer questions about the RFP, and technical assistance providers should have knowledge of American Indian organizations and communities. Further, some shared their observations that the state RFP process does not seem to be an even playing field, which technical assistance will not address.

Potential grantees would also like an easily accessible point of contact for questions about the RFP, and would like capacity building from mentors to help their organizations prepare competitive proposals.

Connecting with small, grassroots, and culturally specific organizations

To better connect with small, grassroots, and culturally specific organizations, **non–American Indian grantees** proposed that DHS and MDH consider:

- Funding lead organizations to build the capacity of small, grassroots groups
- Increasing outreach and community engagement
- Setting aside funding and support for small, grassroots organizations, as well as for specific regions in Minnesota.

American Indian grantees advised that funders get to know American Indian communities and organizations. They also remarked that serving as a fiscal agent for smaller organizations is not ideal; thus, DHS and MDH should consider alternatives to simplify funding for grassroots groups.

Potential grantees suggested that DHS and MDH:

- Hold a statewide, “all-provider meeting” again, or town-hall meetings.
- Streamline the RFP process.
- Invest in relationships.
- Ask small organizations, “What can we do to make you successful?” and make sure grant-making policies are aligned to these groups’ responses.

Other feedback

Grantees and **potential grantees** offered other feedback for DHS and MDH to consider, such as:

- They would like state agencies to better appreciate the complex environments and dynamics in which they work.
- DHS and MDH should reflect on how they can promote racial equity.
- State agencies need to actually implement the feedback they receive from collecting stakeholder input, then close the loop afterward with stakeholders.

Overview

As part of [END HIV MN](#), Minnesota’s plan to eliminate new infections and better support people living with HIV, DHS and MDH sought input from grantee organizations⁴ and potential grantee organizations⁵ to improve their grantmaking process.

Through 16 interviews conducted by MAD from June to August 2020, staff from 23 grantee and potential grantee organizations working to end HIV in Minnesota (see Table 1) had the opportunity to provide feedback. DHS and MDH believe all of these organizations have important perspectives to share that will help the State of Minnesota increase its meaningful inclusion of the voices of disproportionately affected populations in decision-making about funding and programming, as described in END HIV MN Priority Tactic 2.3.2.

DHS and MDH will use the input gathered through interviews to formulate recommendations that will also ultimately contribute to Priority Tactic 2.3.1: “Increase the organizational capacity of small, new, or yet-to-be-formalized culturally-specific community-based organizations (CBOs) necessary to successfully apply for, secure, and implement state and federal HIV funding.”⁶

⁴ Grantee organizations include (a) groups that are currently receiving DHS or MDH funding and (b) groups that have previously received DHS or MDH funding.

⁵ Potential grantee organizations include (a) groups that have not previously applied for DHS or MDH funding and (b) groups that have applied in the past for DHS or MDH funding but have not been successful.

⁶ “Minnesota HIV Strategy: A Comprehensive Plan to End HIV/AIDS,” DHS and MDH, January 3, 2019, <https://www.health.state.mn.us/diseases/hiv/partners/strategy/mhs2019.pdf>.

MAD interviewers asked all participants the following questions:

- How much time does your organization typically need to complete a proposal? What type of timeline would be ideal?
- Has your organization ever decided not to submit a proposal because you didn't have the capacity to turn around a proposal within the stated deadline?
- How would you like to receive feedback on proposals that you've submitted? What kind of information or feedback would you find useful afterward?
- What would you think about having the opportunity to respond orally to MDH/DHS's questions in the RFP process (in addition to responding in writing)?
- How do you usually find out about funding opportunities (e.g., particular websites, social media, listservs)?
- What information would you want to know in advance of an RFP being released, in order to plan ahead and better understand the application process?
- What types of technical assistance do you think your organization would benefit from—both during the proposal-writing process as well as when you're implementing a grant from DHS and/or MDH? Which parts of the DHS or MDH RFP do you think your organization would specifically want support on?
- What suggestions do you have for how DHS and MDH can connect with small, grassroots organizations that have the ability to reach those populations most impacted by HIV?
- Is there anything else I haven't asked that you'd like DHS or MDH to know about the RFP process?

MAD asked grantee organizations questions specific to their experience with DHS and MDH in the RFP process, such as:

- Having gone through the RFP process with DHS or MDH, what do you wish the agency/agencies had done differently?
- What suggestions do you have for improving the wording and the directions of the RFP?
- What other information on any of these RFP topics would be helpful for DHS/MDH to explain more or differently in their RFPs?
- What general suggestions do you have for improving the RFP process?

Lastly, interviewers asked potential grantees, "What would make your organization consider applying and becoming an HIV service provider?"

Interviewees

Grantees whom MAD interviewed included:

- Large or well-established organizations (typically without a mandate to serve a particular population)
- Tribal health departments
- Small, grassroots, or culturally specific organizations (including those CBOs that explicitly serve American Indians)

Potential grantees whom MAD interviewed all self-identified as small, grassroots, or culturally specific organizations. MAD did not use a strict definition of "small, grassroots, or culturally specific"; rather, it allowed the groups interviewed to identify themselves as such.

Table 1. Types of interviewees by grant status

Type	Number
Grantees	20
<i>Non–American Indian grantees</i>	15
<i>American Indian grantees (tribes and CBOs)</i>	5
Potential grantees	3
TOTAL	23

Table 2. Types of organizations that interviewees represented

Type	Number
Large or well-established organizations, typically without a mandate to serve a particular population	11
Small, grassroots, or culturally specific organizations that focus on:*	9
<i>African Americans and people of color</i>	2
<i>African-born communities</i>	2
<i>American Indian communities</i>	3
<i>Harm reduction</i>	2
<i>Youth</i>	1
Tribal governments	3
TOTAL	23

* Groups self-identified their communities of focus. Some of the groups fall into more than one category.

As demonstrated in Table 2, interviewees came from a variety of organization types. In this summary document, interview findings are presented in three sections: Non–American Indian grantees, American Indian grantees, and potential grantees. MAD chose to present the findings this way because DHS had expressed particular interest in feedback from organizations that serve American Indian and African-born communities—two groups the END HIV MN strategy design process highlighted as needing to have their voices better amplified.

Because only two organizations serving the African-born community were interviewed, their results are not presented in a separate section. Furthermore, much of the feedback that the African-born groups shared mirrored the feedback of small, grassroots, and culturally specific organizations more generally. Where possible, feedback in each of the document’s three sections is attributed to organizations serving African-born communities or to small, grassroots, or culturally specific organizations.

How to understand the findings

Throughout this summary document, the words “interviewee” and “participant” are used interchangeably to refer to individuals whom MAD interviewed. This document also uses the terms below to describe how many interviewees mentioned a topic:

- **One** is stated as such.
- **A few** is generally two or three.
- **Several** is generally more than two or three, but not the full group of participants from a particular type of interviewee (e.g., American Indian grantees).

Comments from interviewees appear below in quotations and may have been paraphrased for readability. In some cases, comments related to multiple themes but have been organized into the most prevalent theme.

Non–American Indian grantees

Experience with the RFP process

Interviewers asked participants what they wished DHS or MDH would have done differently in the RFP process. The most common themes from participants’ responses were the RFP timeline is too short, applicants face a high administrative burden when preparing grant proposals for the state, it is not equitable to ask all types of organizations to apply to the same RFP, and the target populations RFPs require do not always align with populations some grantees can reasonably reach or serve. A few participants also mentioned that they find the RFP process, documents, and timelines to be reasonable and clear.

