DEPARTMENT OF HEALTH

Fostering Trauma-Responsive Practices in Pediatric Health Settings

GRANT REQUEST FOR PROPOSAL (RFP)

Grant Period: January 1, 2025 to December 31, 2025

Proposal Deadline: November 25, 2024 at 12:00 PM (CST)

Children and Youth with Special Health Needs and Disabilities
Minnesota Department of Health
PO Bo 64882
St. Paul, MN 55164-0882
health.cyshn@state.mn.us
www.health.state.mn.us

10/25/2024

To obtain this information in a different format, call: 651-201-5152.

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: Fostering Trauma-Responsive Practices in Pediatric Health Settings
- **Minnesota Department of Health (MDH) Program Website**: www.health.state.mn.us/people/childrenyouth/cyshn/traumaresponsiverfp.html
- **Application Deadline**: November 25, 2024 at 12:00 PM Central Standard Time (CST)

1.2 Program Description

The Minnesota Department of Health (MDH) is seeking proposals from qualified applicant organizations for a grant program focused on building trauma-responsive and healing-centered practices in health settings[1] that serve children, adolescents, and their support systems. This program empowers community-based partners to identify the needs around trauma-responsive care in these settings and lead the development, delivery, evaluation, and sustainability of solutions. Grantees will create tools, resources, and projects that use evidence-based, emerging, and promising practices to build the confidence, competence, and capacity of health professionals. These efforts will focus on providing trauma-responsive, resilience-oriented, and culturally responsive care, with particular attention to mental health conditions or illnesses often overlooked in traditional trainings. The program also recognizes the importance of addressing not only the needs of children, adolescents, and their support systems, but also the secondary and vicarious trauma experienced by health professionals serving these populations.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. Please note that eligible expenditures can only be incurred once the grant agreement is fully executed, and the grant has reached its effective date.

Funding	Estimate
Total Funding Available	$359,000
Award Range	$10,000 - $100,000
Expected Number of Awards	Multiple grants will be awarded
Typical Award Range	While awards will vary, most awards are expected to be between $50,000 - $75,000

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is January 1, 2025, with a projected end date of December 31, 2025.

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[1] Health settings include, but are not limited to, primary and specialty care settings, emergency departments, school-based health centers, school nurses, local public health, and mental health clinics.

1.4 Eligible Applicants

Eligible applicants can include community-based nonprofit and for-profit organizations; government entities or Tribal Governments; clinics and hospitals; community health or public health organizations; quality improvement organizations; professional provider associations, individuals; and institutes of higher education. Desired skills and experience of applicant include:

- **Community Engagement and Partnership Development:** Experience working with community-based partners to identify needs and co-develop trauma-responsive solutions. Ability to foster collaborative relationships and build trust with children, adolescents, and families.
- **Expertise in Trauma-Responsive and Mental Health Practices:** Subject matter expertise in trauma-informed and trauma-responsive care, mental health treatment, and change management.
- **Training and Facilitation:** Ability to develop and deliver effective, culturally relevant training and resources to build trauma-responsive practices within health settings.
- **Evaluation and Reporting:** Skills in measuring the impact of projects and providing, clear, concise **reports on outcomes.**
- **Adaptability:** Ability to adjust strategies based on community needs and feedback.

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

Collaboration

Multi-agency collaboration may be appropriate depending upon the project or programming that is developed and shared.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to Alyssa Greene at health.cyshn@state.mn.us

All answers will be posted within five business days on the [RFP webpage](www.health.state.mn.us/people/childrenyouth/cyshn/traumaresponsiverfp.html) (www.health.state.mn.us/people/childrenyouth/cyshn/traumaresponsiverfp.html)

Please submit questions no later than **12:00 p.m.** Central Standard Time (CST) on **November 13, 2024**. To ensure all applicants have access to the same information, questions received after this date will not be answered or posted to the website. All questions and answers will be posted on November 20, 2024.

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

RFP Part 2: Program Details

2.1 Grant Overview

Background Information

The *Fostering Trauma-Responsive Practices in Pediatric Health Settings* grant program is partially funded by the Pediatric Mental Health Care Access (PMHCA) program, a grant to MDH from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Minnesota uses these funds to support the Minnesota Pediatric Mental Health Access Program (MN-PMHAP), which aims to address the growing behavioral health needs of children and adolescents. The MN-PMHAP helps build the skills and knowledge of health providers so they can confidently screen for and address mental health concerns in children and adolescents. Key goals of the MN-PMHAP include:

1. **Cultivating Collaborative Leadership:** Supporting a collaborative leadership structure that promotes shared decision-making.
2. **Enhancing the [Psychiatric Assistance Line (PAL) (www.mnpsychconsult.com):](www.mnpsychconsult.com)** Expanding the quality and reach of PAL to provide telehealth-based mental health consultations and referrals.
3. **Increasing Health Provider Capacity:** Equipping providers to screen for and respond to mental health concerns in a culturally relevant and developmentally appropriate manner.
4. **Coordinating Centralized Resources:** Streamlining access to mental health services by improving centralized resources, such as [FastTracker (https://fasttrackermn.org).](https://fasttrackermn.org)
5. **Building Trauma-Responsiveness in Health Settings:** Increasing the capacity of health settings to provide trauma-responsive care for children and adolescents presenting with mental health concerns.

