mn DEPARTMENT OF HEALTH

Strong Foundations: Evidence-based Family Home Visiting

GRANT REQUEST FOR PROPOSALS (RFP)

April 18, 2022

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RFP Part 1: Overview

1.1 General Information

- Announcement Title: Strong Foundations: Evidence-based Family Home Visiting
- Minnesota Department of Health (MDH) Program Website: https://www.health.state.mn.us/communities/fhv/index.html
- Letter of Intent Deadline: May 11, 2022, 5:00 pm CST
- Application Deadline: June 13, 2022, 5:00 pm CST

1.2 Program Description

The Minnesota Department of Health (MDH) seeks proposals from county governments, Tribal Nations, and non-profit organizations to implement and provide evidence-based family home visiting (FHV) services to Minnesota families in need. The goals of the MDH Family Home Visiting program are to:

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

Over the course of the past two years, family home visitors have been a critical lifeline for families trying to navigate the abrupt health, economic, and social fallout brought on by the COVID-19 pandemic. The pandemic has had a disproportionately negative impact on the communities that FHV seeks to serve. Health, economic, social, and psychological burdens have been exacerbated in the communities that were already unevenly impacted by structural and racial inequities. COVID-19 has also had a crippling effect on every FHV implementing agency, directly and indirectly impacting staffing, planning, recruitment, and implementation.

To provide stability to FHV programs and families, this Request for Proposals (RFP) seeks to stabilize and sustain current home visiting programs while supporting start-up implementation of new home visiting programs seeking to address some of Minnesota's greatest disparities. This RFP will fund two priority areas:

1. Sustain and set optimal target caseloads for current evidence-based home visiting programs funded by MDH, and
2. Provide start-up funding for new programs seeking to implement evidence-based home visiting programs to address health disparities.

1.3 Funding and Project Dates

Funding

MDH will utilize both state and federal sources to fund home visiting programs through this RFP. Funding sources include federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds (CFDA 93.870), as well as state allocations for Minn. Stat. 145A.145: Nurse-Family Partnership Programs (https://www.revisor.mn.gov/statutes/cite/145A.145) and Minn. Stat. 145.87: Home Visiting for Pregnant Women and Families with Young Children (https://www.revisor.mn.gov/statutes/cite/145.87).

Funding will be allocated through a competitive process. If selected, agencies may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date. The application and funding are divided into two sections: a) Sustaining Home Visiting Proposals and b) New Start-up Home Visiting Proposals.

Funding: Sustained Home Visiting	Estimate
Estimated Amount to Grant	$22 million/year
Estimated Number of Awards	70
Estimated Award Maximum	$1.4 million/year
Estimated Award Minimum	$100,000/year

Funding: New Start-up Home Visiting	Estimate
Estimated Amount to Grant	$1.5 million/year
Estimated Number of Awards	5
Estimated Award Maximum	$250,000
Estimated Award Minimum	$80,000

Match Requirement

There is no match requirement for this RFP.

Project Dates

This RFP is for a five-year period, beginning 1/1/2023 through 12/31/2027. Applicants must submit a budget proposal for the first 12-month budget period of the grant. Funding in each subsequent year will require submission and approval of documents needed to update workplans, target caseload and budgets.

MDH intends to provide funding to sustain capacity and provide stability in local FHV programs for five years. Annual budget awards in subsequent years will be based on awarded applicant's:

- Staff retention and capacity.
- Spending trends and changing needs.

- Satisfactory performance in achieving workplan goals, adhering to financial policies, and meeting target caseload.
- Successful recruitment and retention of families.
- Adherence to model fidelity.

Grantees will receive an award letter each year of the grant and will be eligible for reimbursement of expenses not to exceed the amount listed in the award letter. The grantee will be required to submit a detailed budget and work plan for the next budget period by October 15 of each year. Once approved by the State's Authorized Representative, the budget and work plan will be incorporated as a part of the grant agreement.

Grant Budget Periods

01/01/2023 – 12/31/2023

01/01/2024 – 12/31/2024

01/01/2025 – 12/31/2025

01/01/2026 – 12/31/2026

01/01/2027 – 12/31/2027

1.4 Eligible Applicants

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

The RFP application is divided into two paths for providing family home visiting (FHV) services, henceforth referred to as **Path 1: Sustained FHV** or **Path 2: New Start-up FHV**.

Applicants may only submit one application to this RFP. Applicants who submit two applications will be disqualified and their applications will not be reviewed.

Path 1: Sustained Family Home Visiting Applicant Criteria:

- Community Health Board (CHB), non-profit organization, or Tribal Nation currently receiving Evidence-based Home Visiting (EBHV/Strong Foundations), Nurse-Family Partnership (NFP), or Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant funding award(s) (either directly or through a partnership) from MDH to implement an evidence-based home visiting program.

Path 2: New Start-up Family Home Visiting Applicant Criteria

- CHB, non-profit organization, or Tribal Nation not currently receiving an Evidence-based Home Visiting (EBHV/Strong Foundations), Nurse-Family Partnership (NFP), or Maternal,

Infant and Early Childhood Home Visiting (MIECHV) grant funding award from MDH to implement an evidence-based home visiting program.

Collaboration

All CHBs, Tribal Nations, and non-profit organizations must submit an individual application to this RFP for their core home visiting program. Multi-county CHBs must submit one application and will be funded as one entity.

MDH supports and encourages multiple ways and methods for core home visiting programs to work cooperatively and/or in coordination. For example, applicants that seek to coordinate resources such as shared reflective supervision may choose to contract for that service with another CHB, Tribal Nation, or non-profit organization. Others may choose to engage in more collaborative and coordinated projects that enhance and build upon individual core home visiting programs. For the latter, a Collaborative Project Request may be warranted. A Collaborative Project Request is a choice made at the local level and is not a requirement.

Collaborative Project Requests that span across multiple CHBs, Tribal Nations, or non-profit organizations are allowed. Each collaborative project will select one primary applicant (CBH, Tribal Nation, or non-profit organization) to submit the collaborative project request with their core home visiting application.

When determining if a Collaborative Project Request should be submitted, applicants should consider the following.

1. **Shared Goals and Purpose**: Are there clear goals, objectives, and activities that the multi-organization collaborative shares and jointly strives to achieve?
2. **Financial Infrastructure**: To what degree does your multi-organization operate as one financial unit or is funding separated out by each involved agency? Does the collaborative jointly make decisions about how funding is allocated and does each have an equal say when reallocations or adjustments are needed?
3. **Data Infrastructure**: Do partners have a formal agreement to exchange data about families to support and enhance service delivery?
4. **Decision Making**: How are decisions made? This may range from independent -> discussion and some consultation -> equal input and consensus building.
5. **Communication and Relationships**: How frequent is communication and to what degree are there formal processes and protocols that facilitate communication?
6. **Sense of ownership, trust, and commitment**: Is there trust among partners and commitment to working through challenges together? Does your partnership approach external resources such as state funders, other early childhood partners (e.g., clinics, schools, referral resources, or home visiting model developers) as a united and unified entity regardless of county, tribal or non-profit geographical boundaries or are such efforts initiated on a more individual agency level?
7. **Impact on Families**: How will families benefit from the collaborative project? Are gaps in services seamlessly addressed when staff vacancies or leaves occur? Are families treated differently based on where they live or which partner agency is serving them?