RFP timeline is too short:

- “Sometimes you run into a situation where...there’s not enough time to apply because there are too many moving parts to be able to put together a solid application in time. There are a lot of people who are involved in the process! The more time you have, the better quality your proposal.”
- “The deadline is a huge issue for us at my institution. I don’t always hear about the RFPs that are coming until it’s quite late, so we can’t plan. For my institution, it’s an eight-week process to get it going in our system.”

Applicants face a high administrative burden:

- “We’ve had a couple [proposals] that were still paper copies that had to be submitted. That’s onerous, especially when you’re working from home. The deadline is when they’ve received it in the office, versus when it’s postmarked. Being outside of the Twin Cities, that puts us at a disadvantage because it gives us less time to work on it, compared to people in the Twin Cities who can drop it off.”
- “We generate some standard documents—so ‘Statement of Non-collusion,’ ‘Affirmative Action Policy,’ all the kind of stuff that never changes. But if you write something for the HIV division, they ask for it. If you write something for a different DHS division, they ask for it. They want the same thing over and over again. Some of them require signatures and notaries. It takes multiple people to sign.”

Regarding the administrative burden of preparing proposals, at least one participant expressed a preference for submitting proposals via an online portal:

- “[The portal] was really helpful for the MDH administrator because there were some changes that needed to be made. It really made it accessible. The portal also had a collaboration feature where more than one person could be in there and working on it...So my advice would be to continue toward paperless, wherever possible.”

However, another participant found the MDH online submission portal to be frustrating: “We went through and did screen shots so that we could all work on different parts at the same time. But once we started uploading the information, the screens changed. We didn’t know we were going to be asked for these additional screens, and we had to call our operations staff on the weekend.”

It is not equitable to ask all organizations to apply to the same RFP, when some are so much larger and better established and when some organizations serve specific cultural communities:

- “Our culture is different, and how we provide services is different. For immigrants, the RFP should be suitable and go to their capacity. It should be a simple RFP. We prefer not more than 15 to 20 pages. Last year there was an RFP for eliminating health disparities—it was reasonable, not complicated compared to other RFPs. The wording was better, the requirement is easier than in other RFPs...A lot of groups have closed their doors. If you look at the population of new cases with HIV/AIDS who are African, versus the amount of dollars we get, MDH and DHS have to work better with us.”
- “A larger organization has a better chance. Smaller organizations don’t have the manpower, or the office space, or the printers and things you need.”

Using the example of a cultural practice from their home country, a participant from an agency serving the African-born community described how RFPs should be separate for small, grassroots organizations:

- “In my culture back home, the family eats together in one place. Food is put there, and every family member eats from one pot. The small children and the aged people can’t eat fast. They might not get their share. What we do is give separate portions to them until the children are mature. The case with RFPs should be like that. We are like tiny babies—we cannot eat equally with 50-year-old adults. Someone who has never done an RFP before is competing with someone who has been there for many years. What do you expect?”

Target populations RFPs require do not always match up with the populations organizations can reasonably reach or serve:

- “The most recent RFP we have has the expectation that we pursue the same type of population as the metro area...It’s really hard to 1) identify members of marginalized target populations up here because of the stigma, 2) engage with them, and 3) provide service. So it’s a challenge to expect rural areas to reach the same target populations as metro areas. I know they don’t expect us to do it in the same degree, but it’s a challenge.”
- “I’m mostly talking about MDH. When it comes to African Americans, the last RFP—which went by evidence-based practices (which is not always the best for culturally-specific organizations)—the categories did not always equate with good outreach and recruitment methods. There was no category just for African-American males. There only was ‘African-American men who have sex with men.’ But African Americans don’t identify...[The RFP] should have at least one or two categories for all African Americans, no matter their orientation or gender. Most of the categories now are really segmented.”

A few participants responded to the question about their past experience with DHS and MDH RFPs by describing the challenges of working with a fiscal agent and raising specific concerns about the grantmaking timeline.

Challenges of working with a fiscal agent:

- “We were fortunate enough to get a grant. We still needed a fiscal agent, even with a 501(c)3 and having been in business for five years. Now I have to pay ten thousand dollars to another organization to be my fiscal agent, when that money could have gone into the program. For another organization to profit off of my organization, just because it has been around longer...the rules don’t meet the needs of small organizations and organizations for people of color.”
- “It’s frustrating. Not only do the checks come late because I have to ask MDH to submit a check to the other organization, then to me, [but] I missed out on an opportunity for a condom sale. The check came three weeks late. Salaries and bounced checks—items come up like that.”

Specific concerns about the grantmaking timeline:

- “The timeline keeps changing. We keep hearing there’s going to be an RFP released, but then it gets delayed or the time gets extended. I know that some of these issues are beyond your control, but that’s been challenging for us.”
- “There were a couple of RFPs that we did not hear back about for some time (Greater MN-HERR/PSS and transportation RFPs). We didn’t hear back until after the response deadline.”
- “I wish the agencies [DHS and MDH] would streamline the grants when they go out, by fiscal year. It seems to me that different funding sources have different starting fiscal year and ending...As it is now, it’s like there is a report due every month because of those different starting and ending dates.”

Lastly, participants suggested that the state should **be more proactive in requesting information from grantees as sub-applicants for federal grants**: “It’s up to us to reach out to the state when we see an active solicitation. If the state says, ‘We’re going to be pursuing a federal grant. Are there providers in this particular area who want to serve as sub-applicants?’ that would be helpful.”

Suggestions for improving RFP wording and directions

Interviewers prompted participants with various sections of DHS and MDH RFPs (e.g., budget, insurance requirements, activities and services funded) and asked them to offer suggestions for improving the wording and instructions to make these sections easier to understand.

Some grantees felt that the following RFP sections are already clear and easy to understand:

1. What the RFP is asking for in terms of the activities or services it would fund
2. What applicants would need to include in their proposal (the written portion)
3. How DHS or MDH would evaluate the proposal
4. The insurance requirements
5. What the grant administration requirements would be for groups that were successfully awarded the grant (such as reporting requirements or requirements for reimbursement)

One grantee stated that number one could be confusing when it includes “optional deliverables.” Another grantee raised a concern about number four, remarking that the RFP language may lead new applicants to believe they must have all insurance requirements in place at the time of proposal submission and thus might

spend a lot of time working on obtaining insurance instead of polishing their proposals. Lastly, a grantee pointed out, DHS and MDH could communicate more directly that the RFP's rubric of points allocated in proposal evaluation (number three, above) can serve as a tool for newer grant writers to structure and prioritize sections in their proposals.

Several grantees identified two areas as the most difficult to understand in the RFP process:

1. What applicants would need to include in the budget
2. Which forms and documentation have to be submitted with the proposal

Grantees suggested that DHS and MDH make forms, budgets, and even grant reporting documents available in more user-friendly formats:

- "One thing that would be really helpful...is that when there are forms you need to fill out, have them in a format that's easy for people. So instead of sending them in a Word document (so people have to copy and paste), have them in a fillable PDF format. For budgets, have the forms in Excel for calculations, not in Microsoft Word. Or a budget sheet in Excel that already has formulas in there for you. This gives people a quality check at the end. It's one less thing to worry about."
- "When I'm filling out a work plan or something like that, having to recreate or rebuild a document takes so much time. MDH or DHS would get more quality products back if they sent out fillable forms."

A number of grantees also raised concerns that the language in RFPs is too jargon-heavy, which may intimidate smaller organizations:

- "If you've never done it before...if you aren't part of the Council and don't know the flow, the language can be a barrier."
- "It's not easy. My first language is not English...Some of the wording is hard for me, some are new words."
- "I was a high-school biology teacher for many years, so I'm familiar with the language or jargon around HIV and AIDS. But some stuff is really confusing to me. If I were an employee at an organization serving marginalized people—or a marginalized person—some of the phrasing could be intimidating or frustrating. It could be enough of a barrier for some folks to feel, 'I can't do this.'"