Purpose and Goals

The purpose of the *Fostering Trauma-Responsive Practices* program is to build trauma-responsive and healing-centered practices in health settings that serve children, adolescents, and their support systems, with a particular emphasis on health settings or providers who serve traditionally underserved or marginalized populations. These include children and adolescents from Black, Brown, and Indigenous communities, Latino/Latina/Latine/Hispanic communities, immigrant and refugee communities, rural communities, LGBTQ+ communities, or those with disabilities. This program empowers community-based partners to identify needs and lead the development, delivery, evaluation, and sustainability of trauma-responsive approaches in providing care. Grantees will create tools, resources, and projects that incorporate evidence-based, emerging, and promising practices, fostering resilience-oriented, healing-centered, and culturally responsive care approaches. While the program is ultimately focused on improving trauma-informed and healing-centered practices within health settings, we also recognize that health providers may experience secondary or vicarious trauma and may require resources and support to address their own well-being.

This grant program supports 12-month projects, running from January to December 2025, aimed at increasing trauma-responsive care capacity in various health settings. Funding can be used to develop new tools and resources or enhance existing ones. Applicants are required to select a specific health setting or provider population of focus and propose an approach tailored to that setting or population. They will determine effective methods for reaching their target audience; develop tailored training, tools, and resources based on their findings; and propose strategies for disseminating best practices. Any tools, resources, or training materials developed must be designed to be shared broadly with other professionals working in similar settings. For example, if a project focuses on a specific primary care clinic or health system, the materials should be adaptable and available to other primary care providers outside of that system. The grantee will own the materials, but MDH will have a permanent, no-cost license to use, modify, and share the materials as needed.

Examples of potential projects include:

- **Training Programs:** Develop and implement live or recorded training sessions that provide practical guidance for professionals.
- **Educational Media:** Create a series of educational resources (e.g., podcasts, videos) tailored to the needs of professionals.
- **Toolkits:** Develop toolkits with trauma-responsive practices, guidelines, and resources for use in the chosen health setting.
- **Web-based Training Modules:** Design interactive, web-based training modules that professionals can access at their convenience, with content specific to the selected health setting or provider population.
- **Outreach and Education Programs:** Implement initiatives to educate and support health professionals in recognizing and responding to trauma, tailored to the needs of the selected provider population or setting.

Proposed outcomes of the grant program include:

- Increased skills, knowledge, and implementation of trauma-responsive and healing-centered approaches.
- Enhanced dissemination of best practices in trauma-responsive and healing-centered care across health settings.
- Increased emphasis on addressing secondary or vicarious trauma experienced by health professionals, ensuring they have access to the necessary resources and support.
- Creation of sustainable, culturally responsive, trauma-informed, and healing-centered care systems in health settings serving children, adolescents, and their support systems.

2.2 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 implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The purpose of the *Fostering Trauma-Responsive Practices* grant program is to help health providers offer better, evidence-based, and fair care to children and adolescents who have mental health concerns or have experienced trauma. If not carefully planned, projects could unintentionally increase inequalities in access to or delivery of care. Although these grants are meant to support health providers and settings, the goal is to improve access to trauma-responsive mental health care for children and adolescents.

Marginalization, racism, and ableism create barriers to care that lead to worse health outcomes for children and adolescents from Black, Brown, Indigenous, Latino/Latina/Latine/Hispanic communities, immigrant and refugee populations, rural areas, LGBTQ+ communities, and those with disabilities. Because of this, preference will be given to applicants who focus on providing care that is equitable, culturally responsive, and trauma responsive.

Ideal grantees will show how their work is rooted in an equity framework, supporting healing for both health providers and the children and adolescents they serve. Proposals must explain how they will put health equity at the center of their work and make sure their services reach those who have traditionally faced barriers to care.

2.3 Grantee Requirements

Applicants awarded *Fostering Trauma-Responsive Practices* grants must adhere to the following program requirements and components:

1. **Develop and deliver tailored training, tools, or resources.** Create and implement trauma-responsive training tools, support programs, or other resources to be used in health settings that serve children, adolescents, and their support systems. Tools should focus on fostering resilience-oriented and culturally responsive care approaches when serving children and adolescents with mental health concerns, specific health needs, and disabilities.
   a. Grantees are highly encouraged to develop tools that also focus on improving well-being of health professionals experiencing secondary or vicarious trauma.

2. **Incorporate lived experience into the development process.** Ensure children, youth, and families with lived experience of mental health conditions, specific health needs, and disabilities—especially from marginalized communities—are actively involved in developing the deliverables. This input will ensure that the tools and resources are grounded in real-world experiences and address relevant needs.