The ASPHN Collaboration Primer (https://asphn.org/wp-content/uploads/2017/10/collaboration-primer.pdf) and the SAMHSA Levels of Collaboration (https://mnprc.org/wp-content/uploads/2018/12/LevelsOfCollaboration_508Compliant.pdf) may help guide agencies in their collaborative efforts and help them determine whether a Collaborative Project Request is appropriate. The Collaboration Summary (Figure 1) and the Levels of Collaboration (Figure 2) are included below to assist agencies with envisioning their level of collaboration and partnership.

Figure 1. Levels of Collaboration Summary (Association of Public Health Nutrition, 2022)

Figure 2. Levels of Collaboration
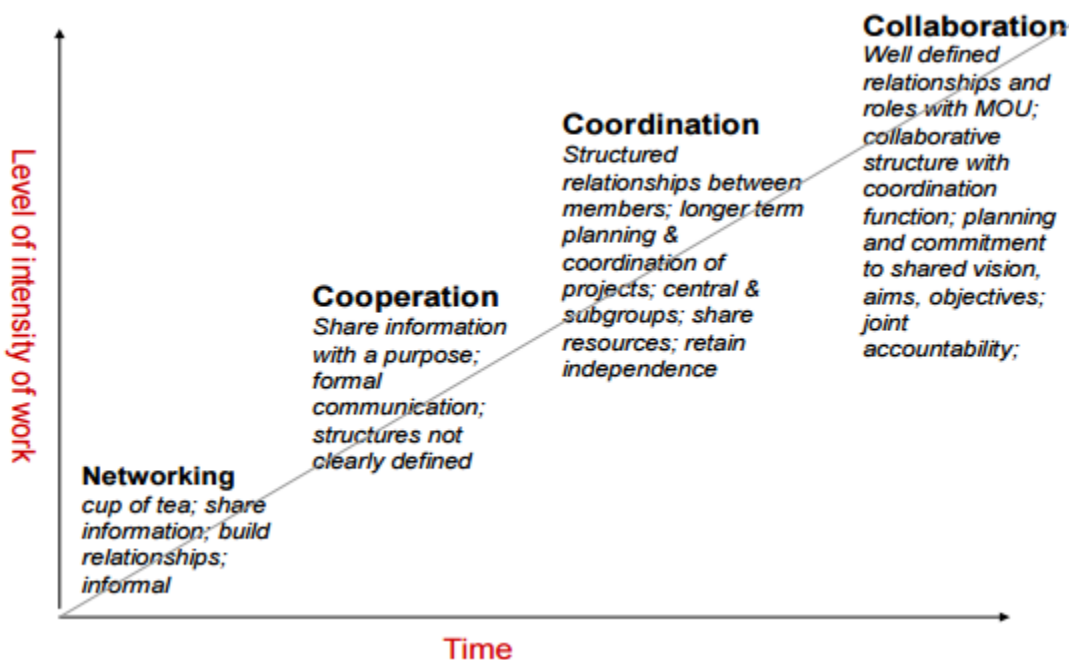
1.5   Questions and Answers

All questions regarding this RFP must be submitted in writing via email to
health.homevisiting@state.mn.us. All answers will be posted within seven business days on the
Family Home Visiting website (http://www.health.state.mn.us/communities/fhv/grant.html).
Please submit questions no later than 5:00 p.m. Central Time, on Friday, May 20, 2022.

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

RFP Information Meeting

There will be a virtual WebEx meeting to go over the basics of the application on**:**

Wednesday April 27, 2022 from 9 a.m. – 10 a.m. Central Time.

**Join the application Webinar
(https://minnesota.webex.com/minnesota/j.php?RGID=rd7c5f74050b11c1d32ff730f918bd3f
1).** This meeting will be recorded, and a link posted on Family Home Visiting: Funding and
Grants Management (http://www.health.state.mn.us/communities/fhv/grant.html).

1.6   Letter of Intent

Applicants are required to submit a Letter of Intent (LOI) to apply for funding under this RFP.
Letters should include:

- Applicant legal name.
- Which path of the RFP the applicant is applying for: Path 1: Sustained FHV or Path 2:
  New Start-up FHV.
- Brief description of the proposed community or population and geographic area to be
  served.
- The anticipated evidence-based model(s) that will be funded under this request.
- The anticipated target caseload that would be funded, if awarded, through this RFP
  once the program is at full capacity.
- The anticipated amount of funding that the applicant will request for core home visiting
  services.
- Collaborative Project Request:
  - Indicate if you will be applying for a collaborative project request that spans
    across multiple CHBs, Tribal Nations, or non-profit organizations.
  - If yes, list the other CHBs, Tribal Nations, and/or non-profit organizations that
    you will be partnering with to submit a collaborative project request.
  - If yes, list the anticipated CHB, Tribal Nation, or non-profit organization that will
    be submitting the Collaborative Project Request as part of their application. Only

one partner may submit the Collaborative Project Request in the final submission.

Letters of Intent must be submitted electronically by **5:00 pm (CST) on May 11, 2022** to: Grant Interface (https://www.grantinterface.com/Home/Logon?urlkey=mdcfh).

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes ensuring 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) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goal of the Minnesota Strong Foundations program is to equip pregnant people, parents and other caregivers with the knowledge, skills, and tools to achieve a healthy birth and help their children to be physically, socially, and emotionally healthy, safe, and ready to succeed in school. The overall aims of the Minnesota Strong Foundations program are to:

- Sustain services provided through evidence-based home visiting models in Minnesota by coordinating with and supporting programs currently funded by MDH.
- Improve coordination of services for pregnant and parenting people, their partners, mothers, fathers, infants, and families.
- Identify and provide comprehensive services to improve outcomes for pregnant and parenting people, their partners, mothers, fathers, infants, and families.
- Increase access to home visiting services that are culturally and linguistically representative and responsive to the needs of communities they serve.