One participant suggested that the RFP include a glossary of jargon specific to RFPs as well as to HIV work. Another said it would be helpful if a point of contact at DHS or MDH could be available to assist applicants with highly technical or legal language.

General suggestions for improving the RFP process

When asked next what general suggestions they would make to improve the RFP process, several grantees mentioned two particular topics: applying creative solutions to eliminating repetitive applicant requests, and making sure a point of contact at DHS or MDH is available to answer applicants' questions.

Applying creative solutions to eliminate repetitive applicant requests:

- “Could there be a system where we’re prequalified, and it’d store our baseline information of who we are, what we do, etc., and then we could just skip to the ‘good stuff’ of our actual application? That could also be the mailing list for potential grantees.”
- “Could we ‘house’ [required forms] and update them once a year as an applicant agency, rather than wondering, ‘We did the due diligence form. Do we need to update that? Is it on file?’ Could there be a clearinghouse of forms within a certain timeframe?”
- “My additional comment that might resolve the challenges with state agencies all asking for the same information is to consider like what the City of Minneapolis and Hennepin County have, which is a vendor portal...It creates a centralized system for collecting that information. If one section of the state has information about you already, they can see that right away.”

Making sure a point of contact is available at DHS or MDH to answer applicants’ questions:

- “It’s nice to have someone you talk [with] one-on-one to guide you through the process. The process is very difficult.”
- “It seems that they almost always set up an email address that’s specific to that particular grant. That’s a plus that I’ve seen.”

In addition to the grant-specific email address, participants mentioned other RFP practices they appreciate, such as question and answer sessions and RFPs that include a proposal outline, which can serve as a checklist for new applicants.

Time needed to complete a proposal

Interviews sought grantees’ perspective on how much time they typically need to complete a proposal and whether they have ever decided not to submit a proposal because of limited capacity to prepare an application within the stated timeframe.

Grantees’ responses on the first point varied widely, from two weeks (for a proposal team of four staff) to 90 days. However, **the most common response from grantees was six to eight weeks**. Several participants agreed that six weeks would be sufficient, while **a few felt that their ideal timeline would be longer, at eight to ten weeks**. Grantees also described the reasons why they feel these timelines would be preferable:

Quality of the work product:

- “We haven’t ever decided not to submit a proposal because a timeline was too short. If it’s a priority, we’ve said, ‘How can we make this happen?’...But it probably has an impact on the quality.”
- “The longer lead time we have, the better-quality data we can pull.”

Correspondence with potential partners:

- “One thing is when you have a quick turnaround, it doesn’t give you enough time to talk to your partner organizations and decide who is going to be the lead applicant. It doesn’t give you enough time to negotiate.”

The number of parties involved in producing the proposal:

- “The timeline stuff is the hardest for us to work with, in terms of having enough time to identify the clinical provider sites that are capable for providing the data, and getting the information that we need from them to prepare the whole process.”

When asked if they had ever decided not to submit a proposal because of limited capacity, a few grantees said that they had, while a few others had not. “Sometimes I just read the proposal and it requires so much, so many appendices, that I give up,” said a participant from a small organization serving African-born communities.

Another grantee observed that such a challenge may be more common among smaller organizations.

Nevertheless, they said, “[smaller organizations] might have lower capacity, but a better ability to connect with the community.”

Receiving feedback on proposals

When asked how they would like to receive feedback and what types of feedback would be most useful, the two most common answers grantees gave were: a) DHS and MDH should share information on why a proposal was not chosen/how the applicant could improve, and b) DHS and MDH should share overall trends in the set of proposals received, including what distinguished successful and unsuccessful ones.

Feedback on why a proposal was not chosen/how the applicant could improve:

- “Feedback section by section, and seeing some of the comments—not just the scoring—is very helpful...MDH has been really great giving that feedback.”
- “With the DHS one, they had the possible points available, which I found helpful. I agree, if there was feedback on why you didn’t receive points, [it] would be very beneficial.”
- “Not necessarily saying what the organizations were, but saying, ‘You were the bottom of the pack. Here are some key ways that you differ from the group that were at the top.’ Or, ‘You were only two organizations away from getting a grant. There was just this one key thing that you missed.’”

Overall trends in the set of proposals received, including what distinguished successful from unsuccessful ones:

- “One thing that I would appreciate would be our score, compared to the average score, compared to the score that was funded. This would be valuable in terms of what did and didn’t go right.”
- “Common problems that come up when reviewing proposals.”
- “Providing written feedback on all of the grants probably requires a lot of labor. If there could be general feedback to everyone about what worked well and what generally we noticed that did not work well, then could have more specific feedback for each organization.”

One grantee mentioned that in past situations in which their proposal was not successful, they found it beneficial “to know if there are/were any other avenues or options to consider” beyond that particular grant opportunity. Another said it would be helpful to better understand why there is only one award for certain service categories, when making at least two awards in the service category could be beneficial.

Responding orally to questions (in addition to in writing)

Interviewers asked grantees what they would think about an opportunity to respond orally to DHS' or MDH's questions in the RFP process, in addition to responding in writing. **The vast majority of interview participants said they would be in favor of this.** Some of the reasons grantees gave for why they support this idea are:

- Could help DHS and MDH better understand the potential grantee organizations
- Adds a human face to proposals
- Could assist DHS or MDH in narrowing down the top proposals
- Could allow applicants to ask questions of DHS and MDH
- Would benefit small and culturally specific organizations

To this last point, a grantee said, "When you do it face-to-face and get to talk to people, even if you don't get chosen, you feel more included and satisfied. You feel like you articulated what you needed to say, especially when you're a culturally specific organization, and everything is built on trust...It was really beneficial for people who speak English as a second language, to express what their organization does." Another participant said, "It could lead to great innovation in areas that desperately need funding from folks that are too busy to type up [a] 50-page application."

A few grantees offered advice to DHS and MDH, if the agencies choose to adopt this practice:

- Incorporating this option would likely add time to the overall RFP process timeline.
- Give advance warning on what the questions might be, so that applicants can prepare.
- Taking part in the oral question and answer should only serve to help (not hurt) applicants, since some people have disabilities that would preclude them from being able to participate verbally.

How grantees find out about funding opportunities

Interviewers asked participants how they usually find out about funding opportunities. The two most common answers were from listservs (including State of Minnesota listservs) and from being a current DHS or MDH grantee—sources that may overlap, since current grantees frequently participate in grantee-specific listservs.

Listsers:

- "I'm on any state listserv that I can get my hands on."
- "State and local notices (e.g., Minnesota Council of Nonprofits) and national (e.g., NCURA, NIH)"
- "[Name of my organization] is very small. Sometimes I don't hear about grants until the last minute. We're on the DHS listserv, but if I miss an email, it's the only one that comes. I don't have anyone to monitor what's out there."

Being a current DHS or MDH grantee:

- "If we have a grant, oftentimes the program officer will give us the heads-up that it's renewing."
- "It helps since we are current grantees of funding through MDH. It helps that you're linked into some of that information and the listservs."

- “I hear comments about upcoming grants when we go to statewide meetings, or on our current HIV grantee calls.”

Several grantees also indicated that they find out about funding opportunities from state emails, state and federal websites (such as Grants.gov), serving on the council, and word of mouth. One grantee wondered whether there could be a “vendor portal” through which “if you’re interested in getting funding, you get an alert.”

Information to have in advance of RFPs

When asked what information they would like in advance of an RFP release in order to plan ahead and better understand the application process, several grantees highlighted the RFP funding range, and a few asked for an announcement (“notice of intent”) stating that the RFP would be released soon.

