



2024 Long COVID Network & Capacity Building Grants

REQUEST FOR PROPOSALS (RFP)

IMPORTANT DATES

Feb. 29, 2024: Request for Proposals (RFP) released

March 12, 2024: Virtual information session

March 22, 2024: Last day to submit RFP questions (by 4:30 p.m. CDT)

April 5, 2024: Proposals due (by 11:59 p.m. CDT)

May 15, 2024: All applicants notified of funding decision

July 1, 2024*: Grant begins (**or when grant agreement is fully executed, whichever is later*)

Visit the MDH website for more information: [2024 Long COVID Network & Capacity Building Grants: Request for Proposals](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html)

(<https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html>)

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2/29/2024

To obtain this information in a different format, call: 651-201-5813.

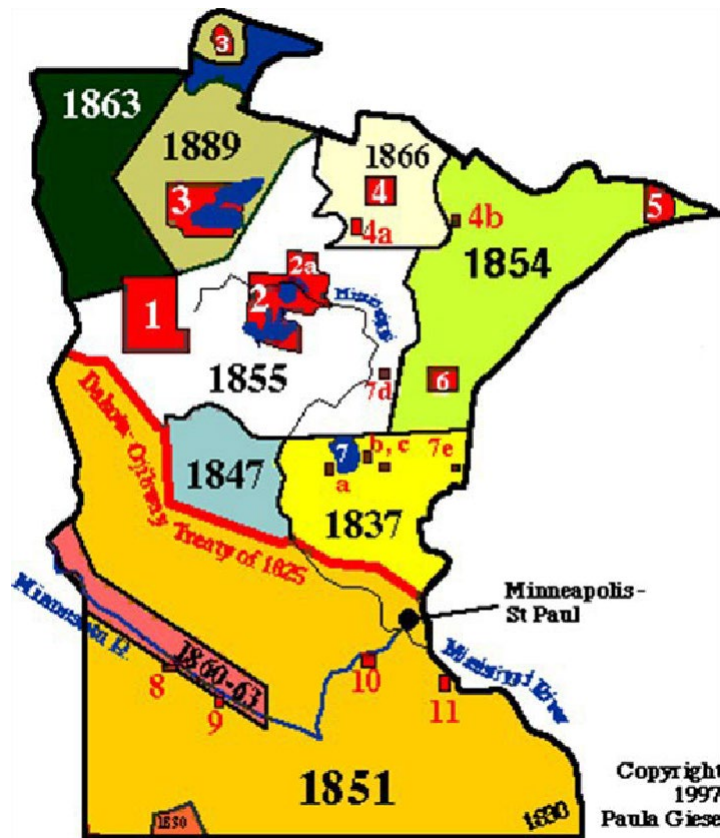
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Tribal-State Relations Statement

The State of Minnesota is home to eleven (11) federally recognized Indian tribes with elected tribal government officials. The State of Minnesota acknowledges and supports the unique status of the Minnesota tribal nations and their absolute right to existence, self-governance, and self-determination. The United States and the state of Minnesota have a unique relationship with federally recognized Indian tribes, formed by the Constitution of the United States, treaties, statutes, case law, and agreements. The state of Minnesota and the Minnesota tribal governments significantly benefit from working together, learning from one another, and partnering where possible. This partnership, through a government-to-government relationship, with the eleven tribal nations of Minnesota has the potential to effectively address inequities and build trust that will lead to better outcomes for all of Minnesota.

Minnesota Reservations: Land Cession Treaties



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

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** 2024 Long COVID Network & Capacity Building Grants
- **Minnesota Department of Health (MDH) Long COVID Program Website:** <https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html>
- **Application Deadline:** April 5, 2024 by 11:59 p.m. Central Daylight Time (CDT)

1.2 Program Description

Minnesota's Long COVID Program was established by the Minnesota Legislature in 2023 ([Minn. Stat. §145.361](https://www.revisor.mn.gov/statutes/2023/cite/145.361) (<https://www.revisor.mn.gov/statutes/2023/cite/145.361>)). The program, housed at the Minnesota Department of Health (MDH), serves to monitor and address the impacts of long COVID¹ and related conditions² across the state.

Program goals include:

- Assessing prevalence of post-COVID and related conditions, disparities, and associated impacts on disability, health, employment status, service needs, and quality of life.
- Targeting tailored information and resources to the people and communities most affected.
- Informing health professionals and citizens about risks, outcomes, and evolving guidance around long COVID and related conditions.
- Promoting evidence-informed practices around the prevention and management of long COVID and related conditions.
- Increasing access to quality care and support for people with long COVID and related conditions.

The law states that MDH will award grants to eligible organizations to plan, construct, and disseminate resources and information to raise awareness and support people with long COVID and related conditions. The recipients or audiences of these efforts could include, but are not limited to, people living with long COVID and related conditions, caregivers, health care providers and systems, ancillary health care workers, workplaces, schools, communities, and local and Tribal public health.

¹"Long COVID" means health problems that people experience four or more weeks after being infected with SARS-CoV-2, the virus that causes COVID-19. Long COVID is also called post-COVID conditions, long-haul COVID, chronic COVID, post-acute COVID, or post-acute sequelae of COVID-19 (PASC).

²"Related conditions" means conditions associated with or sequelae of long COVID, including but not limited to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), dysautonomia, and postural orthostatic tachycardia syndrome (POTS).

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The law also states that MDH will award grants to organizations that serve communities disproportionately impacted by COVID-19 and long COVID, including but not limited to rural and low-income areas, Black and African Americans, African immigrants, American Indians, Asian Pacific Islanders, Latino(a) communities, LGBTQ+ communities, and persons living with disabilities. Organizations may also address intersectionality within the groups.

The development of the Long COVID Program and this RFP was guided by feedback from people with long COVID and related conditions, their caregivers, members of the [Long COVID Guiding Council of clinicians \(www.health.state.mn.us/diseases/longcovid/providers.html#guidingcouncil\)](http://www.health.state.mn.us/diseases/longcovid/providers.html#guidingcouncil), the Long COVID Community Voices group (members of which represent and serve several traditionally marginalized populations across the state), and by cross-sector stakeholder and partner input collected by MDH since 2020.