This grant will prioritize evidence-based long-term home visiting services to:

- Communities experiencing high poverty, high child maltreatment rates, and high rates of infants born with low birth weight.
- Pregnant and parenting teens, including fathers.
- Black, Indigenous, and families of color living in communities with low access to health care, mental health care, and supportive social opportunities and services.
- Families experiencing homelessness or housing insecurity.
- Families impacted by incarceration.
- Pregnant and parenting people, their partners, mothers, fathers, infants, and families experiencing substance abuse.
- Pregnant and parenting people, their partners, mothers, fathers, infants, and families experiencing increased stressors due to the COVID-19 pandemic.
- Rural areas with limited prenatal, post-natal and pediatric medical services.

Grant Outcomes

Implementation of evidence-based home visiting programs that:

1. Provide voluntary home visiting as the primary service delivery strategy.

2. Target outcomes that include improved parental and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic/intimate partner violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.
3. Ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.

Other Competitive Priorities

Path 1 and Path 2:

Priority will be given to programs that have demonstrated connections and success in recruiting, engaging, and enrolling families during the prenatal period.

MDH will make award decisions based in part on the proposed geographic service areas of applicants. It is anticipated that MDH will make awards to multiple entities to ensure statewide access to evidence-based family home visiting services.

Path 2: New Start-up FHV

Priority Populations: While applications proposing additional or other populations will be accepted, this funding opportunity will **prioritize** funding for programs proposing to serve the following priority populations:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Hispanic/Latino/a
- Immigrants and refugees

Priority Service Areas: While applications proposing additional or other geographic or service areas will be accepted, this funding opportunity will **prioritize** funding for programs proposing to serve the following priority geographic service areas:

- Counties identified as at-risk through the 2020 MIECHV Needs Assessment. These counties are eligible to be served using MIECHV funding and are listed at this link: 2020 MIECHV Needs Assessment: At Risk Counties (https://www.health.state.mn.us/docs/communities/fhv/miechvnacorisk.pdf)
- Federally recognized Tribal Nations in Minnesota
- The counties of Kittson and Nobles

2.2 Eligible Projects

Eligible projects must:

- Select and implement one of the following long-term evidence-based home visiting models: Early Head Start – Home Based, Family Spirit, Healthy Families America (HFA), Nurse-Family Partnership (NFP), Maternal Early Childhood Sustained Home Visiting (MECSH), or Parents as Teachers (PAT).
- Short-term universal home visiting: MDH is not allowing new entities to start up or expand the Family Connects home visiting model due to prioritizing recruiting families prenatally, serving them long-term, and the potential for future statewide universal home visiting. Through this RFP, MDH will allow currently funded Family Connects programs to apply for sustaining funds (Path 1: Sustained FHV).
- At a minimum, provide home visiting services from prenatal to age two.
- Meet an identified gap in the existing continuum of early childhood services and complement, rather than duplicate, existing home visiting services.
- Demonstrate that they are supplementing, not replacing, existing funds being used for family home visiting services as of July 1, 2019.
- Assure that they will maintain their current level of effort and local funding for existing family home visiting programs (not including federal or other state funding).
- Demonstrate an ability to reach their projected target caseload within one or two years of funding, depending on Path chosen.
- For Path 1: Sustained FHV, the expansion of current target caseload **is not allowed**. Applicants must maintain or right-size their current home visiting program to achieve a minimum of 85 percent of target caseload by end of first 12-month budget period.
- Expansion Exception: If a CHB, non-profit organization, or Tribal Nation is expanding to include a county or Tribal Nation not currently served by MDH competitive home visiting funding (as defined under Applicant Eligibility), an expansion of services to meet the needs of that county or Tribal Nation will be allowed.

Target Caseload

The target caseload is the total number of family slots that will be supported as a result of this funding. Only active cases as defined by the evidence-based home visiting model may be counted toward the target caseload when reporting. Awarded applicants will identify a target caseload that will be achieved and maintained throughout the grant agreement.

Path 1: Sustained Home Visiting

Target caseloads should be informed by current and past success at achieving and maintaining prior approved target caseloads. Applicants for this path are not allowed to propose expansion of their target caseload apart from in the rare exception that a CHB, non-profit organization, or Tribal Nation is adding a currently unfunded county or Tribal Nation. Applicants should carefully select a target caseload that they can meet by the end of the first grant year and maintain at a minimum of 85 percent throughout the grant award.

MDH suggests applicants strongly consider the following adjustments to target caseload when submitting this application:

Average 2021 Family Caseload	Recommended Target Caseload
Between 75%-100% of target caseload met	Maintain current funded target caseload

Average 2021 Family Caseload	Recommended Target Caseload
Between 50%-74% of target caseload met	Reduce current funded target caseload by 20%
Below 50% of target caseload met	Reduce current funded target caseload by at least 50%

Path 2: New Start-up FHV

Proposed target caseload may not exceed 40 families in the first two years of funding. Applicants should carefully select a target caseload that they can meet by the end of the second grant year and maintain at a minimum of 85 percent throughout the grant award.

Eligible Models and per Family Cap

Information on eligible models is available on HOMVEE (https://homvee.acf.hhs.gov/). MDH has compiled the national average and MDH-funded average yearly cost per family for each eligible model. The maximum allowable cost per family for core evidence-based home visiting services is $7,000 per family for the 12-month period from January 1, 2023 to December 31, 2023. Cost per family is calculated by dividing the total core home visiting annual budget by the applicant's proposed annual target caseload of families.

Table 1. Average Cost per Family

Model	National Average Cost*	Minnesota Average[+]
Early Head Start	$8,000 -$14,000	$8,209
Family Connects	$500 to $700	$680
Family Spirit	Not available	$6,603
Healthy Families America	$4,300 to $5,900	$7,316
MECSH	$5200	$6,346
Nurse-Family Partnership	$5,110 to $8,760	$6,920
Parents as Teachers	$4,000 to $6,500	$6,254

*Taken from (HOMEVEE (https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees)

[+]MDH Minnesota Averages are based on 12-month approved budgets and include collaboration costs for multi-partner entities.

Eligible Expenses

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

- Home visitor, supervisor and home visiting support staff salaries and fringe.
- Required model training for home visitors and supervisors.
- Home visiting model accreditation fees and required curriculum/materials for families.
- In-state travel expenses to provide home visiting services in a family's home or other safe and accessible place for the family.
- Electronic Health Record documentation system license fees.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Direct medical, dental or mental health services and expenses for families
- Further information regarding ineligible expenses is available in FHV Financial Guidance (https://www.health.state.mn.us/communities/fhv/fhvfinguidance.pdf

Optional Project Add-ons: Collaboration and MECSH Trainers

Collaborative Project Requests (optional)

Collaborative Project Requests are limited to project costs of up to $130,000/year or less and do not count toward the cost per family cap. One partner CHB, Tribal Nation, or non-profit organization will complete and submit the Collaborative Project Request as an add-on to their core home visiting application.