An announcement that the RFP would be released:

- “Ideally, there would be more notice for when there would be a posting. With respect to federal awards, there’s a ‘forecasting status.’ I don’t know if there’s something like that that would be applicable to what the state does.”
- “In line with the suggestion to do a notice of intent to release funding, an example would be, with our MnSURE, they do a notice of intent to fund. Then, they have a conference—like a webinar—where folks can come and listen to what [MnSURE is] intending to do, before they release the RFP.”

Funding range:

- “Even if there is flexibility to consider very small grants, like \$50,000. A lot of organizations that are smaller might try to go bigger, thinking that smaller isn’t what you’re looking for or would accept.”

A few interviewees mentioned other types of information, such as eligibility requirements, target populations, required deliverables, scope or overview of what might be funded, and service categories. One grantee said it would be helpful to know the RFP’s funding source: “They list the dollar amounts available, but they don’t list if it’s Part B or rebate. This [would be] very helpful with our programs, with how we design them.”

Technical assistance for proposal writing, implementation

Interviewers asked grantees what types of technical assistance their organization would benefit from, both during the proposal-writing process and while implementing a grant from DHS or MDH. The topics grantees mentioned most frequently were:

- CDC requirements and data systems
- Feedback on initial proposal ideas
- How to prepare a proposal, with specific examples
- Financial management
- Data and statistics

One grantee also stated, “Once you’re funded and are implementing, MDH has always been great about providing information and assistance, clarifying expectations.”

CDC requirements and data systems:

- “Being a grantee and having to report to ‘higher powers’ like Evaluation Web and CDC—they speak in jargon times 10 compared to MDH. [It’s a] very frustrating and complex process to get approved for using some of those sites. If there’s any way that MDH could create a guide on how to use these systems, that would be helpful. It took weeks for us to get approved just to report numbers. I could see how a new organization who isn’t accustomed to this kind of reporting could just give up and not do well on a six-month report.”
- “Having the training on the data systems before the data is actually due is really helpful. It can be daunting, because there are so many data points to submit—sometimes a 50-page document. Having the PDF as a resource to look through and see what the required process is for something can be helpful.”

Feedback on initial proposal ideas:

- “If it’s a big grant, it’d be helpful to have a session where you can propose a barebones outline of the proposal to see if it would float, instead of wasting time submitting a grant that won’t float.”
- “I don’t know if this would be feasible or possible—it might be helpful to have an open workshop that would require people to come in with some writing completed, so that the assistance is more about workshopping your materials.”

How to prepare a proposal, with specific examples:

- “I attended a [session for] technical assistance through Hennepin County...It focused more on forms, and not actually how to put a grant proposal together. For smaller and newer organizations without a lot of experience, it would be more helpful to go in-depth...It was very general feedback about how an organization should think about putting together a grant application. Getting more into specifics and giving examples of successful versus unsuccessful [proposals], more detailed feedback would have been helpful.”
- “I would also want more advice and instruction before you submit [your proposal]. They should tell you exactly what you need to do. What are you exactly looking for? They know what they want to do—if they don’t want to deal with you, they’re not going to deal with you. That’s the way it is.”

Financial management:⁷

- “Technical assistance in how to manage the money...follow up on all the expenses—those are very important in the first years of an agency. Show them how to manage the money. Agencies get the money and don’t understand how to spend it.”
- “Why didn’t someone ask me afterward why I didn’t spend all of the money? They told me I didn’t spend down all of the money, but I didn’t know it was available, didn’t get a spend-down report along the way. Didn’t get any support or information that I needed or that was promised...Organizations should be supported so that they can spend down all of the money that they are provided.”

⁷ One grantee, reflecting upon small, grassroots organizations that had lost funding, reiterated this point: “They really needed the technical assistance to keep their funding.”

Data and statistics:

- “We have biostatisticians that can help with grants. It’s tricky because we’re research-focused, so with more general grants, it’s trickier to get their availability. So sometimes statistics support is appreciated if it’s outside of research.”
- “For the specific grant we’re going to be working on, I was able to email the epidemiologist on the MDH website to ask for data for our region. I emailed an epidemiologist, and she got back to me within minutes. That was great.”

In addition to these themes, individual grantees mentioned other potential areas for technical assistance, including help with forms and documents required by the RFP, bringing in consultants from the CDC, and generally letting grantees know about free sessions that DHS and MDH may already offer, such as on grant writing or HIV testing.

Connecting with small, grassroots, and culturally specific organizations

Toward the end of interviews, grantees offered ideas for how DHS and MDH can connect with small, grassroots organizations that have the ability to reach those populations most impacted by HIV. A few grantees suggested using a hub-and-spoke model of organizational mentoring to build the capacity of such groups. Another common suggestion was for DHS and MDH to increase their outreach and community engagement. Interviewees had a few ideas of groups and media platforms for DHS and MDH to consider for outreach, both in Greater Minnesota and in the Twin Cities metro area (refer to Appendix). Lastly, grantees said, funding and RFPs should be set aside for small, grassroots organizations and for specific regions in Minnesota:

Fund lead organizations to build the capacity of small, grassroots groups:

- “Africans are from 52 different countries. There are so many organizations, but they are not getting funding. In order to reach them—they don’t have the capacity to manage all this money or write proposals—MDH or DHS can work with one African agency. For example, if they want to reach an African population, I suggest they put their money in one agency, and then that agency should include other grassroots agencies, support them, and help them. And manage and train and show them, so the others will get capacity to do it themselves.”
- “It would be cool if...a larger, primarily white organization⁸ would have to collaborate, write into the grant a smaller grant that is composed of and/or supports marginalized people, and mentor people from that organization along the way in grant-writing and reporting, etc....There would be the expectation that the roles would probably flip flop. By the time you go to the end of the five-year cycle, people who are members of the marginalized organization would be leading the reporting.”
- “Especially if you’re talking to an organization that hasn’t applied for an MDH grant so far—could they be paired with an organization that has? Or share some examples of successful applications so they can see some context—how to start, what it could look like.”

⁸ The grantee gave this description not because they believe that lead organizations should be white, but because the practice is something they would like to see their own (primarily white) organization adopt.

- “Culturally-competent organizations should work with culturally-specific organizations to target underserved communities. We need a larger pool of African American HIV providers in general. Think about and prioritize based on the disparities.”

Increase outreach and community engagement:

- “I would suggest that [DHS and MDH] go into the communities and have a townhall listening session with the communities. They could target specific organizations—but also have a more online presence to invite organizations or people who have different ways [of] connecting with the communities. More intentional outreach.”
- “I think that just even reaching out to some of the smaller organizations and asking them directly what services are needed in rural Minnesota would be helpful.”
- “Last fall, there was an MDH gathering, which was an invaluable experience because, through coordination efforts, I was able to meet several key people, for example, around testing in communities and support services for homelessness. I met a bunch of awesome people doing grassroots things. Sponsor events that are well-publicized to gather various folks—like needle exchange, STI testing, infectious disease providers. It could be a really big step to fostering collaboration with communities that normally have a quiet voice in the conversation.”

Set aside funding and support for small, grassroots organizations, as well as for specific regions in Minnesota:

- “I don’t know how many grants are specific to Duluth where I am. I would like to see money focused to specific areas, versus all of rural Minnesota. Rather than doing a couple things in all of rural Minnesota, ask people that live in those areas all year long. Each area has a different need.”
- “Do capacity building with smaller groups, with a pot of money for those groups, in between large RFP processes...Unless there is a specific pool of money for initial work and engagement with those groups, it is just talk with large RFPs they can’t participate in.”
- “Paying them...Invest in them. Bring back organizations that had grants before, but were unsuccessful.”