3. **Design and implement an evaluation process.** Develop an evaluation plan to measure the effectiveness of the training tool or resource in increasing trauma-responsive care capacity, improving provider knowledge, and supporting healing-centered practices. The evaluation should track progress, assess outcomes, and incorporate feedback from participants.

4. **Create promotional and marketing materials.** Develop and distribute promotional materials to raise awareness and engagement with the training tool or resources. Materials should target relevant health settings, including hospitals, clinics, schools, and/or other healthcare environments.

5. **Prepare and present on project during a MN-PMHAP Steering Committee meeting.**
   a. Prepare an approximately 10-minute presentation on project to present to the MN-PMHAP Steering Committee.
   b. Present at a Steering Committee meeting during the Summer 2025 (meeting date to be determined as soon as possible after the grant period starts).

6. **Ensure all materials developed or shared are fully accessible in accordance with applicable law and follow MDH brand guidelines.**
   a. For more information on accessibility, please see the [State of Minnesota's Office of Accessibility's webpage (https://mn.gov/mnit/about-mnit/accessibility/)](https://mn.gov/mnit/about-mnit/accessibility/).
   b. For more information on MDH branding, please see the [MDH Visual Style webpage (www.health.state.mn.us/about/tools/branding.html)](http://www.health.state.mn.us/about/tools/branding.html).

7. **Submit required invoicing and reporting.**
   a. Provide standardized quarterly progress reports.
   b. Submit quarterly invoices for reimbursement of expenses, maintaining documentation that supports all costs submitted on invoices.

2.4 Ineligible Expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.5 Grant Management Responsibilities

Grant Agreement

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

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

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

Accountability and Reporting Requirements

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

For this grant program, the grantee will:

- Submit to the grant manager three written progress reports during the grant period (one per quarter), and
- Participate in at least three check-in calls with the grant manager to ensure grant deliverables are on track.

The reporting schedule will be provided to the grantee upon execution of the grant agreement.

Grant Monitoring

Minn. Stat. § 16B.97 and Policy on Grant Monitoring (www.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.

The monitoring schedule will be based upon the applicant's risk assessment, which includes consideration of prior performance and previous experience with state grants and will be specified in the grant agreement. At minimum, there will be one monitoring visit and financial reconciliation of one invoice during the grant period. A financial reconciliation is an in-depth review of all the expenses submitted on a selected invoice. Grantee will need to submit all supporting documentation that shows how those expenses were calculated. Documentation will include but is not limited to proof of payment on all expenses such as invoices, receipts, bank statements, payroll reports, and purchase orders. This is not an all-inclusive list, and other items may be requested.

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. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be quarterly, by the 20th of the month following the end of the quarter.

2.6 Grant Provisions

Contracting and Bidding Requirements

(a) **Municipalities** A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under Minn. Stat. § 471.345. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41, et. seq.

(b) **Non-municipalities** Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

    i. Any services or materials that are expected to cost $100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.

    ii. Services or materials that are expected to cost between $25,000 and $99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.

    iii. Services or materials that are expected to cost between $10,000 and $24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.

    iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:

- Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (Equity in Procurement (TG/ED/VO) Directory / Minnesota Office of State Procurement (mn.gov));
- Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (https://mnucp.metc.state.mn.us/) or
- Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9).

    v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.

    vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.

    vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:

- Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
- There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.

    viii. Projects that include construction work of $25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.

    ix. Grantee must not contract with vendors who are suspended or debarred in Minnesota (https://mn.gov/admin/osp/government/suspended-debarred/).

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 and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

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

Organizational conflicts of interest occur when:

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

Individual conflicts of interest occur when:

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

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

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

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

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

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

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

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

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period 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 regarding public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minn. Stat. § 363A.02. The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

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.

Non-Transferability

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

2.7 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing MDH and other state agencies who are familiar in mental health care and/or trauma-informed practices; MN-PMHAP Leadership Team or Steering Committee members; providers from various health settings; or community partners who are familiar with best practices in trauma-responsive and healing-centered care. 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 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

Each reviewer will review and score applications assigned to them individually using the score sheet provided (see Attachment B for an example score sheet). The review committee will be reviewing each applicant on a 64-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

Reviewers will then participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting, reviewers will make a recommendation to MDH based on scoring criteria and discussion. MDH will make a final award decision.

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with Policy on Pre-Award Risk Assessment for Potential Grantees (https://mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Effective%20Date%20January%2015%202024_tcm36-604382.pdf).

Notification

MDH anticipates notifying all applicants via email of funding decisions in December 2024.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications <u>must</u> be received by MDH no later than 12:00pm Central Time, on November 25, 2024.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by delivery, computer, or technology problems.

Acknowledgement of application receipt. Applicants will receive an email verification of their submission within two business days. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact the CYSHN Section at health.cyshn@state.mn.us or 651-201-3650 after that time frame for further instructions.