MECSH Trainer Costs (optional)

CHBs that have a certified MECSH Foundation trainer in their region as of the date of application are eligible to apply for up to 15-20 percent FTE and/or equivalent professional contract hours for the MECSH trainer(s) to maintain their MECSH Foundation training certification. MECSH trainers will be required to prepare for and provide a minimum of two MECSH Foundation and/or MECSH Refresher trainings each year and participate in the MECSH Community of Practice. In-state travel costs for a minimum of one training located outside of their home region should be included in MECSH budget proposal. Travel costs to support MECSH Foundation Trainer(s) should adhere to the Commissioner's Plan.

Qualifying CHBs will submit the MECSH Trainer Costs as an add-on to their core home visiting application. A separate MECSH Trainer Budget is required and does not count toward the cost per family cap for the core home visiting program.

2.3   Grant Management Responsibilities

Grant Agreement

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

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

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

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

Accountability and Reporting Requirements

It is the policy of the State of Minnesota and Federal Uniform Guidance (under 200.328 and 329) to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met.

MDH-sponsored Family Home Visiting has mandatory reporting requirements to demonstrate that grant-funded project staff have been appropriately trained, that families are being adequately served, that home visiting programs are implemented with fidelity, and that funding is being utilized for the sole purpose and intent of providing high-quality evidence-based home visiting services to Minnesota families. See Section 2.4 Grant Provisions, for a list of Program Expectations and Requirements.

The reporting schedule will include:

- Program Reports with quantitative and qualitative data in the format prescribed by MDH-FHV. Reports will include, but not be limited to, achievements and challenges in meeting grant priorities and requirements, staffing, target caseload, total families served, retention of families, retention of staff, trainings, client demographics, and performance measures.
- A minimum of two check-in calls per year with MDH-FHV staff to review financial performance, evaluation, model fidelity and programmatic progress.

- Quarterly Data Collection Form, submitted in a manner and format prescribed by MDH-FHV. This form collects aggregate data, including the current caseload count of families served by the grant, and the number of filled and vacant staff FTEs.

Program Evaluation Requirements

Grantees are required to submit data to MDH for evaluation of the grant program. CHBs and non-profit organizations will be required to submit to the Information for Home Visiting Evaluation (IHVE) system. Tribal Nations may optionally choose an alternative to IHVE submissions, described below under "Program Evaluation Requirements for Tribal Nations."

IHVE Data System

Grantees must select from the following options for submitting data to IHVE:

- **Option 1:** Use of an electronic health record (EHR) or other data system with IHVE-compatible forms. As of March 31, 2022, data systems that have IHVE-compatible forms include Client Track, Nightingale Notes, and PH-Doc.
- **Option 2:** IHVE data entry forms hosted by MDH in the REDCap application.

Grantees are responsible for ensuring their staff are trained to collect and enter data into their system of choice, and that data submitted to IHVE is timely, accurate, and complete. If selecting Option 1 above, grantees must obtain training and technical assistance on data entry and submission from their EHR or data system vendor. MDH will provide training and technical assistance to grantees who select Option 2 (MDH-hosted IHVE data entry forms in REDCap).

Path 1: Sustained FHV applicants must have one of the two above options for submitting data to IHVE in use by their home visiting staff by the start date of this grant (1/1/2023).

Path 2: New Start-up FHV applicants that are funded must participate in an evaluation orientation meeting with MDH by 2/1/2023. During this meeting, awarded applicants will create a work plan with MDH to implement their selected option for IHVE submissions. All components needed for IHVE submissions, including an informed consent process, access to the selected data system or the MDH-hosted IHVE forms in REDCap, and staff training on data collection and entry, must be in place prior to the enrollment of families in home visiting funded by this grant.

Written Informed Consent for IHVE Submissions

Grantees are required to obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to IHVE. Grantees will be required to provide MDH with a copy of the form or forms used to document informed consent for release of information to the State of Minnesota.

Path 1: Sustained FHV applicants should provide a copy of their consent forms to MDH within 30 days of the start date of this grant (1/30/2023).

Path 2: New Start-up FHV applicants will review requirements for the consent process with MDH during the evaluation orientation meeting and submit a copy of their consent form before any families receive services.

More information about IHVE is provided in Attachment C of this RFP, Program Evaluation Requirements and Measures.

Program Evaluation Requirements for Tribal Nations

Tribal Nations may optionally choose to submit evaluation data to MDH using a format consistent with reporting to the model developer of the evidence-based home visiting program that they are implementing (model developer reports), instead of submitting data to IHVE. For example, under this option, Tribal Nations that are implementing the Family Spirit model would submit completed Family Spirit Quarterly Affiliate Reports (QAR) and other Family Spirit evaluation forms to MDH instead of reporting to IHVE. Tribal Nations are provided with this option for evaluation reporting because MDH-FHV acknowledges Indigenous data sovereignty and the right of Tribal Nations to govern how their data is collected and used.[1]

Tribal Nations that choose to submit model developer reports must ensure that they have a recordkeeping system to track all data required for the model developer reports, and that data submitted to MDH is timely, accurate, and complete. If the data submitted to MDH contains private data on individuals, the Tribal Nation grantee must obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to MDH.

Tribal Nations that choose to submit model developer reports must participate in an evaluation meeting with MDH after the grant is awarded to establish which forms and data will be submitted instead of reporting to IHVE, and processes for data submission. MDH will work with Tribal Nations and model developers to streamline data submission processes.

Grant Monitoring

Minn. Stat. 16B.97: Grants Management (https://www.revisor.mn.gov/statutes/cite/16B.97) and Policy on Grant Monitoring (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

Technical Assistance after Grant Award

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. Awarded grantees will also be expected to communicate regularly with the model developer of their chosen model.

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[1] Rainie, Stephanie Carroll, Desi Rodriguez-Lonebear, and Andrew Martinez. 2017. Policy Brief: Indigenous Data Sovereignty in the United States. Tucson: Native Nations Institute, University of Arizona. Retrieved on 3/3/2022 from https://nni.arizona.edu/publications-resources/publications/policy-reports/2017/policy-brief-indigenous-data-sovereignty-united-states.

MDH Family Home Visiting staff will be available to provide guidance and assistance on topics including home visiting, developmental screening, budgeting, invoicing, data collection, evaluation, and other best practices.

Grant Payments

Per State Policy on Grant Payments (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. MDH 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. MDH has 30 calendar days to pay invoices once approved.