1.3 Funding and Project Dates

Funding

The Long COVID Program is funded through the State of Minnesota. Grant funding is contingent upon availability.

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

Funding	Estimate
Estimated Amount to Grant	\$900,000 annually
Estimated Number of Awards	Up to 10
Estimated Range of Award Amounts	\$75,000 - \$150,000 annually

Match Requirement

No financial matching is required.

Project Dates

The estimated start date is **July 1, 2024**, or when the grant agreement is fully executed, whichever is later. The grant period will end on **June 30, 2027**. The grant period will be three years, contingent on satisfactory grantee performance and funding availability.

1.4 Eligible Applicants

Eligible applicants for this competitive process may include but are not limited to:

- Nonprofit and for-profit organizations
- Community-based organizations

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- Local and Tribal public health
- Social service organizations
- Patient, caregiver, and/or peer support groups or networks
- Entities offering disability-related services, such as support for legal issues related to disability from long COVID or assistance navigating health care or support services
- Universities or colleges
- Community clinics, hospital systems, health care and mental health providers, and associations representing providers (primary, specialty, and ancillary care included)
- Employers
- Schools and school nurses
- Media organizations, including those that represent/reach diverse communities such as African American, immigrant, Asian Pacific Islanders, American Indian, Hispanic/Latino(a), or LGBTQIA+ communities and people with disabilities

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN) or assigned tax status (such as filing as a 501c3 or similar) and current active status with the [Office of the Minnesota Secretary of State \(https://www.sos.state.mn.us/\)](https://www.sos.state.mn.us/).

Applicants must conduct grant activities in the state of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization as a fiscal agent.

Collaboration

Organizations may apply on their own or as part of a multi-organization collaboration. Working together may be beneficial for addressing intersectional issues, such as supporting people living with disabilities related to long COVID in different racial or ethnic communities, creating a model of coordinated care and support across health care providers and community organizations, or training navigators to support people with long COVID in underserved rural areas.

If collaborating, a single application should be submitted on behalf of all partners in the collaboration, with one organization identified as the lead. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and to consider equity in deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount than single-organization applicants.

MDH recognizes the sovereignty of Tribal nations. We will only fund non-Tribal-led projects (those not led by members or government of the Tribe) in Tribal communities if the applicant has full support of the Tribal government. If a non-Tribal applicant proposes to work with a Tribal government or Tribal community, the applicant must provide a letter of support from the Tribal government at the time of application.

All grantees, whether they applied on their own or as part of a multi-organization collaboration, will be required to take part in network-building activities across the grantee cohort to increase coordination and enhance the scope of care and support for people with long COVID and related conditions.

1.5 Questions and Answers

All questions regarding this RFP must be submitted in writing to health.longCOVID@state.mn.us with the subject line “**RFP Question.**” If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance. All questions and answers will be posted within seven business days at [2024 Long COVID Grants: RFP Questions and Answers \(https://www.health.state.mn.us/diseases/longcovid/funding/2024grants/faq.html\)](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants/faq.html).

Please submit questions no later than **4:30 p.m. CDT on Friday, March 22, 2024**. To ensure that all applicants have access to the same information, questions submitted after March 22 will neither be answered nor published to the website.

MDH staff and members of the grant application review committee may not advise applicants or review drafts of proposals. To ensure the proper and fair evaluation of all applications, any 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.**

While applicants may not communicate with MDH staff regarding the RFP itself, applicants may communicate with MDH staff regarding requests for data, information on health promotion or prevention practices, and other content-related questions.

RFP Information Meeting

MDH will host a virtual one-hour webinar on **Tuesday, March 12, 2024 at 10-11 a.m. CDT** to assist applicants in preparing an application for the RFP. Staff will not be able to help with the actual writing of applications or critiques of drafts but can answer general questions about the process and requirements.

Though not required, prospective applicants are encouraged to participate in the information session. Go to [2024 Long COVID Network & Capacity Building Grants: Request for Proposals \(https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html\)](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html) for a link to join.

For those who are unable to attend, a video recording of the webinar will be posted on the website.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

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

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

This RFP will give priority to applications that demonstrate an ability to work effectively in partnership with, and/or to organizations that serve, communities disproportionately impacted by the COVID-19 pandemic, long COVID, or related conditions. These include but not limited to rural and low-income areas, Black and African Americans, immigrants, American Indians, Asian-Pacific Islanders, Hispanic and Latino(a) communities, LGBTQ+ people, and people living with disabilities. Addressing intersectionality within these groups is encouraged.

Grant Priorities and Outcomes

This grant will serve and inform people with long COVID and related conditions, their caregivers, and their communities. The Long COVID Program values community-led solutions, person-centered approaches to care and support, cultural and lived knowledge and wisdom, and organizations that reflect the populations they serve. Applications that are led by, include, or consult with people with lived experience will be given priority.

We also appreciate sustainable projects that complement existing services or activities where possible.

We recognize that as new evidence, diagnostic tests, treatments, and guidelines around long COVID emerge, work plans may need to be adjusted accordingly.

Grant outcomes will include:

- Improved understanding of the impact of long COVID and related conditions in communities across Minnesota, particularly those that have faced historical health inequities and/or disproportionate impacts from the COVID-19 pandemic.
- Increased public awareness of long COVID and related conditions and their potential effects on health and wellbeing, employment, education, and quality of life.
- Reduced stigma around long COVID and related conditions and associated disability.
- Increased access to sector-specific and culturally appropriate materials about long COVID in response to the needs of the priority populations served.
- Enhanced capacity, training, and education for local organizations to serve and support people with long COVID and related conditions.
- Promotion of coordinated, person-centered, evidence-informed practices around the prevention, diagnosis, and management of long COVID, including during the clinical encounter and beyond to wrap-around services and local support networks.
- A grantee network of entities that provide information, care, and support for people with long COVID and related conditions across communities and systems. This network will share best practices and community-led solutions and enhance coordination of efforts and strategies where applicable.