3.2 Application Submission Instructions

MDH requires application submissions to be made through the grant interface portal (Foundant) (www.grantinterface.com/Home/Logon?urlkey=mdcfh).

Tutorials on how to set up accounts and apply for grant funds are on the Foundant webpage (https://support.foundant.com/hc/en-us/articles/4479853059991-GLM-Applicant-Tutorial).

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

By applying, 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 and Instructions

Applicant must complete and submit the following forms with their application. Forms can be found on the Fostering Trauma-Responsive Practices RFP webpage (www.health.state.mn.us/people/childrenyouth/cyshn/traumaresponsiverfp.html).

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

   Applicants must enter all required information from Form A: Organization Information / Grant Applicant Face Sheet into the grant interface portal. This includes essential details such as the legal and business name (as entered in SWIFT[2]), address, and tax identification number. The form also requires identifying the Authorized Organization Representative (AOR), typically the CEO or a similarly authorized individual with

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[2] SWIFT (**S**tate**W**ide **I**ntegrated **F**inancial **T**ools) Minnesota's online financial, procurement, and reporting system.

the power to enter legally binding contracts with the State. This information will be used for contracting purposes.

2. **Form B: Project Narrative (Online entry; scored)**

Applicants must complete and submit *Form B: Project Narrative* as part of their application. The narrative should describe how the project will support the focus health provider or setting in building trauma-responsive and healing-centered practices. Applicants should clearly define the proposed measures, outcomes, and goals of their project.

3. **Form C: Workplan (Online entry or Word document/upload; scored)**

Applicants must complete and submit *Form C: Workplan* as part of their application. A template will be provided, which can be customized to align project needs. The final workplan should maintain a similar scope if awarded, allowing for additions or adaptations to activities, but not deletions. The workplan must cover the entire grant period and should include start and completion dates for all planned activities.

4. **Form D: Budget Summary & Justification (Online Entry or Excel Workbook/upload; scored)**

Applicants must complete and submit *Form D: Budget Summary and Justification* as part of their application. A budget template will be provided, and the submission must be in Excel format (PDF submissions will not be accepted). The budget should detail all projected expenses and justifications, aligning with the project's goals and activities.

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

To be eligible for review, applicants must submit the following supporting documents:

- Due Diligence Form (www.health.state.mn.us/about/grants/duediligence.pdf)
- Applicant Conflict of Interest Disclosure Form (www.health.state.mn.us/about/grants/coiapplicant.pdf)
- Indirect Cost Questionnaire

RFP Part 4: Attachments

- Attachment A: Application Submission Checklist

- Attachment B: Application Evaluation Criteria

- Attachment C: Organizational Information (Form A)

- Attachment D: Project Narrative (Form B)

- Attachment E: Work Plan (Form C)

- Attachment F: Budget Summary and Justification (Form D)

- Attachment G: Supplemental Documents

Attachment A: Application Submission Checklist

We encourage applicants to use the following checklist to ensure you have compiled all required application components. **Application is due in the grant interface portal by 12:00pm on November 25, 2024.**

☐ 1. Form A: Organization Information / Grant Applicant Face Sheet

☐ 2. Form B: Project Narrative

☐ 3. Form C: Work Plan

☐ 4. Form D: Budget Summary and Justification

☐ 5. Supplemental Forms:

    ☐ a. Due Diligence Form

    ☐ b. Applicant Conflict of Interest Disclosure Form

    ☐ c. Indirect Cost Questionnaire

Attachment B: Application Evaluation Criteria

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

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

Fostering Trauma-Responsive Practices Grant Scoresheet

Overview: The following review score sheet is designed to assist you with scoring the applicant's proposal. Please use one of these forms for each grant you are scoring. Use the questions in each area as a guide for scoring. Please write comments in the space provided, it may help you remember key points when the proposals are being discussed at the review team meeting. Be sure to total the points in each section (in the spaces provided). All written information from the review score sheets and discussions are public information.

Reviewer Number:	
Applicant Organization:	
Key Points:	
Strengths:	
Weaknesses:	
Other:	

Scoring Guidance: Responses are evaluated based on completeness and alignment with the purpose of the grant, using a 2-point rating scale:

Points	Description
2	The response is adequate and addresses all relevant information.
1	The response is inadequate or is missing key information.
0	The response is entirely inadequate or not addressed.

Some items are designated as 4-point items due to their critical importance for grant implementation. For these items, reviewers will still use the 2-point scale, but scores will be multiplied by two (e.g., a score of 1 point becomes 2 points, and 2 points becomes 4 points).