The invoicing schedule will be:

January-March 2023: Due April 20, 2023 (repeat for subsequent years)

April-June 2023: Due July 20, 2023 (repeat for subsequent years)

July-September 2023: Due October 20, 2023 (repeat for subsequent years)

October-December 2023: Due January 20, 2024 (repeat for subsequent years)

Funding Acknowledgement

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

2.4   Grant Provisions

Scope of Work Requirements

Grantees are expected to:

- Deliver home visiting services with fidelity to the selected evidence-based model or promising practice.
- Provide home visiting services in accordance with MDH financial, evaluation and programmatic requirements and expectations. Compliance will be documented in program and fiscal site reviews annually.
- Create a clear plan for staff hiring, training, consistent application of and compliance with state and evidence-based home visiting model programmatic expectations, and continuous measurement and review of performance at all levels of service delivery.
- Implement continuous quality improvement tools and strategies to improve practices and meet goals. MDH will provide trainings to assist in this effort. MDH also expects provider procedures for ensuring that family participation and voice inform program improvement.

- Achieve and maintain the target caseload for the grant within one to two years of funding award. Grantees that are consistently below 85 percent of their target caseload will be put on a performance improvement plan and may have their target caseload and funding adjusted in subsequent budget years.
- Waitlists are not encouraged by MDH, but if they become necessary, providers must develop appropriate protocols for servicing waitlist families until they are enrolled. Providers will also be required to implement a variety of recruitment strategies to reach and maintain program capacity.
- Offer flexible hours of operation that meet the needs of families living within their region. This may also include the use of telehealth if model(s) or funding requirements allow it. Awarded providers will be expected to stay up to date on telehealth requirements.
- Establish detailed protocols for model eligibility and enrollment to ensure a seamless experience for parents and families. This also includes timely referral procedures to ensure there are links for families to the appropriate services based on need. This includes the use of community partnerships and collaborations.
- Create and maintain a referral source network for incoming referrals to the program and perform outreach to recruit families into home visiting services. This includes active recruitment in places such as hospitals, doctor's offices, family health centers, food shelves, schools and local colleges, and community centers. Awarded providers are encouraged to utilize creative marketing to destigmatize parents to home visiting and to build trust directly with families.
- Increase staff capacity to deliver culturally responsive and trauma-informed services, and ability to provide equitable services to priority populations.
- Develop and implement a plan for reflective practice support for home visitors and supervisors.
- Provide family-centered home visiting support that reflects the needs of the family. Programs will be required to assess families for the following risk factors: depression, intimate partner violence, child development (including social-emotional) and parent-child interaction. Providers must implement protocols for assessing these risk factors, including specific assessment tools. These protocols should also include additional screening requirements of their prescribed evidence-based model.
- Meet reporting and evaluation requirements, including informed consent, data collection and submission, and participation in evaluation activities.
- Attend and participate in meetings and check-in calls with MDH staff and the model developer to monitor progress.
- Regularly attend and participate in model and state Communities of Practice.
- Meet all financial requirements outlined in FHV Financial Guidance https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf and grant agreement, including maintaining separate accounting/cost centers for State and Federal funding using generally accepted accounting practices.

Contracting and Bidding Requirements

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

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat. 16B.98: Grants Management Process (https://www.revisor.mn.gov/statutes/cite/16B.98) and Conflict of Interest Policy for State Grant-Making (https://mn.gov/admin/government/grants/policies-statutes-forms/).

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

Organizational conflicts of interest occur when:

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

Individual conflicts of interest occur when:

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

In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

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: Grants (https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

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

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

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

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

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

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minn. Stat. ch. 13) and other relevant laws and regulations.

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

Audits

Per Minn. Stat. 16B.98, subd. 8: Grant Management Process (https://www.revisor.mn.gov/statutes/cite/16B.98), 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: Public Policy (https://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. Minnesota Rules, part 5000.3500 (https://www.revisor.mn.gov/rules/5000.3500/).

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

2.5   Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by two separate committees (one for each Path described in Section 1.4) representing experts with knowledge of home visiting, early childhood systems and services, MDH staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the review committee. The review committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards.

Attempts by any applicant (or representative of any applicant) to contact or influence any member of the review committee will result in disqualification of the applicant.

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

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight on which applications will be judged are based on the criteria listed in Attachment A.

Grantee Past Performance and Due Diligence Review Process

- **It is the policy of the State of Minnesota and Federal Uniform Guidance to consider a grant applicant's past performance before awarding subsequent grants to them.**
- **State policy requires states to conduct a financial review prior to a grant award made of $25,000 and higher in order to comply with Policy on the Financial Review of Nongovernmental Organizations** (https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

Notification

The anticipated date to inform applicants of award decisions and application status is August 15, 2022.

RFP Part 3: Application and Submission Instructions

LETTER OF INTENT

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

Letters should include:

- Applicant legal name
- Which path of the RFP the applicant is applying for: Path 1: Sustained FHV or Path 2: New Start-up FHV.
- Brief description of the proposed community or population and geographic area to be served.
- The anticipated evidence-based model(s) that will be funded under this request.
- The anticipated target caseload that would be funded, if awarded, through this RFP once the program is at full capacity.
- The anticipated amount of funding that the applicant will request for core home visiting services.
- Collaborative Project Request:
  - Indicate if you will be applying for a collaborative project request that spans across multiple CHBs, Tribal Nations, or non-profit organizations.
  - If yes, list the other CHBs, Tribal Nations, and/or non-profit organizations that you will be partnering with to submit a collaborative project request.
  - If yes, list the anticipated CHB, Tribal Nation, or non-profit organization that will be submitting the Collaborative Project Request as part of their application. Only one partner may submit the Collaborative Project Request in the final submission.

Letters of Intent must be submitted electronically by **5:00 pm (CST) on May 11, 2022** to: Grant Interface (https://www.grantinterface.com/Home/Logon?urlkey=mdcfh)

3.1 Application Deadline

All applications *must* be received by MDH no later than 5:00 p.m. Central Time, on June 13, 2022.

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 mail, delivery, computer, or technology problems.

3.2 Application Submission Instructions

MDH-FHV requires application submissions to be made through an online Grant Interface (https://www.grantinterface.com/Home/Logon?urlkey=mdcfh).

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

Once in the system, click on the "apply" button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system; select the "Strong Foundations: Evidence-based Home Visiting Spring 2022" application.

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.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

3.3   Application Forms

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

   Basic information about the applicant entity is requested, including legal and business name (as entered in SWIFT), address, and tax identification. This information will be used for contracting purposes.

   All applicants must identify the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter into a legally binding contract with the State.

2. **Form B: Workplan, Staffing Plan, and Service Area Plan (Excel Workbook; scored)**

   A template for a workplan, staffing template, and service area are provided. Applicants should edit the work plan to adapt objectives and activities to meet their local needs but should submit a final work plan that is similar in scope. Activities may be added or adapted but not deleted. Staff and timelines should be updated to fit applicant plans

and timeline. The work plan timeline must extend across the period of performance and include start and completion dates for activities.