2.2 Eligible Projects

Proposals must focus on understanding the impacts of long COVID and related conditions in communities, raising awareness, and/or improving care and support for those most affected. Activities must align with one or more of the grant outcomes above. Please review **Appendix A: Application Scoring Criteria**.

Levels of Change

In response to community and stakeholder feedback, funding is meant to be flexible and responsive to community needs. A key recommendation that emerged from the Long COVID Program's Community Voices group, as well as previous efforts by MDH's Center for Health Equity, was to encourage grantees to consider the social and economic conditions for health, also known as the social determinants of health, that impact people with long COVID and related conditions. A link to more information about the social determinants of health can be found in **Appendix D: Selected Resources**.

Community partners recommended that grantees have the option to expand beyond providing programs that target individual-level changes (such as awareness, knowledge, behavior, or skill) to focus on broader social determinants of health impacting people with long COVID, such as changing policies, systems, or environments that address the root causes of barriers and inequities. This recommendation is consistent with the MDH philosophy that we must work at multiple levels of

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change – including addressing the social determinants of health – in order to ultimately achieve health equity.

Thus, depending on the needs of the community served, **applicants may choose to work within one or more of the following levels of change.** Please note that these levels of change represent a continuum of ways to increase our understanding of the impacts of long COVID and support those affected. The purpose of identifying and describing three levels of change on this continuum is to help applicants think about the full range of strategies and activities they can undertake to further program goals. It is meant to aid applicants in forming their workplans. We are not so much concerned about making sure objectives and activities are matched with the “right” level in the application, but more so that proposals have considered the full spectrum of potential interventions and supports that can affect positive change. From there, the work plan can be based upon the organization’s interest and capacity.

1. **Health Promotion/Direct Service:** Delivering health promotion and prevention projects that further one or more of the grant goals through *direct service*. Level 1 activities often focus on *individual behavior change or intervention*. Proposals related to Level 1 may entail hiring staff or training existing staff to provide direct services to people with long COVID and related conditions.

Examples could include:

- Delivering a health promotion or prevention curriculum on pacing/energy management strategies for patients experiencing post-exertional malaise after COVID-19
- Providing wrap-around services to people with severe or disabling long COVID in the African immigrant community
- Designing and implementing a peer-to-peer support forum and providing trained moderators to ensure safe and respectful content and interactions
- Designing and disseminating tailored, culturally and linguistically appropriate awareness campaigns about long COVID
- Providing consultation and navigation around social services, programs, and other resources available to people with long COVID

2. **Organizational/Institutional Change:** Participating in or leading efforts that further one or more of the grant goals by *changing organizational or institutional policies or changing the way a system in an organization or institution works*. Level 2 change often means modifying policies or systems to support individuals and address risk and protective factors.

Examples could include:

- Designing and testing innovative, person-centered care models for people with long COVID that support holistic wellbeing and involve health care providers, local community organizations, and peer support
- Improving existing and/or developing new clinic workflows to improve care and care coordination for people with long COVID

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- Creating and disseminating training modules for health care providers to increase documentation related to long COVID, such as ICD-10 codes, history of COVID-19 infection, and changes in disability status, in electronic medical records
 - Creating a school policy requiring staff to undergo training around the use of 504 plans to support students with long COVID
 - Contributing to employer policies that better support the use of workplace accommodations for those with severe long COVID symptoms
 - Creating or disseminating a promising culturally appropriate model for providing care and support to people impacted by post-COVID conditions in a community of focus
 - Developing and disseminating a training module for community health workers about recognizing long COVID and supporting those affected, including caregivers and families
 - Partnering with local public health to integrate long COVID awareness materials at COVID-19 testing and vaccination events
3. **Root Causes/Conditions for Health:** Participating in or leading efforts that *target specific social and economic conditions for health (also known as the social determinants of health)* and contribute to eliminating disparities in one or more program goals. Level 3 change often involves changing local, regional, Tribal, or state policy, changing the way systems work, or changing the natural or built environment to address the root causes of health disparities.

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

- Working with the Minnesota Department of Employment and Economic Development (DEED) to increase use of the RETAIN program among employees and employers to support people with long COVID and disabilities to stay at their jobs [Employment]
- Advancing policy to ensure safe, stable, and affordable housing to people with disabilities and their families to reduce stress and improve health outcomes for people disabled by long COVID [Housing]
- Developing a clinical decision support tool for primary care providers and collaborating with Federally Qualified Health Centers (FQHCs) serving marginalized and low-income patients to embed the tool in their Electronic Health Record systems, train providers, and provide them access to specialist e-consults and referrals so that they can manage Long COVID patients of low complexity [Access to health care]
- Designing and effort to create welcoming communities for people with disabilities that reduce isolation and increase feelings of belonging so that community members disabled by long COVID can have active social and outdoor lives to increase mental wellbeing [Social Connections and Support]
- Leading an effort to eliminate stigma and discrimination against people with disabilities in immigrant communities so that people disabled with/by long COVID can feel included, welcomed, and valued in order to reduce chronic stress that can exacerbate symptoms and adversely impact health overall [Racism and Discrimination]

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Projects addressing any of the levels of change listed above will be given equal weight in the selection process; applicants will not be given priority consideration for pursuing more than one level of change, although applicants may choose to do so.

Please keep in mind that the amount of funding requested by an applicant should be appropriate for the number and extent of the levels of change pursued in a proposal. For example, a project working on health promotion/direct service and root causes/conditions for health may potentially request a higher award amount than an applicant working on health promotion/direct service alone.

Eligible Activities

The Long COVID Program prioritizes evidence-informed actions; however, because the evidence around long COVID and related conditions is still emerging, we will consider projects based around promising strategies as well as research.