TOTAL SCORES

Enter in total points awarded for each narrative and budget section in the table below:

Total Possible Points	Section	Pointed Awarded
14	Organizational Capacity	
34	Project Description	
8	Work Plan	
8	Budget Summary and Justification	
64	NARRATIVE AND BUDGET TOTAL	

ORGANIZATIONAL CAPACITY

Scored Question	Points Possible	Points Awarded	Comments
Organization Overview and Experience: Applicant provides an overview of your organization, including its history, mission, goals, and the programs/services currently offered.	2		
Applicant describes how their organization's experience and strengths make it well-suited to develop and deliver tools, resources, and trainings on trauma-responsive, healing-centered, and culturally responsive practices.	2		
Staff Expertise and Qualifications: Applicant identifies key staff who will manage the project, focusing on their skills, education/training (including certifications), and experience related to adult learning, trauma-responsive care, facilitation, event management, and project management.	Critical Factor 2*2 = 4	___ x 2 = ____	
Financial and Organizational Capacity: Applicant outlines their organization's capacity to manage the financial and administrative aspects of the grant.	2		
Applicant describes their funding sources and financial infrastructure to manage grant funds effectively.	2		
Applicant summarizes their ability to coordinate activities, manage timelines, and ensure successful outcomes, particularly in similar projects.	2		
SUBTOTAL ORGANIZATIONAL OVERVIEW AND CAPACITY	14		

PROJECT DESCRIPTION

Scored Question	Points Possible	Points Awarded	Comments
Health Setting and Provider Population: Applicant describes the health setting and/or provider population your project will focus on. They explain why they chose this setting or population, including their specific needs or challenges.	2		
Needs Assessment: Applicant describes the strengths, needs, issues, and challenges within their selected health setting or provider population as it relates to building	Critical Factor 2*2 = 4	___ x 2 = ____	

Scored Question	Points Possible	Points Awarded	Comments
capacity for providing trauma-responsive, healing-centered, and culturally responsive practices.			
Applicant describes how they will use the results to guide the development of tools, trainings, and resources.	2		
Developing and Delivering Tailored Training, Tools, or Resources: Applicant describes how they will develop and deliver trauma-responsive training tools or support programs for health settings that serve children, adolescents, and their support systems.	Critical Factor 2*2 = 4	___ x 2 = ____	
Applicant describes the specific tool, training, or resource they plan to develop and why that is the best way to reach their intended audience based on the needs assessment findings.	Critical Factor 2*2 = 4	___ x 2 = ____	
Applicant explains how their tools or resources will increase skills, knowledge, and implementation of trauma-responsive and healing-centered approaches.	Critical Factor 2*2 = 4	___ x 2 = ____	
Applicant explains how their tools are intended to also address secondary or vicarious trauma in provider populations.	Extra Credit (Can award up to 2 extra points)		
Incorporating Lived Experience: Applicant describes how they will involve children, youth, and families with lived experience, especially those from marginalized communities, throughout their project.	Critical Factor 2*2 = 4	___ x 2 = ____	
Evaluation Plan: Applicant describes their plan for evaluating their project, including their initial plans for gathering data and the proposed measures they will use.	Critical Factor 2*2 = 4	___ x 2 = ____	
When describing their evaluation plan, applicant demonstrates their organization's knowledge, planning skills, and capacity to conduct a comprehensive evaluation.	2		
Accessibility and Style of Materials: Applicant describes how they will ensure that all materials developed or shared are fully accessible in accordance with applicable laws and follow MDH brand guidelines. Provide details on the steps you will take to meet these standards.	2		
Anticipated Barriers and Solutions: Applicant identifies 2-3 potential barriers or challenges they may face in implementing their project and describes how they will address these challenges.	2		
SUBTOTAL PROJECT ADMINISTRATION	34		

WORK PLAN

Scored Question	Points Possible	Points Awarded	Comments
Are objectives/goals specific and appropriate for project?	2		
Are the activities/strategies included and appropriate for the objectives?	2		
Does the timeline show the major milestones, including when the project begins and ends?	2		
Does the applicant describe what roles are responsible for meeting the project requirements?	2		
SUBTOTAL WORK PLAN	8		

BUDGET

Scored Question	Points Possible	Points Awarded	Comments
Are the budget forms complete? Budget justification and summary form for each year.	2		
Do the amounts in the Budget Summary and the Budget Justification match?	2		
Is the information contained in the budget and work plan consistent?	2		
Are the projected costs, reasonable, cost-effective, and sufficient to accomplish the proposed activities?	2		
SUBTOTAL BUDGET	8		

Attachment C: Organization Information / Grant Applicant Face Sheet (Form A)

The following information must be entered into the grant interface portal.

General Applicant Information

- Applicant's Legal Name (do not use a "doing business as" name):
  - *This should be the same name used when a federal tax identification number was obtained.*
- Applicant's Business Address (street, city, state, zip):
- Applicant's Minnesota Tax Identification Number:
  Applicant's Federal Tax Identification Number:
- SWIFT Vendor ID Number (if you have one):

Director of Applicant Agency

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email:

Financial Contact (or Fiscal Agent) for this Grant

- Name of Financial Contact for this grant:
- Name of Fiscal Agent for this grant, if applicable:
- Phone Number:
- Email:

Contact Person for the Grant

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email:

Requested Funding

- Total Amount on Proposed Budget: $

By submitting the above information, respondent acknowledges the following:

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the agency.