The Staffing Plan template is divided into home visitor and other supportive/critical positions. The target caseload for each home visitor should reflect the proposed full-time equivalent (FTE) and model guidelines to maintain fidelity.

The Service Area template should reflect the service area, selected model for that service area, and target caseload for that model. If a service area is proposing more than one home visiting model, each model and target caseload should be entered in a separate line. The total for this tab should match the total in the home visitor section of the staffing plan and the target caseload(s) listed in your budget proposal.

3. **Form C: Project Narrative (online/upload; scored)**

All grant applicants shall complete and submit Form C: Project Narrative as part of their application. The project narrative describes community needs and resources and clearly justifies why the selected evidence-based home visiting model is appropriate for addressing the identified gap in services for at-risk families. Pay attention to recommended and required section page limits.

4. **Form D: Core Home Visiting Budget Details and Justification (Excel Workbook; scored)**

Applicants are required to submit grant program costs using the Core Home Visiting Budget Template (Excel Workbook) that is provided. The file must be submitted as an Excel Workbook; a PDF will not be reviewed. The Budget Template is available with the RFP information on Family Home Visiting (www.health.state.mn.us/communities/fhv/grant.html).

Titled "Core Home Visiting_Budget Template.xlsx".

- The budget period for this grant award is January 1, 2023, to December 31, 2023.
- The maximum cost per family for core home visiting services is $7,000 per family for the 12-month period.

5. **Form E: Collaborative Project Request Budget, Justification and Workplan**

Collaborative Project Requests are limited to project costs of up to $130,000/year or less and do not count toward the cost per family cap. One CHB, Tribal Nation, or non-profit organization will submit the Collaborative Project Request as an add-on to their core home visiting application. Applications for this additional funding must submit a description, justification, budget, and workplan for the collaborative project.

6. **Form F: MECSH Trainer Budget and Justification (optional for Path 1)**

CHBs that have a certified MECSH Foundation trainer in their region as of the date of application are eligible to apply for up to 15-20 percent FTE and/or equivalent professional contract hours for the MECSH trainer(s) to maintain their MECSH Foundation training certification. MECSH trainers will be required to prepare for and provide a minimum of two MECSH Foundation and/or MECSH Refresher trainings each year and participate in the MECSH Community of Practice. In-state travel costs for a

minimum of one training located outside of their home region should be included in MECSH budget proposal. Travel costs to support MECSH Foundation Trainer(s) should adhere to the Commissioner's Plan.

Qualifying CHBs will submit the MECSH Trainer Costs as an add-on to their core home visiting application. A separate MECSH Trainer Budget is required and does not count toward the per family cap for the core home visiting program.

7. **Supplemental Documents (not scored)**

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

- Due Diligence Form
- Conflict of Interest- Applicant
- Indirect Cost Questionnaire
- Current organizational chart with clear indication of where the home visiting program and staff proposed to be funded via this application reside.
- Model Fidelity Letter: Recent letter from the appropriate national program office indicating the home visiting program is in good standing with model fidelity (Path 1) or that they have reviewed your application and support your agency as a new start-up (Path 2). Early Head Start Programs may submit a letter from MDE or the MN Early Head Start Association. MECSH programs do not need to submit a letter because MDH has access to this information.

Attachment A: Application Evaluation Criteria

A numeric scoring system will be used in conjunction with a technical review to evaluate eligible applications. Scores will be used to develop final recommendations.

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

Evaluation Criterion Title	Percentage of Total	What would a top score look like?
Criterion A: Strengths and Qualifications of the Applicant Agency and Staff	20%	Proposer has history of providing services to the identified RFP populations within their proposed service area. They have skilled, culturally diverse workforce across all roles that reflects the proposed catchment area or have detailed plans of how they will. Supportive of staff and encourages self- and team-care to ensure staff retention.
Criterion B: Regional Partnerships, Referral Network and Catchment Area	10%	Applicant demonstrates partnerships with other home visiting and early childhood service providers in proposed regions and have collaborative relationships with other community service providers in their region. Applicant(s) have explained how families will be located and referred to home visiting programs in their region.
Criterion C: Service Delivery	20%	History of working with families using a high-quality or evidence-based model to fidelity (not necessarily the model selected for this RFP). Experience screening and assessing families for various concerns related to the priority populations and performance measures. Applicant will serve a sufficient number of families based on model requirements and community need. Effective use of innovative approaches in service delivery.

Evaluation Criterion Title	Percentage of Total	What would a top score look like?
Criterion D: Achieving Key Outcomes, Reporting, and Continuous Quality Improvement	20%	History of demonstrated success with meeting deliverables of contract(s). Past experience meeting RFP outcomes or demonstrated success meeting similar outcome measures. Selection of a Home Visiting Model that shows evidence of meeting RFP outcomes or applicants demonstrate compelling theory of change, including the use of innovative approaches. Regular reviews of data, including examples of using data to drive results. Experience with continuous quality improvement tools and strategies to improve programming. Positive history of compliance with funders and timely submission of contract deliverables.
Criterion E: Advancing Health Equity and Reducing Health Disparities	15%	Proposal includes plans for strong engagement of families, including having families participate on advisory committees, in quality improvement initiatives, and regularly seeking input from participating families. Program staff and leadership have frequent and meaningful connections to the community. Policies and practice demonstrate organizational experience and support for addressing diversity and trauma.
Criterion G: Cost Competitiveness and Budget Narrative	15%	Budget is reflective of proposed services, does not exceed allocated funding amount, and only includes allowable expenses. Budget demonstrates competitively compensated home visitors and supervisors. Budget narrative is thorough and justifies line items. Sound financial infrastructure, clean financial statements/audits, and good internal controls.

Attachment B: Submission Checklist

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

- ☐ Form A: Organization Information
- ☐ Letter of Intent due 5:00 pm (CST) on May 11, 2022. Submit via MDH-FHV Grant Portal.
- ☐ SWIFT Vendor account: All applicants must have a SWIFT Vendor account. Please go to SWIFT, login and confirm that your organization's name, address, locations, banking information, phone numbers, and other contact information is correct. MDH strongly encourages applicants to initiate direct deposit.
- ☐ Form B: Workplan, Staffing plan, and Service Area Plan
- ☐ Form C: Project Narrative
- ☐ Form D: Core Home Visiting Budget Details and Justification
- ☐ Form E: Collaborative Project Request Budget and Workplan (optional Path 1)
- ☐ Form F: MECSH Trainer Workplan and Budget (optional Path 1)
- ☐ Due Diligence Form
- ☐ Conflict of Interest- Applicant
- ☐ Indirect Cost Questionnaire
- ☐ Model Fidelity/Support Letter
- ☐ Organizational Chart
- ☐ Cost per family for core home visiting services does not exceed $7,000 and aligns with national and MN MDH average costs
- ☐ The entire application should be submitted online via MDH-FHV Grant Portal. The application must be limited to Word, Excel and/or PDF files
- ☐ Submission deadline is 5:00 pm (CST) on Monday, June 13, 2022.