- **Promising strategies** include practices that come from the local community that may be based on practice-based evidence (PBE) and/or lived experiences of communities. PBE includes a range of approaches that are developed over time through practice and experience. PBE approaches are often embedded in the culture, accepted as effective by local communities, and support community healing from a cultural framework.
- **Research-based projects** include projects that can be tied to and/or include elements that draw from published literature, including both qualitative and quantitative studies.

It is possible for projects to be both research-based and based on promising strategies; we do not view these two broad categories as mutually exclusive.

Regardless of approach, all projects are required to submit a logic model and evaluation plan within the first six months of the grant period. The logic model and evaluation plan should reflect and bridge the intended outcomes included in the work plan.

Lobbying vs. Advocacy

Grantees may lead or participate in advocacy work but may not engage in activities that are considered “lobbying.”

Projects may involve advocating for change in local, regional, Tribal, or state policy. Because grantees will be receiving state funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to support them in navigating the line between advocacy and lobbying.

Grant funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body. However, grantees may use grant funds to educate stakeholders about the importance of policies as a public health strategy.

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Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders, and the general community. Lobbying restrictions do not apply to informal or private policies.

Grantees may make educational materials available to the public and governmental bodies, officials, and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies, and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use *other* funding sources to influence an official action of a governmental unit or tribal government, in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under <https://www.revisor.mn.gov/statutes/cite/10A.01>, subd. 21. Information about registration is available at [Minnesota Campaign Finance and Public Disclosure Board: Lobbyist registration \(https://cfb.mn.gov/filer-resources/complete-a-filing/lobbying-filings/lobbyist-registration/\)](https://cfb.mn.gov/filer-resources/complete-a-filing/lobbying-filings/lobbyist-registration/).

Eligible Expenses

Funds may be used for program and personnel costs at the discretion of the applicant to pursue the grant goals.

Allowable uses of grant funds may include, but are not limited to:

- **Project planning**, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs; engaging stakeholders in developing creative, sustainable solutions).
- **Project implementation**, including program operations, staff salaries and benefits, etc.
- **Building networks and collaborations**, including supporting the organization's leaders to engage with other partners in collective efforts to inform policy, system, and environmental conditions that increase health opportunities for priority populations (e.g., participating in advisory groups or building cross-sector partnerships to advance health equity related to one or more grant goals).
- **Developing and training community leaders**, including staff development related to the project in order to build a community's capacity to better understand the impacts of long COVID and related conditions and/or better support those in need.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions (refer to Lobbying vs. Advocacy section on page 13)
- Bad debts, late payment fees, finance charges, or contingency funds
- Ongoing medical care or treatment of disease(s) or disability
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family need
- Any individual piece of equipment that costs more than \$5,000
- Any cost not directly related to the grant
- Purchase of vehicle(s) for program use
- Cash payments to participants (stipends must be non-cash)

2.3 Grant Management, Requirements, and Responsibilities

Mandatory Activities

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

- Assign one staff person (at least 0.5 FTE dedicated to the project) to serve as the primary liaison between MDH and the grantee organization.
- Develop a logic model and evaluation plan for Year 1 (July 2024 – June 2025) within the first 6 months of the project that reflects the grant activities and desired outcomes. MDH can help support these activities if organizations do not have capacity.
- Develop or update the work plan, budget, logic model, and evaluation plan for Years 2 and 3 of the grant period (July 2025 – June 2027) prior to June 30, 2025. MDH can help support these activities if organizations do not have capacity.
- Submit any revisions to workplans, budgets, logic models, or evaluation plans when updates are made.
- Submit annual progress and evaluation reports on grant activities and outcomes.
- Participate in a grantee network/learning collaborative via quarterly virtual meetings to collaborate with other project grantees and encourage statewide knowledge transfer and coordination around long COVID efforts.
- Participate in other occasional grantee trainings and technical assistance activities as needed or as determined by MDH staff.
- Contribute to the development of and participate in a shared measurement system to assess the impact of the grant program overall.
- Provide updates and/or grant summary information as requested to be included in MDH reporting.

Additional Expectations of All Grantees

- Participate in monthly meetings through Microsoft Teams with MDH grant manager.

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- Participate in a grant on-boarding meeting in Year 1.
- Participate in in-person Site Visits in Years 1, 2 and 3 of grant period, or as determined by MDH.
- Meet with MDH Long COVID Program staff as needed.
- As appropriate, serve as a community expert and resource to communities and professionals on long COVID.
- Provide technical assistance within the defined community.
- Participate in the financial reconciliation processes.

Community Engagement and Collaboration

Grantees should strive to authentically engage community members experiencing long COVID and health inequities to ensure activities and strategies are co-created, appropriate, and welcomed by the community. Projects should also be designed to complement and build on other related activities or initiatives in the community when possible. Grantees should work together in partnership with relevant stakeholders, which may include other community organizations, local public health, other government agencies or health systems. Grantees are also encouraged to form and/or strengthen cross-sector partnerships as appropriate. Community engagement and partnership-building should be ongoing throughout the grant period.

Evaluation

MDH can assist grantees in developing a logic model and evaluation plan during the first six months of the grant period. Grantees will be required to use at least 10% of their grant award on evaluating their project. Evaluation is a required component for several reasons:

- It helps grantees know how they can improve their project.
- It helps grantees know if they are making progress toward their objectives and helps them report back to community partners and stakeholders.
- It helps MDH justify the use of public funds and demonstrate the difference the funds make in the community.
- It helps document and spread the innovative projects and strategies grantees develop to address issues in their community based on cultural knowledge and wisdom.
- When grantees evaluate their own programs, with MDH assistance, they build their own evaluation capacity for future projects and initiatives.

Grantees may use evaluation funds for internal staff time and work or to subcontract with external evaluation partners. All evaluation expenditures must be documented.

Evaluation is expected to include, but is not limited to, developing a logic model and an evaluation plan, developing data collection tools, collecting and analyzing evaluation data, and attending evaluation training and technical assistance events. Grantees are encouraged to consider opportunities for co-creating evaluation approaches with communities. Grantees will share evaluation results with MDH, community partners, and project stakeholders.