Grantees also made the suggestion that DHS and MDH have culturally specific employees on staff. For instance, one grantee recounted a situation in which they had subcontracted with a small, culturally specific organization, but the partnership ultimately fell apart: “If we had somebody that understands the culture working in our grants department, who could have reached out to this group, things wouldn’t have fallen through the cracks,” the participant said, referring to their subcontractor. “They said they understood, but I don’t think they did understand that they could lose their funding ...We weren’t able to provide them the help they needed. Maybe there needs to be someone they could call for help from the grant-making agency. If MDH is going to take on a grantee—like a small organization or culturally-specific group, they really need to understand what the organization needs and the culture, [someone] who can answer questions.”

Furthermore, participants pointed out, small, grassroots, and culturally specific organizations may face certain challenges within the current DHS and MDH grant-making system, such as:

- Grantees do not receive funds until programs have been operating for 30 days. This stipulation can be prohibitive if small organizations do not have the financial capability to set up the program on their own or cover program-related costs, such as facility rental fees for HIV testing sites.
- Grant funding may not be used for certain expenses, e.g.: “They give you condoms and lube, but no bags...You have to buy your own bags, your own posters and signs and communication, but you can’t

pay for that with the grant. You have to balance rent, electricity, etc. You can't charge all of that—just a percentage, because those things aren't paid for with the grant funding.”

Other feedback

At the end of each interview, the final question asked participants if there was anything else they would like DHS or MDH to know about the RFP process. Several participants responded that they appreciated DHS and MDH seeking their input. As one interviewee put it, “In all the years that I've worked with MDH and DHS, I've never had anybody reach out to ask for feedback.” A few participants expressed interest in future opportunities to talk and learn from other DHS and MDH grantees, as well as an interest in mentoring small, grassroots, and culturally specific organizations.

Other comments and suggestions from grantees included:

- Focus more on people of color, such as by including photos of people of color in brochures, spending more money among African American organizations, getting out into the communities, and crafting messaging to appeal to people of color and people who are new to grant writing.
- Examine the proposal review process to ensure that certain members of the review panel don't wield undue power or influence over others in the decision whether to award a grant.
- Make more of an effort to help organizations from outside the Twin Cities area feel “noticed” and included, especially at meetings where “it seems like everyone in the room knows everyone else, if they're metro people.”

Lastly, a grantee emailed MAD to express that they believed MDH had wrongfully terminated their program. They wrote that “it should be the responsibility of (MDH) the program manager and the managers to...contact the agencies to offer technical assistance if there are concerns about a program MDH is funding.” The grantee also expressed their view that MDH does not effectively fund and support agencies that serve African American or African-born communities. They closed the message by stating that although MDH employs African American managers, “we cannot assume that they have boots on the ground and understand the dynamics of HIV in the community...Each person, each community is unique, dynamic, and deserves that type of framework and foundation. MDH needs to learn and honor this and implement it into the way in which it funds African and African American agencies.”

American Indian grantees

In addition to the interviews with grantees described in the previous section, MAD interviewed three tribal health staff and directors and two representatives of CBOs that serve American Indians (hereafter, “tribal health and CBO staff”). All of these organizations are current or past grantees of DHS and MDH; however, interview participants seemed generally more familiar with MDH. Further, some of the organizations had not received HIV-specific funding before. Several of them mentioned tobacco-cessation grants.

Experience with the RFP process

Interviewers asked tribal health officers and CBO staff what they wished DHS or MDH had done differently in the RFP process. Most frequently, participants stated that (a) groups serving American Indians do not want to compete against peer organizations for funding, and (b) tribes would prefer a “sovereign-to-sovereign” relationship with the state for grant funding. One participant recounted a positive experience with their organization’s Statewide Health Improvement Partnership (SHIP) grant on tobacco cessation.

Neither tribes nor CBOs serving American Indians want to compete against their peers for funding:

- “I’ve also noticed with DHS and MDH—when they decide to target the American Indian population, we’re pitted against each other as organizations to apply for the same funding, even if organizations may be doing something different. Mak[e] it open during the RFP process to fund all of the CBOs, even if it’s at a smaller level.”
- “What we’ve lobbied the federal government to do is not make so many grants competitive—but just divide the money for tribes among them, and use it for whatever we need.”
- “It is very hard for us to want to compete against other tribes when there are a certain number of dollars. If all tribes were included, it would be a lot better. We wouldn’t worry that we were taking away something from another that needs it.”

One participant recalled an experience applying for a grant from DHS in which 10 American Indian organizations were selected, among the 11 to whom the grant was available. “Out of the ones that applied, just one person wasn’t going to get funded. And it was like, who is that going to be?” the participant said.

Tribes would like a more “sovereign-to-sovereign” relationship with the state for grant funding:

- “The state of Minnesota gets federal funding designated for populations we serve. It would be nice for those grants to be more from sovereign-to-sovereign, if there is funding that is a pass-through from the federal government. That mechanism would be more like a compact or contract with the tribe to provide services in partnership with the state of Minnesota.”
- “Like public health—they get money from the state and don’t have to apply. It is just directed to them. The state should consider doing that with tribes, too.”

Participants also made the points that it would be helpful to have more advance notice that RFPs will be released, as capacity and staffing varies among tribes. Lastly, one interviewee highlighted how even non-competitive grant awards can be burdensome to organizations with low capacity. They recalled that DHS had called one day and notified them of an unsolicited award. “They just say, ‘Send us a work plan and budget,’ and it isn’t clear what it’s supposed to align with.” The grantee continued, “You assume that if you don’t, it will affect your reputation for future funding.”

Suggestions for improving RFP wording and directions

When asked to offer suggestions to improve RFP wording and directions, interviewees stated that it is difficult to understand what an RFP is looking for due at least in part to jargon, and that the scoring process needs to be improved.

It is difficult to understand what an RFP is looking for:

- “The problem is—what are you really asking? I have a new staff person, [and] I’m just getting her this stuff. She’s like, ‘What do they really want?’ Just say what you mean. Like, ask, ‘What are you doing?’ The word ‘deliverable,’ say it in plain language. Write it in simpler language.”
- “In general, [RFPs] need to be easier to understand. I usually hand them off to people, and we’ll work with our attorneys if we need help understanding what they are asking.”

The scoring process could be improved:

- “The grants we’ve applied for through MDH and DHS [are] based on how well you score. One that we applied for scored an 87. The rest were 90. So we didn’t get funding.”
- “The ranking in the RFP and how that is done—who are the readers? How many are Native American or people of color? Are they the ones reading the RFPs, if they are the priority population?”

General suggestions for improving the RFP process

Interviews invited tribal health and CBO staff to provide general suggestions, in addition to the two previous questions on their experience with the RFP process. Most frequently, participants said that **it is unreasonable to have the same expectations for tribes and CBOs serving American Indians as for long-standing, white-run organizations or counties, because they are not starting from the same place:**

- “Sometimes it seems like the RFPs are written for other municipalities that have had 50 years of funding from the state, which tribes are just starting to get resources from. Sometimes they are written for county and state partnerships, and not tribal. We tend to lag 10 to 15 years behind some of those other agencies or organizations.”
- “A lot of times, the RFP requests specific pieces to be in place—asking for part two of a program, and tribes don’t have part one. Those things become difficult. Have to fit into a timeframe that is difficult to be successful.”

Participants also advised that decision-making around awarding grants should be driven by the goal—i.e., if the goal is to reduce HIV incidence in the American Indian population, then the state should distribute funding in such a way that will actually achieve this. An interviewee explained, “When the CDC came out, they only funded two Native organizations nationally to do testing, even though we have the highest rates of HIV. How can that happen?”

Time needed to complete a proposal

Interviewers asked tribal health and CBO staff what an ideal RFP timeframe would be and whether they had ever decided not to submit a proposal because of capacity limitations. Like the non-American Indian grantees, these participants responded with a range of timeframes, from five weeks to six months. However, most participants agreed on eight to ten weeks as a sufficient amount of time. Participants also noted that small tribes and organizations often do not have the capacity to quickly turn around a proposal. Both tribal health and CBO staff acknowledged having passed up funding opportunities because they had not had enough time to complete the application—or felt concerned about whether they had the capacity to implement the grant.

Eight to ten weeks' time would be sufficient to respond to an RFP:

- “At least five or six weeks. Even having two months to know about the grant would be great. Finding out late is a huge stressor. I would love to have eight weeks so I can play around with it, and then come back and make sure everything is sound.”
- “I would say between 90 and 60 days, at the least. Thirty-day turnaround is like, are you kidding?”

Small tribes and organizations do not have the capacity to quickly turn around a proposal:

- “Many of our grants are written by people who are dedicating most of their time to direct service. Most of us don't have a big grants department, don't have people who do this all the time, or don't have templates at the ready to do the work.”

As one participant described, tribes may also need more time to complete a proposal because they must have a legal review and vote from their council before submitting the application.

Among the groups interviewed, all but one expressed that they had had experiences deciding not to respond to RFPs because they lacked the capacity to prepare a proposal within the stated time frame.

Both tribes and CBOs serving American Indians have had to pass up opportunities for funding due to lack of capacity:

- “Definite ‘yes’ for me—like with the emergency proposal around dealing with MA [Medical Assistance] and ensuring navigators. I just had to put all of my efforts into the COVID grant funding and wasn't able to pursue the other grant.”
- “The other thing that tribes have to think about is how much work goes into managing the grant. We've seen some smaller grants come through that require a lot of work for the amount of funding. It goes back to infrastructure, and sometimes we don't have as much help to manage it.”

Receiving feedback on proposals

When asked about receiving feedback on proposals, tribal health and CBO staff most frequently stated they prefer direct feedback on how to improve if a grant was not awarded. One participant raised concerns that such feedback could cause finger-pointing.

Feedback on how to improve if a grant was not awarded:

- “Like Zoom calls or other ways of getting state and tribal staff together, to define or troubleshoot [...] opportunities to make our grants more successful. Especially when we get to pieces where tribes may be missing certain requirements, but could be creative about how to write the proposal so that they can meet those requirements.”
- “It would be nice to know if the grant didn't go through, why? Was it randomly drawn? We never know what kind of grant-writers we're competing against, and we're not professionals. If our wording isn't fancy enough, or we didn't answer the questions correctly—it would be nice to know why we didn't get funded.”

Feedback on budget and characteristics of successful proposals preferable to constructive feedback on proposal narrative:

- “It is helpful, but can also cause internal blaming. In the past, people would say, ‘That was your part [of the proposal].’ I think it’s fine to just not get awarded the proposal. It’s really hard to take the feedback. It would be helpful to hear what characteristics or strengths the successful proposals had—especially with us having a new grants manager, as mentoring for her. Or things about the budget...Did our budget have excessive amounts of supplies? Were the salaries too high? When it comes to program design and criticism on that, that’s where it gets a little more sensitive.”

Responding orally to questions (in addition to in writing)

All tribal health and CBO staff expressed interest in having the opportunity to respond orally to DHS’ or MDH’s questions in the RFP process. One participant cited this method as a way to deliver a more robust explanation of the proposal to DHS and MDH. Another drew parallels between oral question and answer and the site visits that some of their foundation donors conduct—which contributes to relationship-building, makes the process feel more collaborative, and allows their director “to really advocate for the community.”

At least one tribal health staff member viewed oral questions and answers as a way to promote more sovereign-to-sovereign negotiation between the tribe and the state. “Let’s just put [the grant agreement] into a compact,” the participant said, referring to the funding compacts that tribes obtain through Indian Health Services to provide services in partnership with the State of Minnesota.

How grantees find out about funding opportunities

Interviewers asked tribal health and CBO staff how they usually find out about funding opportunities. Tribal staff responded that most often, they find out about grant opportunities through relationships, and that emails are less effective. CBO staff, on the other hand, typically learn about funding through listservs, but also from relationships.

Tribes learn about funding opportunities through relationships, while emails are not as effective:

- From tribal liaisons, word of mouth, current grant program managers, or the tribal health directors’ meeting
- “Right now [grant opportunities] go to tribal leaders, and tribal leaders make sure they get disseminated. It might take DHS or MDH two months to get the name of the new person in this job, if my job transitioned. We need better notification—the chairperson might not pass along the grant application in time. [We] would like more direct notice.”
- “Other notices that aren’t just specific to tribal set-asides, maybe something will come through with an email. But it is more hit-or-miss on those. Oftentimes we aren’t cued into those things. We aren’t part of a local public health agency or group, so it’s harder to find out about funding opportunities.”

CBOs typically learn about funding from listservs, but also from relationships:

- “We have a big behavioral health department, so a lot of the time that director will receive notifications through her listserv.”

- “Being a Federally-Qualified Health Center, we hear about opportunities through the Minnesota Association of Community Health Centers.”
- “Some listservs, and some might be current grant managers that we have...Or different relationships we might have within the state agencies...Sometimes getting forwarded on from another program person. Also, American Indian listservs—someone might share it there if they see it.”

Information to have in advance of RFPs

When asked what information they would like in advance of an RFP release, tribal health and CBO staff offered several different types of ideas, including the **RFP timeline, total funding available, and overall program goals**. Two interview participants referred to other examples they found helpful or that DHS and MDH could use to model their HIV-related RFP announcements:

- “I like how the CDC [has] a notice of award—the dates, how much, what needs to be done...Look at those notice of awards. They are clear, concise, and there is no way you can mess up, because you know what needs to be done.”
- “I really like on MDH for the Indian health grants, they always have a lot of background, statistics, and information. For EHD [the Eliminating Health Disparities Initiative], they give you a lot of statistics about health disparities in MN. This is really helpful—I actually use this data in a lot of other grant applications.”

One participant mentioned that they would appreciate DHS and MDH notifying them as soon as possible if funding is available for existing programs to continue. After this particular grantee’s HIV prevention funding ended in late 2019, the organization had no prevention-related funding available for three months, so they retrained their prevention staff to work in different departments. “Then, all of a sudden, we got the funding, so it was like, ‘Just kidding! Go back to your original work,’” the grantee recalled.

Likewise, participants suggested it would be helpful for DHS and MDH to **publish a calendar of grants** coming out in the next year or so. This would allow tribal health departments and CBOs to better plan in advance and compile the information needed for grant applications. With a grants calendar, “When the deadline comes, we don’t start writing it when it’s announced—we’re polishing it by then,” a grantee said.

Technical assistance for proposal writing, implementation

Interviews asked tribal health and CBO staff what types of technical assistance their organization would benefit from during proposal writing and grant implementation. The most common response was wanting a point of contact whom grantees could call at DHS or MDH with questions about the RFP. However, participants also raised two concerns: (a) that the state RFP process is not an even playing field, which no amount of technical assistance could fix, and (b) that DHS or MDH staff who provide technical assistance should have knowledge of their organizations and American Indian communities.

Point of contact at DHS or MDH to answer questions on the RFP:

- “I think technical assistance during the proposal writing would be helpful. Sometimes there are questions that you have. It would be nice to ask someone your dumb questions. Sometimes you have to wait for them to post [answers to questions].”