Attachment C: Program Evaluation Requirements and Measures

IHVE Data System

The Information for Home Visiting Evaluation (IHVE) data system is the primary method used by MDH to collect evaluation data for Family Home Visiting programs. Data collection in IHVE is standardized for consistency between home visiting model and program types. Required questions are the same for all grantees, except for MIECHV-funded home visiting which has additional questions to be collected for target children at each home visit.

Grantees must select one of the following options for submitting data to IHVE:

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

If the grantee contracts with another organization to provide FHV services, the grantee must ensure that the provider agency has the capability to submit data to IHVE through one of these two options.

The IHVE Data Collection Manual (https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf) provides a description of how the IHVE system works, the questions and response options collected in IHVE, and definitions and guidance for answering IHVE questions.

IHVE-COMPATIBLE FORMS IN EHRS AND CASE MANAGEMENT SYSTEMS

IHVE-compatible forms are available in data systems that have met MDH requirements to submit data to IHVE. See the FHV Evaluation webpage for a current list of data systems with IHVE-compatible data collection forms: IHVE Data System (https://www.health.state.mn.us/communities/fhv/ihve.html).

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

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

MDH-HOSTED IHVE DATA ENTRY FORMS

MDH hosts and maintains IHVE data collection forms in the REDCap application for grantees that do not have access to a data system with IHVE-compatible data collection forms. MDH provides live virtual training to grantee staff on how to enter data in these forms and can

provide one-on-one technical assistance to IHVE REDCap form users on an as-needed basis. More information about the MDH-hosted IHVE forms in REDCap is available in the IHVE REDCap User Guide (https://www.health.state.mn.us/docs/communities/fhv/redcapuserguide.pdf).

Data Practices and Informed Consent

Grantees are required to comply with, Minn. Stat. ch. 13: Minnesota Government Data Practices Act (https://www.revisor.mn.gov/statutes/cite/13), as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the grantee under their grant agreements with MDH. Individual-level data on home visiting participants is classified as private data under the Data Practices Act.

Grantees are required to obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to IHVE. In addition, grantees are required to provide a Tennessen Warning notice that tells the home visiting participant why their data is being collected and how the data will be used. For more information, refer to the document FHV Informed Consent Guidance (https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf) posted on the MDH website.

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

Program Evaluation Measures

MDH will use data from the IHVE system and other sources to calculate and report program evaluation measures for grantees. The table below lists program evaluation measures that are currently calculated by MDH using IHVE data or are planned for development. MDH may develop additional measures not listed in this table during the grant period based on feedback from grantees and home visiting program stakeholders.

Grantees funded by MIECHV must report data to MDH for MIECHV performance measures defined by HRSA. MIECHV performance measures are indicated by an asterisk after the measure name in the table below. More information about MIECHV performance measures is available on the HRSA website:

Summary of MIECHV Program Performance Measures (https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf).

Table of Family Home Visiting Program Evaluation Measures

Measure Category	Measure Name (* indicates MIECHV Performance Measure)	Measure Description
Maternal, Newborn, and Child Health	Preterm Birth*	Percentage of infants born to mothers enrolled in home visiting prenatally who are born before 37 weeks 0 days of gestation
Maternal, Newborn, and Child Health	Low Birth Weight	Percentage of mothers enrolled in home visiting during pregnancy who deliver a low birth weight (LBW) child.
Maternal, Newborn, and Child Health	Breastfeeding at 6 Months*	Percentage of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age
Maternal, Newborn, and Child Health	Initiation of Breastfeeding	Percentage of mothers enrolled in home visiting during pregnancy who initiate and continue breastfeeding for at least 3 months.
Maternal, Newborn, and Child Health	Depression Screening*	Percentage of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
Maternal, Newborn, and Child Health	Well Child Visits*	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule
Maternal, Newborn, and Child Health	Immunizations	Percentage of children enrolled in home visiting who are up-to-date on immunizations per CDC recommendations at 3 months, 6 months, and 12 months
Maternal, Newborn, and Child Health	Postpartum Care*	Percentage of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
Child Development and School Readiness	Developmental Screening*	Percentage of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
Child Development and School Readiness	Social-Emotional Screening	Percentage of children enrolled in home visiting who receive social-emotional screening at 12 months of age.

Measure Category	Measure Name (* indicates MIECHV Performance Measure)	Measure Description
Child Development and School Readiness	Caregiver-Child Interaction*	Percentage of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
Child Development and School Readiness	Early Language and Literacy Activities*	Percentage of children enrolled in home visiting with a family member who reported that during a typical week they read, told stories, and/or sang songs with their child daily, every day
Child Development and School Readiness	Behavioral Concerns*	Percentage of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
Safety and Violence Prevention	Safe Sleep*	Percentage of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding
Safety and Violence Prevention	Child Injury*	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting
Safety and Violence Prevention	Child Maltreatment*	Percentage of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period
Safety and Violence Prevention	Intimate Partner Violence Screening*	Percentage of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool
Family Economic Self-Sufficiency	Primary Caregiver Education*	Percentage of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting
Family Economic Self-Sufficiency	Continuity of Insurance Coverage*	Percentage of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months
Coordination and Referral for Other Community Resources and Supports	Tobacco Cessation Referrals*	Percentage of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within three months of enrollment

Measure Category	Measure Name (* indicates MIECHV Performance Measure)	Measure Description
Coordination and Referral for Other Community Resources and Supports	Completed Depression Referrals*	Percentage of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Coordination and Referral for Other Community Resources and Supports	Completed Developmental Referrals*	Percentage of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.
Coordination and Referral for Other Community Resources and Supports	Completed Social Emotional Referrals	Percentage of children enrolled in home visiting with positive screens for social-emotional well-being concerns (measured using a validated tool) who receive services in a timely manner
Coordination and Referral for Other Community Resources and Supports	Intimate Partner Violence Referrals*	Percentage of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources
Program Monitoring and Quality	Retention of Families	Percentage of families whose first home visit took place three, six, or twelve months ago that are still enrolled in the home visiting program
Program Monitoring and Quality	Number of Families Served	Number of families enrolled in the home visiting program who received one or more home visits during the measurement period (month, quarter, or year)
Program Monitoring and Quality	Number of Visits Completed	Number of visits completed during the measurement period (month, quarter, or year)
Program Monitoring and Quality	Missing Data	Percentage of cases that meet measure criteria for which one or more necessary data elements is missing
Program Monitoring and Quality	Participant Demographic Characteristics	Descriptive statistics showing the numbers of caregivers and children by age group, race, ethnicity, primary language, county or region of the state, and other demographic characteristics

Measure Category	Measure Name (* indicates MIECHV Performance Measure)	Measure Description
Program Monitoring and Quality	Participant Priority Populations	Descriptive statistics showing the numbers of caregivers and families that are in priority populations to be served by the home visiting program
Program Monitoring and Quality	Home Visitor Characteristics	Descriptive statistics showing the numbers of home visitors by demographic characteristics (age group, race, ethnicity) and qualifications (certifications and licensures, training in evidence-based home visiting models, years of experience in home visiting)

Attachment D: Definitions

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

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

Continuous Quality Improvement (CQI) – A systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of changes that may lead to improvements in performance.

Evaluation Data – Individual-level data collected on families served by the evidence-based home visiting model and reported to the State for evaluation purposes. All awarded applicants will be required to collect evaluation data on participating families, and enter or upload the data into a system designated by MDH. Evaluation data will include demographic and service data, as well as data needed to calculate process and outcome evaluation measures. A list of the planned state FHV evaluation measures is provided in Attachment C.

Evidence-based Home Visiting Model – A home visitation model that has been in existence for at least three years and is research-based, grounded in relevant empirically-based knowledge, linked to program-determined outcomes, and associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality services delivery and continuous program improvement, and has demonstrated significant, positive outcomes on indicators described in federal legislation, when evaluated using a well-designed and rigorous randomized controlled research design and/or quasi-experimental research design, and the results of which have been published in a peer-reviewed journal.

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

Informed Consent – Written permission from an individual to allow a government entity to release the individual's private data to another government or non-government entity or

person, or to use the individual's private data within the entity in a different way (Minn. Stat. § 13.05, subd. 4). A valid informed consent must be voluntary and not coerced, be in writing, and explain why the use or release of data is necessary. Awarded applicants must have a process that asks clients for their written informed consent to provide the State with their identifiable individual level data for the purpose of evaluating the evidence-based home visiting model. Awarded applicants must inform their clients that the client's decision regarding informed consent will not in any way impact that family's access to services.

Maintaining Fidelity of a Model – Providing services which meet the specified criteria and components of the identified evidence-based home visiting model on an on-going basis.

National model developer – Entity responsible for the development of an identified evidence-based home visiting model.

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

Reflective Supervision – Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.

Target Caseload – The target caseload is the total number of family slots that will be added as a result of this funding. Only active cases as defined by the evidence-based home visiting model may be counted toward the target caseload when reporting. Awarded applicants will identify a target caseload that will be achieved and maintained throughout the grant agreement.

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

Attachment E: Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

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

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. **How many years has your organization been in existence?** ☐ Less than 5 years (5 points) ☐ 5 or more years (0 points)	
2. **How many paid employees does your organization have (part-time and full-time)?** ☐ 1 (5 points) ☐ 2-4 (2 points) ☐ 5 or more (0 points)	
3. **Does your organization have a paid bookkeeper?** ☐ No (3 points) ☐ Yes, an internal staff member (0 points) ☐ Yes, a contracted third party (0 points)	

Section 1: Organization Structure	Points
SECTION 1 POINT TOTAL	

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
4. **Does your organization have internal controls in place that require approval before funds can be expended?** ☐ No (6 points) ☐ Yes (0 points)	

5. **Does your organization have written policies and procedures for the following processes?**
    • **Accounting**
    • **Purchasing**
    • **Payroll**
 	
☐ No (3 points)
 	
☐ Yes, for one or two of the processes listed, but not all (2 points)
☐ Yes, for all of the processes listed (0 points)	

6. **Is your organization's accounting system new within the past twelve months?** ☐ No (0 points) ☐ Yes (1 point)	
7. **Can your organization's accounting system identify and track grant program-related income and expense separate from all other income and expense?** ☐ No (3 points) ☐ Yes (0 points)	
8. **Does your organization track the time of employees who receive funding from multiple sources?** ☐ No (1 point) ☐ Yes (0 points)	
SECTION 2 POINT TOTAL	

Section 3: To be completed by all organization types

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

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

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

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

Signature

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

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

MDH Staff Use Only

Section 4A: Non-profit Financial Review Summary

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

1. **Were there significant operating and/or unrestricted net asset deficits?**

   ☐ Yes – if yes, answer questions 3 and 4

   ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6

2. **Were there any other concerns about the non-profit organization's financial stability?**

   ☐ Yes – if yes, answer questions 3 and 4

   ☐ No – if no, skip questions 3 and 4 and answer questions 5 and 6

3. **Please describe the deficit(s) and/or other concerns about the non-profit organization's financial stability:**

4. **Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the non-profit organization's financial stability:**

5. **Granting Decision:**

6. **Rationale for grant decision:**

Section 5: Total Points

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

Section 6: Program Information

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

Minnesota Department of Health
Revised 1/2020.

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

Attachment F: Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by Minn. Stat. 16B.98, subd 2-3: Grants Management Process (https://www.revisor.mn.gov/statutes/cite/16B.98); Minnesota Office of Grants Management (OGM) Policy 08-01, "Conflict of Interest Policy for State Grant-Making (https://mn.gov/admin/government/grants/policies-statutes-forms/)"; and federal regulation 2 Code of Federal Regulation (CFR) § 200.112, "Conflict of Interest" (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.112). It is helpful if the applicant explains the reason for the conflict, but it is not required.

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

Instructions

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

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public (Minn. Stat. 43A.38: Code of Ethics for Employees in the Executive Branch (https://www.revisor.mn.gov/statutes/cite/43A.38). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

    I.   Organizational Conflict of Interest:

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

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

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

II.   **Individual Conflict of Interest:**

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

    a.   **An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.**

    b.   **An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.**

    c.   **An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.**

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

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

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

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" 29 CFR 553.101(a): Volunteer

(https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101).

Certification and signature required on next page.

Certification:

Applicant Name:

RFP Title:

MDH Grant Program Name:
(Ex. Family Planning Grant)

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

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

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

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

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

*Add additional names on separate sheet as necessary. (Auto expand list)

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

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

Applicant's Signature

Printed Name	Title
Signature	Date

This form is required from every grant applicant.

Please include this form with your RFP application materials.

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

MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

☐ Applicant has no conflict(s) of interest.

☐ Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) can be mitigated in the following way(s):

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

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

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

MDH Program's Signature

Printed Name	Title
Signature	Date

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Attachment G: Indirect Cost Questionnaire

Background

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

Instructions

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

1. **Name of applicant agency:** _____

2. **Are you requesting an indirect rate?**

☐ Yes ☐ No

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

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

☐ No – Please continue completing the rest of this form.

4. **Non-federal indirect rate being requested:** _____

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