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MDH will provide evaluation technical assistance to grantees as needed to help grantees meet grant requirements and build grantee evaluation capacity. MDH may involve external contractors for additional evaluation support.

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. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantees should provide a copy of the fully executed grant agreement to all grantee staff working on the grant.

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

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

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state 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 until all grant funds have been expended and all of the terms in the grant agreement have been met.

The reporting schedule will be:

Due Date	Report Type
January 31, 2025	Year 1 Progress Report
July 31, 2025	Year 1 Annual Report
January 31, 2026	Year 2 Progress Report
July 31, 2026	Year 2 Annual Report
January 31, 2027	Year 3 Progress Report
July 31, 2027	Final/Year 3 Annual Report

Grant Monitoring

Minn. Stat. §16B.97 (www.revisor.mn.gov/statutes/cite/16B.97) and the state [Policy on Grant Monitoring \(https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf\)](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
- Annual monitoring visits during the grant period on all grants over \$250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

This Long COVID grant period will be three years, contingent on satisfactory grantee performance and funding availability. According to state policy, the purpose of a monitoring visit (often called a *site visit*) is to review and ensure progress against the grant's goals, address any problems or issues before the end of the grant period and build rapport between MDH and the grantee. Monitoring visits are an opportunity for MDH to meet grantee staff, learn more about grantee successes and challenges and see grantee work in action. Program staff also view these visits as an opportunity to connect grantees with available resources, to learn how MDH can better support the grantee, and provide technical assistance and to receive feedback from the grantee to help improve the Long COVID grant program.

The purpose of the financial reconciliation is to ensure that grant projects are in compliance with all state and federal laws and that expenses are allowable, appropriate, reasonable for the grant program and adequately verifiable by supporting documentation. The reconciliation involves a review of expenses included on a selected invoice and the relevant supporting documentation. Grantees will be notified at least 30 days prior to a financial reconciliation to allow sufficient time to gather and submit documentation. Please note that a financial reconciliation is not an audit.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. Program staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices. MDH may also provide support via outside contractors for building a resource/support network, communications campaigns, community assessments, evaluation, and other activities as necessary. Grantees are also encouraged to seek support and learn from other grantees through the grantee network.

Grant Payments

Per [State Policy on Grant Payments \(mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf\)](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. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before

approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

State policy allows advance payments to be made to grantees only in certain exceptional situations. If a grantee requires advance payment to start up a program, negotiations will be made after a grant award is offered but before a grant agreement is executed.

Grantees will submit monthly invoices for payment. Invoices for each month's expenses should be submitted by the end of the following month (for example, the invoice for July 2025 expenses is due by August 31, 2025).

2.4 Grant Provisions

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 found at [Minnesota Department of Health Grant Resources \(https://www.health.state.mn.us/about/grants/resources.html\)](https://www.health.state.mn.us/about/grants/resources.html) 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 \(www.revisor.mn.gov/statutes/cite/13.599\)](http://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 \(www.revisor.mn.gov/statutes/cite/13.37\)](http://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 \(www.revisor.mn.gov/statutes/cite/13.599\)](http://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 \(www.revisor.mn.gov/statutes/cite/13.37\)](http://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.

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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 \(www.revisor.mn.gov/statutes/cite/13/full\)](#)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per [Minn. Stat. § 16B.98](#), subd. 8, 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 \(www.revisor.mn.gov/statutes/cite/363A.02\)](#). 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 \(www.revisor.mn.gov/rules/5000.3550/\)](#).

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

2.5 Application Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee that includes representation from the communities served by the Long COVID grants 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:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

Review committee members will review and score each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the application meets the selection criteria found in [Appendix A: 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 Long COVID Program based on the criteria and discussion.

Long COVID Program staff will make final decisions on all applications and will balance the recommendations by the review committee with other factors, including but not limited to:

- Review committee scores
- Commitment to diversity, equity, and inclusion
- Representativeness of people impacted by long COVID and related conditions
- Geographic distribution of services and resources
- Total funding available

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 \(mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf\)](https://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 of funding decisions via email in May 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 work plan and/or budget before a grant agreement can be made final ("executed"). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be July 1, 2024 or the date on which all signatures for the agreement are obtained, whichever is later.

The grant agreement will be in effect until June 30, 2027, 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. CDT on Friday, April 5, 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 undelivered emails or computer or technology problems on the part of the applicant.

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 due date/time. If you do not receive this acknowledgement email within one business day of the due date/time, it means that MDH did not receive your application/documents. In that event, please email kate.murray@state.mn.us no later than 12:00 p.m. on April 9 for further instructions.

The applicant is responsible for all costs incurred in applying to this RFP.

3.2 Application Submission Instructions

Applications must be submitted via email to health.longCOVID@state.mn.us with the subject line “**Long COVID RFP Application – [applicant organization name]**”.

3.3 Application Instructions

Applicants must submit **all** of the following materials for the application to be considered complete:

1. Application form (Word document)
2. Work plan (Word template provided)
3. Budget Detail & Justification (Word template provided)
4. Due Diligence Review form (PDF)
5. Applicant Conflict of Interest Disclosure form (PDF)

All forms and templates can be found at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals \(www.health.state.mn.us/diseases/longcovid/funding/2024grants.html\)](http://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

Note that Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Moorhead, and Owatonna – provide free access to Microsoft Word.

Late or incomplete applications will be rejected and not evaluated. 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.

Applicants are encouraged to review [Appendix A: Application Scoring Criteria](#).

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.

Application Form

Applicants are strongly encouraged to download and complete the Application Form (Microsoft Word document) provided at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals \(www.health.state.mn.us/diseases/longcovid/funding/2024grants.html\)](http://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

The completed Application Form should not exceed 12 pages. The cover page does not count towards the page limit. To ensure that all completed Application Forms have similar format and length for the review process, we request that applicants use 11-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., “A1”).

Work Plan

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the **first fiscal year** of the grant (July 2024 – June 2025), including all planning, needs assessment, and implementation activities. This “planning phase” may be used for determining targets for Years 2 and 3, identifying data collection strategies, assessing what supports are needed from MDH, identifying potential additional partners, etc. MDH can provide technical assistance for these processes.