State RFP process is not an even playing field, which technical assistance will not address:

- “The way funding is, it is so tight. They don’t have much for administrative costs. We have to pay for an accountant, and most grants don’t allow for us to pay for that person. They need to look at the whole picture—and make sure it is fair and equitable across the board. The large, white-led organizations get funded a lot more.”
- “There is not an even playing field for applicants. Tribes have been doing healthcare for about four decades. Some organizations have been doing it for a lot longer, and the state has helped them build that infrastructure, and they have more in place. I’m not saying even all counties have the same playing field, but tribes have just been given access recently. When we get an RFP that comes through the state—you know, tribes have worked through a lot of issues with the state, like not having to give up tribal sovereignty. They have their own jurisdiction. A lot of that stuff just recently got worked out.”

Technical assistance providers should have knowledge of American Indian organizations, communities:

- “It’s always nice when they can join your meetings when you’re implementing. That always feels more collaborative. A good example is the STR funding we received from DHS. Dave Rompa was the grant manager at the time. He would come to the clinic and meet. He was really interested in what we were doing and sharing what we were doing. It really felt like a supportive and collaborative relationship, as opposed to MnSURE. They come in and say, ‘You’re at 80% of your enrollment goal, but XYZ% of your other goal.’ You feel like you’re being policed. It’s very formal.”
- “If we got funded, it would be nice if the technical assistance provider was knowledgeable and was American Indian. That might be so for other populations, too. There needs to be more diversity of the technical assistance providers.”

Connecting with small, grassroots, and culturally specific organizations

Interviewers asked tribal health and CBO staff how DHS and MDH can connect with small, grassroots, and culturally specific organizations. One participant echoed the previous sentiment that **funders should get to know American Indian communities and organizations:**

- “I have a good relationship with DHS and MDH who are the program managers. But they aren’t the ones who do the RFPs and decide who should be funded...Get to know the communities you want to fund. Don’t be afraid of going to those communities. Ask them how they do their work. That is going to be a lot better than what you get on a piece of paper.”

Additionally, tribal health and CBO staff recounted the challenges of serving as a fiscal agent for small organizations and wondered if other alternatives could be considered to simplify funding for grassroots groups.

Serving as a fiscal agent is not ideal; consider alternatives to simplify funding for grassroots groups:

- “An organization that came out of our clinic is the Southside Harm Reduction (SSHR) group. They just got their nonprofit status, doing syringe exchange. It really is a big burden on us to have to be their fiscal agent...It’s not the position that we want to be in, as the clinic. I don’t know why SSHR can’t contract with MDH. Like for Linkage to Care, MDH wanted to contract with SSHR through us, and we asked them, ‘Can’t you just contract with them directly?’”
- “The City of Minneapolis has something where they’ll give up to two thousand dollars for sub-grants if groups were willing to be a recipient, engage in the software, engage in the process for us—as low a barrier as possible. I know it’s hard with all of the regulations in place.”

Another participant mentioned that it would be helpful for grant funding to be flexible on the types of issues grantees focus on. Their community has more of a problem with syphilis than HIV, but they could weave in HIV messaging at syphilis-related activities, the participant said.

Other feedback

Tribal health and CBO staff had the opportunity to share any other feedback they would like DHS or MDH to know about the RFP process. One participant said that **they would like to see more efforts like these interviews, in order for the state to understand how tribes are faring** around state appropriations and to evaluate whether state funds are impacting tribal citizens:

- “More things like this—gathering information, interviewing, and then some research into how it’s looking. Is it not only equal, but is it equitable for some tribes and what they are needing to accomplish, based on the infrastructure, needs and health disparities they face? Their communities are just beginning to prosper in the last three decades.”

Other suggestions tribal health and CBO staff offered include:

- “Consider bundling resources together to create a more robust and flexible funding mechanism for tribes (local public health-tribal partnership), such as DHS’ Child Welfare Initiative with tribes. Similarly, pool the funding applications into a multi-application, which would reduce the administrative burden on tribes of submitting multiple proposals.”
- “Create a network of policy champions (similar to the commercial tobacco network of policy champions) to work on and build relationships with culturally-specific organizations for HIV priority populations.”

Lastly, an interviewee raised the concern that they had seen CBOs or women-owned businesses funded at lower rates than organizations with white leaders. “The institutions are funded at a higher amount than the CBOs that are doing the direct work,” the participant said. “Right now with the pandemic, some of the smaller CBOs might not survive.”

Potential grantees

Interviewers posed most of the same questions to potential grantees as to grantees, except for the questions on their experience with the DHS and MDH RFP process. In addition, potential grantees answered the question,

“What would make your organization consider applying and becoming an HIV service provider?” All three potential grantees interviewed were small, grassroots, or culturally specific organizations.

Time needed to complete a proposal

When asked how much time their organizations would like to complete a proposal, all three potential grantees mentioned a range of **one to two months, with a slight preference for six to eight weeks’ time**.

Two of the three potential grantees stated that **there have been times when they decided not to submit a proposal** because they did not have the capacity to turn around a proposal within the stated timeline. All potential grantees pointed out that their organization is a one-person shop, or that they work a full-time job alongside their unpaid efforts with the organization. “We miss out on a lot of grants because of our capacity,” said a participant from an organization serving African-born communities.

Receiving feedback on proposals

Potential grantees mentioned **constructive criticism and feedback on the proposal narrative** as two areas in which they would like feedback on proposals. One participant highlighted that “in order to be fruitful, a live conversation would be nice.”

Responding orally to questions (in addition to in writing)

Participants **generally agreed with the suggestion of having an oral question and answer session**, in addition to responding to questions in writing. The reasons they gave for supporting this idea include:

- “So they [DHS and MDH] can understand the world we operate in and who we work with, and we can understand the world they operate in.”
- “What you want to say may not come across the right way on paper. You might be able to relay better to the funders what you intend to do with the money.”
- “If you talk to us, we could explain where we are and our capacity, what challenges we’ve faced with grant applications before, and explain how we are qualified for the grant.”

How grantees find out about funding opportunities

The most common way potential grantees cited for finding out about funding opportunities is **through emails and listservs**, such as MDH emails about HIV funding, harm reduction listservs, and emails from the World Health Organization. However, one participant mentioned that they do not receive any direct communication from MDH about HIV-related funding.

Potential grantees also find out about grants through **colleagues, word of mouth, and Facebook and other social media sites**. One potential grantee specifically mentioned Hennepin County as a source of information, stating that the county often tells their organization when MDH has funding available and encourages them to apply.

Information to have in advance of RFPs

Many of the types of information potential grantees would like to have in advance of the RFP echo the ideas American Indian and non-American Indian grantees mentioned: **the purpose of the RFP, expected outcomes of the work, RFP rules and requirements, metrics for measurement, and how proposals will be evaluated.**

Also similar to grantees, one potential grantee remarked that they would want to know “where the funding is directed and dollar amounts, if possible...There is a range usually for how much is for prevention, but it is really broad—not specific.”

Finally, similar to grantees, **potential grantees would like to have a pre-RFP webinar on how to apply, as well as an RFP point of contact for technical assistance:** “Having someone we can contact to help us navigate the process, that would help us a lot.”

What it would take for potential grantees to apply

Distinct from interviews with grantees, interviewers asked potential grantees, “What would make your organization consider applying and becoming an HIV service provider” with DHS or MDH? Responses participants offered fall under three categories: rethinking a one-size-fits-all grantmaking approach, relaxing prohibitive grant policies, and investing in relationship-building.