Signature of Authorized Agent for Applicant: _____

Date of Signature: _____

Attachment D: Project Narrative (Form B)

The project narrative should provide a concise yet comprehensive description of your organization's capacity, experience, and proposed approach to developing and delivering tools and resources that are trauma responsive.

The Project Narrative is submitted via an online form in the grant application interface. It is recommended that applicants complete the components of the Project Narrative in a Word document. *Please be mindful of the suggested character limits and ensure your responses do not exceed them.*

Section 1: Organizational Capacity

1. **Organization Overview and Experience** *(2,000 characters)*: Provide an overview of your organization, including its history, mission, goals, and the programs/services currently offered. Describe how your organization's experience and strengths make it well-suited to develop and deliver tools, resources, and trainings on trauma-responsive, healing-centered, and culturally responsive practices.

2. **Staff Expertise and Qualifications** *(2,000 characters)*: Identify key staff who will manage the project, focusing on their skills, education/training (including certifications), and experience related to adult learning, trauma-responsive care, facilitation, event management, and project management.

3. **Financial and Organizational Capacity** *(2,000 characters)*: Outline your organization's capacity to manage the financial and administrative aspects of the grant:

    a. Describe your funding sources and financial infrastructure to manage grant funds effectively.

    b. Summarize your organization's ability to coordinate activities, manage timelines, and ensure successful outcomes, particularly in similar projects.

Section 2: Project Description

1. **Health Setting and Provider Population** *(1,000 characters)*: Describe the health setting and/or provider population your project will focus on. Explain why you chose this setting or population, including their specific needs or challenges.

2. **Needs Assessment:** Describe the strengths, needs, issues, and challenges within your selected health setting or provider population as it relates to building their capacity for providing trauma-responsive, healing-centered, and culturally responsive practices. *(2,000 characters)*

3. **Developing and Delivering Tailored Training, Tools, or Resources** *(3,500 characters)*: Describe how your organization will develop and deliver trauma-responsive training tools or support programs for health settings that serve children, adolescents, and their support systems. Describe the specific tool, training, or resource that you are planning to develop and *why* that is the best way to reach your intended audience based on the needs assessment findings. Explain how your tools or resources will increase skills, knowledge, and implementation of trauma-responsive and healing-centered approaches.

    a. If relevant, explain how your tools are intended to not only build trauma-responsiveness, but also address secondary or vicarious trauma in provider populations.

4. **Incorporating Lived Experience** *(2,000 characters)*: Describe how your organization will involve children, youth, and families with lived experience, especially those from marginalized communities, throughout your project.

5. **Evaluation Plan** *(2,500 characters)***:** Describe your organization's plan for evaluating your project, including your initial plans for gathering data and the proposed measures you will use. Outline how you will gather data, track progress, assess outcomes, and get feedback from participants.

    a. When describing your evaluation plan, please demonstrate your organization's knowledge, planning skills, and capacity to conduct a comprehensive evaluation.

6. **Accessibility and Style of Materials** *(1,000 characters):* Describe how your organization will ensure that all materials developed or shared as part of the project are fully accessible in accordance with applicable laws and follow MDH brand guidelines. Provide details on the steps you will take to meet these standards.

7. **Anticipated Barriers and Solutions** *(1,000 characters)*: Identify 2-3 potential barriers or challenges your organization may face in implementing your project. Describe how you plan to address these challenges and the strategies you will use to overcome them.

Attachment E: Work Plan (Form C)

All applicants must submit a work plan as a part of their application. The work plan should capture key activities required by this RFP, as well as any other relevant activities your organization proposes to undertake using the grant funds during the grant cycle. The work plan should align with the goals and components outlined in the Program Description section of the Project Narrative.

Purpose of the Work Plan:

A work plan is a tool used by organizations to detail the goals, objectives, and activities of a project, along with timelines for completing those activities. The work plan will help both the applicant and the Minnesota Department of Health (MDH) ensure that the proposed activities are well-organized, feasible, and aligned with the grant's goals.

Components of the Work Plan:

- **Primary Goals for the Project:** Each goal should be written clearly and concisely in one sentence.

- **Objectives:** Objectives should measure progress toward achieving each goal. You may write objectives using the "SMART" format:

  - **Specific:** Concrete and well-defined.
  - **Measurable:** Able to determine what changed and how much it changed.
  - **Achievable:** Feasible to implement.
  - **Realistic:** Considers constraints such as resources, personnel, cost, and time frame.
  - **Time-Bound:** Includes a time frame for the objective.

- **Activities:** Specific activities or interventions that will be implemented to achieve the objectives.

- **Activity Outputs:** The outcomes or deliverables resulting from the activity, indicating how the activity has been accomplished.

- **Timelines:** The start and end dates for each activity.

- **Staff Responsible:** The person or team assigned to lead each activity, ensuring its completion.

- **Resources Needed:** The resources required to accomplish the activity, such as printed materials (e.g., brochures, flyers, pamphlets).