Funded grantees will develop a separate work plan for the last two fiscal years of the grant later in coordination with their MDH Grant Manager. A grantee’s work plan may be revised during the grant period in consultation with MDH and the evaluation team.

We also recognize that as new evidence, diagnostic tests, treatments, and guidelines for long COVID emerge, work plans may need to be adjusted accordingly.

Applicants are strongly encouraged to use the Microsoft Word Work Plan template provided at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals \(www.health.state.mn.us/diseases/longcovid/funding/2024grants.html\)](http://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

Applicants who are unable to use the Microsoft Word template provided on the website may submit their work plan in another written format that does not exceed the page limit below.

The work plan may not exceed 12 pages. Applicants may add and/or delete headings, tables, and rows in the template as needed. To ensure that all applicants’ work plans have a similar format and length for the review process, we request that applicants use 11-point Calibri font in the work plan tables.

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Applicants may find it useful to identify their grant program goals and craft their objectives and activities in the work plan before completing the Project Narrative section of the application form. **Please note that while the detailed work plan is only for the first year, the Project Narrative in the application form should provide a high-level description of the vision for the entire three-year project.**

Project Objectives

Think of objectives as major steps a program will take to attain its goals. List the project objectives that you plan to achieve. Although this work plan only is for the first year, objectives may be for the entire three-year period, if applicable or desired.

Project Strategies

For each objective identified, applicants must specify strategies. **Strategies are general approaches that will be taken in order to achieve an objective.** Sometimes people think of strategies as the “how” of the project (while the activities are the “what”). The strategies listed in the work plan should correspond with the strategies described in Question B2 of the application form.

For example: Health care providers will be given information and access to long COVID related CME activities during quarterly staff meetings and allotted time for completion.

Project Activities – Work Plan Tables

The work plan tables must include any planning and implementation activities you plan to undertake **during the first year of the grant.** Activities may relate to:

- Surveys, assessments, and/or evaluation
- Activities to address health disparities and barriers
- Developing and/or sharing of information
- Pilot projects
- Community engagement and collaboration
- Partnership development and coordination
- Other eligible activities necessary during the first year

For each activity, indicate the lead person and any supporting staff from the organization, the external partners involved, the anticipated timeline (start and end dates), and the outcome from the activity. **Note that outcomes should be specific, measurable, realistic, and timebound.** Programmatic and evaluation measures and indicators will likely come from the objectives and outcomes.

A common format for outcomes is as follows: By (when, date), (percent or number of change from a stated base) of (what population) will (indicator – do what, change how). For example:

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- *By June 30, 2025, 75 percent (compared to 25 percent in 2024) of providers at our clinic will have completed 1.0 Continuing Medical Education (CME) credits on long COVID and 1.0 credits on ME/CFS.*
- *By June 30, 2025, 20 support group moderators will have completed the training program.*

The activities in the work plan table should provide additional information about the activities described in Question B3 of the application form.

Applicants who are awarded a grant may be asked to provide additional work plan details during negotiations before a grant agreement is signed.

Budget Detail and Justification

Applicants must submit a budget that details how funds will be used during the **first fiscal year of the grant** (July 2024 – June 2025). Funded grantees will develop a separate budget 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.

Applicants are strongly encouraged to use the Microsoft Word template provided at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals \(www.health.state.mn.us/diseases/longcovid/funding/2024grants.html\)](http://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

Applicants who are unable to use the Microsoft Word template provided on the website may submit their budget in another format that provides the same information below.

Applicants must request one annual amount of funding that does not vary from year to year. For example, if an applicant requests \$100,000 annually and is fully funded, that applicant would receive \$300,000 over the course of the three-year grant cycle.

The budget must be consistent with the stated objectives, planned activities, and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs, and other similar numeric detail sufficient for the calculation to be duplicated.

Please round expenditures to the nearest dollar and enter the total for each line item at the top of each section. Applicants’ budgets should show how they plan to spend at least 10% of their total budget on evaluation expenses.

Applicants should organize their expenditures into the following categories:

I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known
- b. A brief justification

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- c. Salary charged to grant
- d. Fringe benefit rate

The staff included in this section of the budget should be the same as the staff included in the work plan.

II. Contractual Services

Grant funds may be used for small contracts – such as facilitators, speakers, or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program in their proposed budget and work plan. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

For any proposed subcontractors, applicants **must** list the following:

- a. Name of contractor, if known, or selection process to be used
- b. Scope of work the contractor will provide
- c. Length of time the services will be provided
- d. Total amount you expect to pay the contractor

The Grantee is responsible for holding any subcontracting entities to the same standards required of the grantee and remains solely responsible for the satisfactory performance of all grant duties. The Grantee is responsible for ensuring that any subcontracting entities comply with the [Minnesota Government Data Practices Act \(www.revisor.mn.gov/statutes/cite/13.01\)](http://www.revisor.mn.gov/statutes/cite/13.01) as it applies to all data created, gathered, generated, or acquired under the grant agreement. All costs billed against the grant must be allowable costs. Subcontractors may not be selected if listed on the prohibited vendors list ([Suspended/Debarred Vendors / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/suspended-debarred\)](https://mn.gov/admin/osp/government/suspended-debarred)).

III. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging, and meals. This line item may also include bus tokens or other travel for participants. Grant funds may be used for related professional development and trainings, but funds cannot be used for out-of-state travel without prior written approval from MDH.

Refer to the [State of Minnesota Commissioner's Plan \(mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf\)](http://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf), which outlines limits for allowable travel expenses including meals.

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

Alcohol purchases are not allowed and will not be reimbursed.

IV. Supplies

These costs may include program/work plan supplies, postage, or mailing, duplication or copies, phone service and equipment, and computer or internet expenses. Other expenses may include food or snacks for programming/events or program supplies.

V. Other

Describe any other allowable expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the work plan. Examples include staff training, media expenses, childcare for participants during programming/events, or participant stipends.

VI. Indirect Costs

MDH policy caps indirect costs at either a grantee's federally negotiated indirect cost rate (NICRA) or at 10 percent, as applied to a grant's *total direct costs*. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in the organization's indirect cost pool.

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant. Grantees must maintain records that verify all grant expenses, including those categorized as indirect costs.

Due Diligence

Applicants must complete the [Due Diligence Review Form \(PDF\)](https://www.health.state.mn.us/about/grants/duediligence.pdf) (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.

Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the [Adobe Acrobat](https://www.adobe.com/acrobat) website.

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.

Applicant Conflict of Interest Disclosure Form

Applicants must complete the [Applicant Conflict of Disclosure form \(PDF\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf) (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.

RFP Part 4: Appendices

Appendix A: 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 score sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Rating Levels

Rating or Score	Description
Excellent (5)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
Very Good (4)	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
Good (3)	Generally meets minimum requirements; probability of success; some weaknesses, but correctable.
Marginal (2)	Lack of essential information; low probability for success; significant weaknesses.
Unsatisfactory (1)	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.
Blank/did not answer (0)	Did not answer the question or offered no response.

Scoring Sections

SECTION A: ORGANIZATIONAL CAPACITY AND VALUES (20 POINTS)

Criteria	Score (0-5)
1. Lead organization’s history, mission, and major programming are aligned with and/or complement MDH’s mission, values, and goals for understanding and addressing the impacts of COVID-19, long COVID, and related conditions.	Score (0-5)
2. The Long COVID grant complements and/or builds on the organization’s current programming and broader work.	Score (0-5)
3. The organization fosters equity, trust, and belonging with the population(s) served by the grant, including: <ul style="list-style-type: none"> The organization’s commitment to advancing health equity through its culture, programming, and partnerships, The organization’s history of co-creation with the population(s) served, and The lived experience and/or training of their organization’s staff. 	Score (0-5)
4. The organization demonstrates experience and capacity in collaborating with other partners and organizations to address aligned goals, objectives, and programming.	Score (0-5)

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Criteria	Score (0-5)
Total points for this section:	Total

SECTION B: PROJECT NARRATIVE (20 POINTS)

Criteria	Score (0-5)
6. The applicant shows an understanding of the extent of the disparities and/or barriers related to the COVID-19 pandemic and long COVID in the target population(s) and proposes appropriate strategies for addressing them relative to Long COVID.	Score (0-5)
7. The proposed strategies further one or more of the desired Long COVID grant outcomes.	Score (0-5)
8. a. The proposed strategies and accompanying activities are rooted in evidence-informed best practices and/or promising strategies formed from practice-based evidence.	Score (0-5)
b. The applicant provides a convincing rationale that the strategies and activities will be effective in the target population(s). Rationale may include lived experiences, organizational experiences, research, etc.	Score (0-5)
Total points for this section:	Total

SECTION C: COMMUNITY ENGAGEMENT AND COLLABORATION (20 POINTS)

Criteria	Score (0-5)
9. The applicant’s strategies and activities were co-created with the proposed community served and/or the applicant shows that the community served will be involved in the co-creation of the project strategies and activities moving forward. <i>(Multiply points by 2)</i>	Score (0-5) X 2 =
10. The applicant shows an understanding of related activities, projects, or services in the community/communities served and shows how the proposed project will work together with related activities, projects or services in the community served in meaningful and mutually beneficial ways and/or how the project fills an unmet need or gap in the field.	Score (0-5)
11. The applicant describes how they will collaborate with stakeholders such as other community organizations, local public health, other government agencies or health systems, contributing to building systems that heal, not harm.	Score (0-5)
Total points for this section:	Total

SECTION D: WORK PLAN (25 POINTS)

Criteria	Score (0-5)
12. The project objectives and strategies for Year 1 are clear, feasible, and appropriate for the target population(s).	Score (0-5)

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13. The project activities for Year 1 are clear and comprehensive and will achieve the identified objectives and outcomes. Each activity includes the staff involved, external partners involved, expected timeline, and estimates of impact and outcomes.	Score (0-5)
14. The proposed short-term, medium-term, and long-term outcomes among the target population(s) are clear, measurable, feasible, timebound, and appropriate for the proposed objectives, strategies, and activities.	Score (0-5)
15. The work plan as a whole provides a clear picture of the scope and timeline of the proposed project.	Score (0-5)
16. The applicant demonstrates adequate capacity and structure to meet all requirements and mandatory activities including: <ul style="list-style-type: none"> • 0.5 FTE staff time dedicated to the grant activities, including participation in the grantee network, and to serve as primary contact with MDH, • Staff capacity and expertise to implement the proposed strategies and activities. • Evaluation expertise and/or a willingness and thoughtful plan to take advantage of MDH technical expertise to increase its organizational capacity to evaluate its project and its impact. 	Score (0-5)
Total points for this section:	Total

SECTION E: BUDGET (15 POINTS)

Criteria	Score (0-5)
17. The requested level of funding is reasonable and justified for the proposed scope of activities, level(s) of change, and depth of partnerships.	Score (0-5)
18. The budget includes a clear and reasonable description of how funds will be used for the first year of the grant. At least 10% of the budget is allocated for evaluation (staffing, expertise, and community inclusion).	Score (0-5)
19. The expenditures in the budget support activities outlined in the work plan, including meeting grant requirements, supporting community partners, and evaluating the project activities and outcomes.	Score (0-5)
Total points for this section:	Total

Appendix B: Application Checklist

Please find all of these required application materials at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html) (www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

An application is considered complete only if all five of these documents have been submitted:

- Application Form (Word document)
- Work Plan (Word template)
- Budget Detail & Justification (Word template)
- Due Diligence Review Form (PDF)
- Applicant Conflict of Interest (COI) Disclosure Form (PDF)