Rethinking a one-size-fits-all grantmaking approach

- “The requirements section—we look at that in the RFP. Is this something we can do? What if we can meet some [requirements], but not others, not 100 percent? How can you work with us to get there? Often the requirements are not realistic for our community-based organization.”
- “MDH has been trying...But because African-born populations are 20 percent of the new cases, we need to prioritize. That isn’t equity to not prioritize us. If we’re going to end this epidemic, it needs to be equitable. You have to meet us where we are and give us the necessary tools to succeed.”

Potential grantees would like DHS and MDH to rethink their grantmaking approach, similar to how tribal health staff feel that the grantmaking process is not a level playing field, and how small, grassroots, or culturally specific grantees assert that it is not equitable to ask all organizations to apply to the same RFP.

Relaxing grant policies that are prohibitive for small, grassroots, or culturally specific organizations

- “We keep going back and forth on the issue of pre-financing/pre-purchasing test kits...Some of the test kits cost \$50, and we have to buy a thousand up front before we even do the testing—and then apply for reimbursement. I know the policy has to be fair, but if you’re talking about community-based organizations, there needs to be flexibility.”
- “We need the money to do the work, but the policies don’t allow us to get our foot in the door.”
- “The one policy paints all of us with the same brush. It is set up to fail.”

As one participant asked, “The strategy says that [there must be] interventions that are culturally-responsive, so why aren’t the policies?”

Investing in relationship-building

Similar to how tribal health and CBO staff value relationships in the context of technical assistance, potential grantees would appreciate open dialogue and relationship-building as a precursor to applying for state funds:

- “It would take meeting—we would need to have a conversation...Conversations about what we can and cannot do, and what they can do to help us achieve that...They need to sit with us—understand where we are coming from.”
- “The human interaction with Hennepin County has been really helpful.”

Lastly, one potential grantee described that they need a basic level of organizational capacity before they would consider applying for DHS or MDH HIV-related funds. This participant mentioned staffing, financial management and oversight, and a board of directors as pieces they would want to have in place. The same participant also remarked that the level of paperwork and bureaucracy associated with state and federal funding makes them prefer applying to grants from foundations, who allow “more creativity and flexibility.” They suggested that the state simplify its application process.

Technical assistance for proposal writing, implementation

When asked what type of technical assistance they would benefit from during proposal writing and grant implementation, potential grantees (a) reiterated other grantees’ suggestions about having a point of contact with whom they could easily communicate on RFP questions, and (b) asked for capacity building from mentors whose goal is to equip the organizations to prepare competitive proposals.

Easily accessible point of contact for RFP questions:

- “A point person in charge of grants to answer any little question I have. There are things that come up as you’re writing, and you have all of these little, nitty-gritty questions and then also higher-level questions.”
- “Really good, guaranteed access by phone and email to ask and answer questions in a really timely manner.”

Capacity building from mentors to equip the organizations to prepare competitive proposals:

- “What has been successful working with Hennepin County [is that] there is usually an in-person event before the launch of the RFP. They assess our capacity, and we can work for a month with someone there to get ready to apply...Typically, [proposals] are due in the fall, but in the summer we start having a conversation with a designated person who is assigned to help us get going and make sure we have what we need.”

Connecting with small, grassroots, and culturally specific organizations

Similar to non–American Indian grantees’ recommendation for DHS and MDH to increase their outreach, **one potential grantee suggested that DHS and MDH hold a statewide “all-provider meeting” again, or town-hall**

meetings. The purpose of such meetings would be for DHS and MDH to learn what is happening around the state. Another potential grantee reiterated that **streamlining the RFP process** would attract more small, grassroots, and culturally specific organizations.

A third participant reemphasized **the importance of investing in relationships.** They suggested that DHS and MDH could do so by directly informing small organizations about funding opportunities, making follow-up calls as necessary, holding monthly check-ins, and coming to meetings at the grantee’s location (when COVID-19 permits). Lastly, state agencies could **ask small organizations, “What can we do to make you successful?”** a participant suggested. They continued, “[MDH and DHS] don’t need to change all the policies, but make sure the policies are set up to make us successful.” This interviewee remarked:

- “The difference between MDH and Hennepin County [is] Hennepin County has a targeted approach. Because they understand that we are disproportionately impacted by HIV, they want us to get these grants: ‘These are the things we’re looking for in the RFP, this is how you target your response.’ They don’t tell us what to write, but they guide us on how to respond.”

Finally, it is important to note on the topic of supporting grassroots organizations that while some grantees proposed a hub-and-spoke approach to organizational mentoring and funding of smaller groups, at least one potential grantee found their sub-contracting relationship with a grantee to be problematic: “[MDH] gave a whole lot of money to [organization name] to test African-born people. But then they asked us to be a sub-contractor to test people for them. We aren’t good enough to get the money, but we are good enough to do the work.” This participant—from a small, grassroots organization serving African-born communities—also echoed grantees’ concerns about working with a fiscal agent, which they felt would complicate program management.

Other feedback

The interviews ended with potential grantees having the opportunity to share any additional feedback they would like to pass along to DHS and MDH. Participants raised the following points:

Potential grantees would like state agencies to better appreciate the complex environments and dynamics they work under:

- “[DHS and MDH] need to know where we’re coming from when we’re asking for this money, and have a little more curiosity because this work is complicated, not cut and dry...All the problems that are put up for people—agencies need to start to be educated on what they don’t know. They need to better understand the environment they’re dealing with—racial barriers, ethnic barriers, etc.”

Two potential grantees had a negative experience with DHS’ State Opioid Response grants:

- “We sat in on the webinar about it, asking specific questions and information that led us to believe one thing, but it turned out to be another...People are forced to be competitive, and if you don’t have good information and guidance up front, it’s difficult to compete. There needs to be greater transparency within the community to get it right.”
- “I’ve never seen a process so screwed up as to when [we’re] going to get funding, where it’s going to come from, etc.”

State agencies need to close the loop and actually implement feedback they receive when collecting stakeholders' input:

- “People are frustrated with being invited to participate and give feedback, but nothing happens. [State agencies are] just doing it to say, ‘We had community engagement,’ but they don’t really listen.”
- “We’ve told MDH this [feedback] over and over again. We keep saying the same thing over and over again, and nothing has been done. And then you wonder why HIV is disproportionately impacting our communities?”

DHS and MDH should reflect on how they can promote racial equity:

- “Race is a huge issue right now—and MDH and DHS need to look at it in a profound and fundamental way. How are they contributing to the disparities for black and brown people in Minnesota?”

Next steps

DHS and MDH plan to share this summary report with all interview participants and post it publicly on the [END HIV MN website](#). The two agencies will also review interview findings within their respective business areas to identify opportunities for change and improvements to the RFP process. Lastly, DHS and MDH will communicate with stakeholders about potential areas for change and, if necessary, gather additional input.

Appendix: Outreach suggested by grantees

Duluth area

African American community

- African heritage commission (city level)
- Clayton Jackson McGee memorial group
- NAACP branch

American Indian community

- American Indian commission (city level)
- American Indian Community Housing Organization (AICHO)
- Center for American Indian Resources
- Fond-du-Lac reservation
- Gitchigumi Scouts—have a focus on murdered and missing Indigenous women. “Shawn Carr is one of the leaders, or the leader, of that group.”
- Leech Lake tribe
- Native Sisters Society (which has a focus on sex-trafficked Native people and missing and murdered Indian women and children). “Renne Goodrich leads another group on this topic.”
- Red Lake tribe
- White Earth tribe

St. Cloud area

- Local pride committee—to reach men who have sex with men
- College-based programs—to reach men who have sex with men

Twin Cities area

- KFAI 90.3 FM radio—to reach people of color
- KMOJ 89.9 FM radio—to reach people of color