Instructions for Using the Work Plan Template:

- **Customization:** A work plan template is available for your convenience. You are encouraged to customize the template to fit your proposal if you include all required components described above. You can add or delete tables, adjust the number of goals and objectives, or modify the layout to suit your needs.

- You are required to complete the Work Plan Template by entering it online in Foundant OR by downloading the (Word file) available on the grant webpage and uploading into Foundant.

- **Level of Detail:** For application review purposes, you do not need to list every activity in exhaustive detail. Provide a high-level overview of your plan, ensuring that all critical activities are captured. MDH may request additional information if needed during the review process.

- **Revisions:** If awarded the grant, you may need to revise the work plan during negotiations before the grant agreement is signed. Any updates to the work plan must be discussed with MDH staff managing the grant.

Attachment F: Budget Summary and Justification Instructions (Form D)

Introduction

Before writing the budget, consider the specific activities planned and the resources (staffing, supplies, equipment, etc.) needed to conduct those activities. Are there resources already available? Are there resources that need to be purchased? Which items will need to be replaced during the grant period? Consider the skills needed to carry out the grant activity and comply with any requirements, particularly the financial aspect of the grant. Budgeting for a financial staff person is allowable. Remember to include any training that will be needed for paid staff or volunteers.

Costs of entertainment, including amusement, diversion, and social activities where no grant program information is disseminated, and any costs directly associated with such costs (tickets to shows/movies/sporting events, meals, lodging, rentals, transportation, and gratuities) are **unallowable.**

Food and Beverage Costs

Generally, the cost of food is not an allowable item. However, if there will be group meetings or grant activities where there is justification for a grantee to provide food, please include those food costs in the "Other" line of the budget and follow the guidelines below.

- Food can only be provided if most of the attendees are non-grantee staff.
- Grant funds may not be used to provide food for award dinners, grant project celebrations or parties, etc.
- Grant funds may be used to provide food for grant activities listed in the budget justification and is approved in grant agreement under "Other".
- If meals are provided, the following limits as stated in the Commissioner's Plan (www.mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) apply:
  - o Breakfast: MDH will reimburse for actual costs up to $11.00/person, whichever is lower. This $11.00 includes beverages.
  - o Lunch: MDH will reimburse for actual costs up to $13.00/person, whichever is lower. This $13.00 includes beverages.
  - o Dinner: MDH will reimburse for actual costs up to $19.00/person, whichever is lower. This $19.00 includes beverages. Dinner can only be provided if event is after 6:00 p.m.
  - o Snacks: MDH will reimburse for actual costs up to $5.00/person, whichever is lower. MDH encourages the purchase of healthy snacks.
  - o Alcoholic beverages are never allowed.

Incentives

Applicants proposing activities that involve the distribution use of incentives for program participation must include the costs for purchasing incentives in the "Other" line of the budget and follow the guidelines stated below.

Incentives may include gift cards or specific items. They may only be given to eligible participants who:
- Are a parent/family member of a child with special health needs or disabilities who is participating in a focus group or interview as a part of the needs assessment or evaluation of the Fostering Trauma-Responsive Practices grant.
- Are a care coordination who is participating in a focus group or interview as a part of the needs assessment or evaluation of the Fostering Trauma-Responsive Practices grant and is not being paid through their employer during the duration of the group/interview.

Applicants must adhere to the following rules regarding incentives:

- The maximum value of an incentive instrument is limited to $100.00 with one instrument disbursed per individual per occurrence.
- Incentives must be always kept in a secure locked location (ex: locked drawer, locked cabinet).
- The applicant/grantee must track which client/participant received the incentive and the dollar value of that incentive. Applicants/grantees must ensure data privacy when tracking the distribution of incentives.
- Incentives must be distributed in the funding year in which they are purchased.
- For the expense of incentives to be reimbursable, the applicant must:
  - Address the use of incentives in the text of the RFP application.
  - Account for the incentives in the "Other" line of the budget justification.
  - Obtain MDH's approval of the budget justification that includes the incentives.
  - Have documentation available upon request that explains internal controls and reconciliation of gift cards.

Budget Scoring

The Budget Summary and Justification Form will be used for scoring the budget portion of the application. If supplementary information is included, it will not be taken into consideration for scoring purposes. Be sure to double check the calculations and use whole dollar amounts, no decimals.

Budget Summary and Justification Instructions

You will need to account for all your grant program costs under six different line items. The following paragraphs provide detailed information on what costs can go into those six lines. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in a delayed grant agreement if your application is selected for funding.

All costs under this grant must be prorated to reflect fair share of the expense to this program. For example, if a computer is purchased for one staff person who works .5 FTE on this grant and .5 FTE on another program, the cost for that computer should be split 50 – 50 by this grant and the other program.

If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

It is strongly suggested that applicants incorporate into their budgets the costs of appropriate financial staff to provide financial oversight to the grant. This could be through contracting with an individual or organization or a direct hire.