Appendix C: Grant Agreement Samples

MDH Grant Agreement – sample

<https://www.health.state.mn.us/about/grants/grantagreement.pdf>

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

MDH Tribal Governments Grant Agreement – sample

<https://www.health.state.mn.us/docs/about/org/cfh/expl-tribal.pdf>

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

Appendix D: Selected Resources

General information

- [MDH: Long COVID: A Post-COVID Condition \(https://www.health.state.mn.us/diseases/longcovid/index.html\)](https://www.health.state.mn.us/diseases/longcovid/index.html)
- [Centers for Disease Control and Prevention \(CDC\): Long COVID or Post-COVID Conditions \(https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html)
- [Health+ Long Covid Human-Centered Design Report \(PDF\) \(https://www.hhs.gov/sites/default/files/healthplus-long-covid-report.pdf\)](https://www.hhs.gov/sites/default/files/healthplus-long-covid-report.pdf)
- [Long COVID: major findings, mechanisms and recommendations | Nature Reviews Microbiology \(https://www.nature.com/articles/s41579-022-00846-2.epdf\)](https://www.nature.com/articles/s41579-022-00846-2.epdf)
- [Services and Supports for Longer-Term Impacts of COVID-19 \(PDF\) \(US Dept. of Health & Human Services\) \(PDF\) \(https://www.covid.gov/sites/default/files/documents/Services-and-Supports-for-Longer-Term-Impacts-of-COVID-19-08012022.pdf\)](https://www.covid.gov/sites/default/files/documents/Services-and-Supports-for-Longer-Term-Impacts-of-COVID-19-08012022.pdf)
- [How ACL's Disability and Aging Networks Can Help People with Long COVID \(PDF\) \(https://acl.gov/sites/default/files/COVID19/ACL_LongCOVID.pdf\)](https://acl.gov/sites/default/files/COVID19/ACL_LongCOVID.pdf)
- [Overview of the Impacts of Long COVID on Behavioral Health \(https://www.samhsa.gov/resource/ebp/overview-impacts-long-covid-behavioral-health\)](https://www.samhsa.gov/resource/ebp/overview-impacts-long-covid-behavioral-health)

Social determinants of health

- [World Health Organization: Social determinants of health \(https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1\)](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
- [Social Determinants of Health - Healthy People 2030 \(https://health.gov/healthypeople/priority-areas/social-determinants-health\)](https://health.gov/healthypeople/priority-areas/social-determinants-health)

Disability and employment

- [U.S. Department of Health & Human Services \(HHS\): Guidance on “Long COVID” as a Disability Under the ADA, Section 504, and Section 1557 \(https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html\)](https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html)
- [Office of Disability Employment Policy Job Accommodation Network \(JAN\): Accommodating Employees with COVID-19-Related Symptoms \(https://askjan.org/blogs/jan/2021/03/accommodating-employees-with-covid-19-related-symptoms.cfm\)](https://askjan.org/blogs/jan/2021/03/accommodating-employees-with-covid-19-related-symptoms.cfm)

Health care providers

- [MDH: For Health Care Providers: Post-COVID Conditions \(https://www.health.state.mn.us/diseases/longcovid/providers.html\)](https://www.health.state.mn.us/diseases/longcovid/providers.html)

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- [CDC: Post-COVID Conditions: Information for Healthcare Providers](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html>)
- [U.S. Department of Veterans Affairs: Whole Health System Approach to Long COVID \(PDF\)](https://www.publichealth.va.gov/n-coronavirus/docs/Whole-Health-System-Approach-to-Long-COVID_080122_FINAL.pdf) (https://www.publichealth.va.gov/n-coronavirus/docs/Whole-Health-System-Approach-to-Long-COVID_080122_FINAL.pdf)
- [Global Long Covid ECHO Webinar Series: Exploring Clinical Practice and Research](https://iecho.org/echo-initiatives/silc) (<https://iecho.org/echo-initiatives/silc>)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Identification and Management of Mental Health Symptoms and Conditions Associated with Long COVID \(PDF\)](https://store.samhsa.gov/sites/default/files/pep23-06-05-007.pdf) (<https://store.samhsa.gov/sites/default/files/pep23-06-05-007.pdf>)
- [U.S. Social Security Administration \(SSA\): Long COVID: A Guide for Health Professionals on Providing Medical Evidence for Social Security Disability Claims \(PDF\)](https://www.ssa.gov/disability/professionals/documents/EN-64-128.pdf) (<https://www.ssa.gov/disability/professionals/documents/EN-64-128.pdf>)

Schools/students

- [Long COVID Under Section 504 and the IDEA: A Resource to Support Children, Students, Educators, Schools, Service Providers, and Families \(US Dept. of Education\) \(PDF\)](https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-504-20210726.pdf) (<https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-504-20210726.pdf>)
- [Inside Higher Ed: Supporting Students with Long COVID: A Workbook for Disability Service Providers \(PDF\)](https://www.insidehighered.com/sites/default/server_files/media/LongCOVID_Workbook.pdf) (https://www.insidehighered.com/sites/default/server_files/media/LongCOVID_Workbook.pdf)

Public health practice and disease surveillance

- [The Role of U.S. Public Health Agencies in Addressing Long COVID - American Journal of Preventive Medicine](https://www.ajpmonline.org/article/S0749-3797(24)00017-5/fulltext) ([https://www.ajpmonline.org/article/S0749-3797\(24\)00017-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(24)00017-5/fulltext))
- [CDC Household Pulse Survey](https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm) (<https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>)
- [Council of State and Territorial Epidemiologists: Long COVID Surveillance Strategies \(PDF\)](https://preparedness.cste.org/wp-content/uploads/2023/09/CSTE-STLT-Long-COVID-Surveillance-August-2023.pdf) (<https://preparedness.cste.org/wp-content/uploads/2023/09/CSTE-STLT-Long-COVID-Surveillance-August-2023.pdf>)
- [National Research Action Plan \(PDF\)](https://www.covid.gov/sites/default/files/documents/National-Research-Action-Plan-on-Long-COVID-08012022.pdf) (<https://www.covid.gov/sites/default/files/documents/National-Research-Action-Plan-on-Long-COVID-08012022.pdf>)