You are required to complete the Budget Summary and Justification form by entering it online in Foundant OR by downloading the (Excel file) available on the grant webpage and uploading into Foundant.

1. **Salary and Fringe**

Grant funds can be used for salary and fringe benefits for staff members directly involved in applicant's proposed activities. For each proposed funded position, please list:

- Title
- Full time equivalent (FTE) on this grant (see example below)
- Expected rate of pay.
- Total amount applicant expects to pay the position for the year.

Any salaries from the administrative support, accounting, human resources, or IT support, MUST be supported by some type of time tracking to be included in the Salary and Fringe line. Salary and fringe expenses not supported by time reporting documentation may be included in the indirect line if these unsupported salaries and fringe were included on the Indirect Cost Questionnaire form and approved by MDH. Any salary and fringe expenses not supported, not included on the Indirect Cost Questionnaire, and not approved by MDH are unallowable and may not be charged to this grant.

Full time equivalent (FTE): The percentage of time a person will work on this grant project. Each position that will work on this grant should show the following information:

EXAMPLE:

Public Health Nurse: $30.40/hourly rate
x2,080/annual hours (or whatever your agency annual standard is)
$63,232 annual salary

Multiply annual salary by your agency's fringe rate:

$63,232 annual salary
x 23% fringe rate (use your agency fringe rate, 23% is just an example)
$14,543 fringe amount

Provide the breakdown of what your fringe rate includes:

6.20%   FICA
1.45%   Medicare
3.00%   Retirement
12.35% Insurance
23.00% Total Fringe Rate

Now add the annual salary and the fringe amount together:

$63,232 annual salary
+$14,543 fringe
$77,775/annual salary and fringe total

Multiply the annual salary and fringe total by the FTE being charged to this grant:

$77,775 annual salary and fringe total
X .50 FTE assigned to grant
$38,888 total to be charged to grant for this position

2. **Contractual Services**

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. Applicants will be responsible for monitoring any subcontractors to ensure they are following all State, Federal, and programmatic regulations including proper accounting methods.

Applicant responses must include:
- Description of services to be contracted.
- Anticipated contractor/consultant's name (if known) or selection process to be used.
- Length of time the services will be provided.
- Total amount to be paid to the contractor.

3. **Travel**

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. If project staff will travel during their jobs or for attendance at educational events, itemize the costs, frequency, and the nature of the travel. Grant funds cannot be used for out-of-state travel without prior written approval from MDH. Minnesota will be considered the home state for determining whether travel is out of state.

Non-tribal applicants:
- Budget for travel costs (mileage, lodging, and meals) using the rates listed in the State of Minnesota's Commissioner's Plan (www.mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf).
- Hotel and motel expenses should be reasonable and consistent with the facilities available. Grantees are expected to exercise good judgement when incurring lodging expenses.
- Mileage will be reimbursed at the current IRS rate at the time of travel.

4. **Supplies and Expenses**

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment. Include the costs expected to be incurred to ensure that community representatives, partners, or clients who are included in the applicant's process or program can participate fully. Examples of these costs are fees paid to translators or interpreters. Grant funds may not be used to purchase any individual piece of equipment that costs more than $5,000, or for major capital improvements to property.

5. **Other**

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to staff training and incentives. Grant funds cannot be used for capital purchases, permanent improvements; cash assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the "Other" line should represent the appropriate fair share to the grant.

6. **Indirect Costs**

Indirect costs are expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. These costs are often allocated across an entire agency and may include administrative, executive and/or supervisory salaries and fringe, rent, facilities maintenance, insurance premiums, etc.

The following are examples that could be included in indirect costs:
- Your department pays a general percentage to the city/county attorney's office or the sheriff's department and these costs cannot be specifically attributed to an individual grant.
- Your CHB or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.
- The CHBs accounting system does not allow community health services (CHS) administrator's time to be directly attributed to specific grant activities.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines of Salaries and Fringe, Supplies, Contractual Services, or Other. They **should not** be included in the Indirect line.

The following are examples of administrative costs that should be included in direct lines of the budget and/or invoice:
- The CHS administrator's time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- A portion of secretarial/administrative support, accounting, human resources, or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- Printing and supplies that your accounting system can track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%.

If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate.

Attachment G: Supplemental Documents

To be eligible for review, applicants must submit the following supporting documents:

- Due Diligence Form (www.health.state.mn.us/about/grants/duediligence.pdf)
- Applicant Conflict of Interest Disclosure Form (www.health.state.mn.us/about/grants/coiapplicant.pdf)
- Indirect Cost Questionnaire (included below)

Indirect Cost Questionnaire

Fill out the following information in Foundant. For non-CHB applicants only.

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 32 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 and that is the rate being requested. Please submit a copy of your current rate with this completed form.

   ☐ Yes but requesting a rate different from our Federally approved rate.

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

4. Non-federal indirect rate being requested:

   Up to 10% 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.

5. Please list the expenses included in your indirect cost pool or attach a copy of your current indirect cost allocation plan to this form: