



2025 Community Public Water System Fluoridation Equipment Competitive Grant Program Information and Materials

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
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www.health.state.mn.us

January 2025

To obtain this information in a different format, call: 651-201-4700.

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** 2025 Community Public Water System Fluoridation Equipment Competitive Grant Program
- **Minnesota Department of Health (MDH) Program Website:**
[Fluoridated Water and Oral Health - Minnesota Department of Health \(state.mn.us\)](https://www.health.state.mn.us/fluoridatedwater/)
[Drinking Water Protection - Minnesota Department of Health \(state.mn.us\)](https://www.health.state.mn.us/drinkingwaterprotection/)
- **Application Deadline:** Friday February 14, 2025, 2:00 pm CST

1.2 Program Description

Fluoride and Public Health

Fluoridating the community water supply is a safe, effective way to ensure the majority of Minnesotans receive protection from tooth decay regardless of income level or access to dental care. In fact, the Centers for Disease Control and Prevention (CDC) has proclaimed community water fluoridation as 1 of 10 great public health achievements for the 20th century.

Fluoride is natural to our environment. You find it in soils and fresh and ocean water. Community water fluoridation adjusts the natural levels of fluoride in areas where the amount is not ideal for helping prevent tooth decay.

Water fluoridation improves oral health, which is central to our overall health.

1.3 Funding and Project Dates

Funding

The MDH Drinking Water Protection Section is making available a total of \$22,500 in assistance provided through a U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Minnesota Actions to Improve Oral Health Outcomes in the 21st Century federal grant.

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

Funding	Estimate
Estimated Amount to Grant	\$22,500
Estimated Number of Awards	10
Estimated Award Maximum	\$2,250

Project Dates

March 2025 – August 2025

1.4 Eligible Applicants

Any Minnesota community PWS under 10,000 in population that does not currently provide drinking water with a fluoride concentration of at least 0.5 milligrams per liter (mg/L), is in need of replacing its existing fluoridation equipment in order to continue providing such a fluoride concentration or needs an ion-selective electrode analysis device in order to adequately monitor fluoride concentrations, is eligible to apply. Furthermore, a PWS must meet all of the following conditions in order to qualify for a grant:

- The PWS must employ or contract with a properly certified water operator.
- The PWS must not be currently subject to administrative penalty action by the MDH for violation of state or federal public water system regulations.

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.

1.5 Eligible Projects and Funding Description

Grant funds must be used for new or replacement fluoridation equipment or an ion-selective electrode analysis device purchased in the grant project period.

Each applicant may request up to **\$2,250** for fluoridation process equipment or an ion-selective electrode analysis device. A statement from the PWS owner or certified operator will be required to verify the condition of any existing fluoridation process equipment or ion-selective electrode analysis device and (if applicable) justification for its replacement.

The total requested grant amount may not exceed **\$2,250**.

1.6 Plan Review Fee and Professional Engineer Signature

The professional engineer signature requirement may be waived in cases where the process improvements consist only of replacement of chemical feed equipment and the treatment design is not changed. Plans and specifications must be provided by an engineer or the chemical company that will supply the chemical feed equipment for that specific project.

1.5 Questions and Answers

Open Call for Questions

Wednesday, January 22, 2025, 11:00 a.m. – Noon, Central Standard Time

Join on a video conferencing device

Tenant key: mn@m.webex.com

Video ID: 118 337 650 3

Questions and Answers

All questions regarding this RFP must be submitted by:

2:00 p.m. Central Time, Friday, February 7, 2025, and submitted by email to:

- Maria Spitael at Maria.Spitael@state.mn.us

All questions and answers will be posted on Friday, February 14, 2025 on the [Drinking Water Protection Grant Information](https://www.health.state.mn.us/communities/environment/water/com/grants.html) (<https://www.health.state.mn.us/communities/environment/water/com/grants.html>) webpage.

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 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 implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Community Public Water System Fluoridation Equipment Competitive Grant Goal

The goal of the Community Public Water System Fluoridation Equipment Competitive Grant Program is to provide assistance to PWSs in updating fluoridation infrastructure for consistency with federal and state regulations. The MDH seeks to assist PWSs that do not have resources to update their infrastructure to meet recent U.S. Department of Health and Human Services (HHS) recommendations for communities to maintain 0.7 mg/L fluoride to achieve an optimal fluoride level in drinking water. The MDH Drinking Water Protection Section will administer federal grant funds to reimburse eligible PWSs for costs involved in optimizing drinking water fluoridation.

Purpose of Community Public Water System Fluoridation Equipment Competitive Grant Funds

Grant awards will fund the purchase and installation of fluoridation process equipment or ion-selective electrode analysis devices used by Minnesota community public water systems (PWSs). The grant awards may not be used for the purchase of fluoride chemicals, administrative costs, or other indirect costs.

2.2 Eligible Projects

Community Public Water System Fluoridation Equipment Competitive Grant funding is to be used solely for the purchase and installation of fluoridation process equipment or ion-selective electrode analysis devices. Funds may not be used for the purchase of fluoride chemicals, administrative costs, reporting costs, or other indirect costs.

A grant application must identify:

- A description of the work that is to be performed:
- The entity responsible for completing the work:
- The cost of performing the work:
- The outcome or deliverable that will be achieved by conducting the work: and
- An indication of readiness to proceed with using the grant.

Fund recipients must comply with the requirements described in Minnesota Statute §144.145 and Rule 4700.0030.

Recipients of funds intended for fluoridation process equipment or ion-selective electrode analysis devices must submit and receive approval of plans and specifications from the MDH Drinking Water Protection Section prior to installation. **Process improvement plans and specifications must be signed by a registered Minnesota professional engineer. The professional engineer signature requirement may be waived in cases where the process improvements consist only of chemical feed equipment, and the treatment design is not changed. Plans and specifications must be provided by an engineer or the chemical company that will supply the chemical feed equipment for that specific project.** In addition, the waiver is available only when the plan approval submission: Identifies the location of chemical feed equipment and injectors: Includes equipment manufacturer's pamphlets: Is signed and dated on all drawing and specification pages by a chemical company representative, is readable, and complies with applicable installation rules.

Please note that no fluoridation process equipment or ion-selective electrode analysis devices are to be purchased or construction is to take place until the installation and/or construction plans have been reviewed and approved by the MDH Drinking Water Protection Section (if applicable) and a grant agreement signed with the MDH.

Each applicant may request up to **\$2,250** for fluoridation process equipment or an ion-selective electrode analysis device. A statement from the PWS owner or certified operator will be required to verify the condition of any existing fluoridation process equipment or ion-selective electrode analysis device and (if applicable) justification for its replacement.

The total requested grant amount may not exceed **\$2,250**.

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

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

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

A sample grant agreement is at: [Drinking Water Protection Grant Information - EH: Minnesota Department of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/populations/prevention/fluoridation/grantinformation.html). Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those

exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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

Accountability and Reporting Requirements

Fund recipients must comply with the requirements described in Minnesota Statute §144.145 and Rule 4700.0030. These requirements include but are not limited to:

- Daily monitoring of water production volume, fluoride chemical consumption
- Monitoring of distribution system fluoride concentration as required by MDH; and
- Submission of monthly reports of water production, fluoride chemical consumption, and distribution system fluoride concentration to the MDH; and
- Quarterly collection and submission of a distribution system sample to the MDH Public Health Laboratory (PHL).

Grant Payments

Per [State Policy on Grant Payments](#), 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.

Invoices must be submitted upon completion of fluoridation process equipment installation or ion-selective electrode analysis device receipt or by **August 15, 2025**.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); See e.g. Minn. Stat. § 363A.02 (<https://www.revisor.mn.gov/statutes/cite/363A.02>). The MHRA is enforced by the Minnesota Department of Human Rights (<https://mn.gov/mdhr/>). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

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.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

Audits

Per [Minn. Stat. § 16B.98](#), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

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 (Appendix E) 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.

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.

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 submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted

by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

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

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing the Drinking Water Protection Section. 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

The review committee will be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

A Community Public Water System Fluoridation Equipment Competitive Grant application must have a minimum score of 60 points in order to be awarded. Grant requests that achieve the minimum score to quality will be awarded funds based upon the 1) score, 2) date placed upon the list, and 3) availability of grant funds.

The scoring factors and weights that applications will be judged are based on:

Applicant Information (10 Points)

- Is the application attached, completed, and readable? **(Appendix A)** (5 Points)
- Is the applicant a Minnesota municipal community PWS? (5 Points)

Project Need (60 Points)

- Does the applicant's distribution service area include either a geographic or low-income Dental Health Professional Shortage Area (HPSA)? (MDH will determine if the PWS is in a HPSA based on the PWS owner's address) **(Appendix D)** (10 Points)
- Does the applicant's distribution service area serve less than 10,000 people? (15 points)
- Is the maximum natural fluoride concentration of source water use by the applicant less than 0.5 mg/L? (10 Points)
- Does the applicant currently not provide drinking water containing an average fluoride concentration between 0.5 and 0.9 mg/L to all its customers OR if the applicant is requesting an award for an ion-selective electrode analysis device, does the applicant add a phosphate compound to its treated water? (15 points)
- Is the applicant a community PWS that provides water to a school or daycare facility attended by children? (10 Points)

Work Scope (25 Points)

- Does the request for award not exceed \$2,250 for fluoridation process equipment or an ion-selective electrode analysis device? (5 Points)
- Does the application include a verification of replacement process equipment or analysis device need? (20 Points)

Budget (5 Points)

- Does the application include an identified vendor or engineer and an attached estimate of fluoridation process equipment and/or fluoride analysis device costs? **(Appendix C)** (5 Points)

Notification

The MDH will provide written notification to grant applicants of the scoring results by **February 28, 2025**. Successful applicants will be informed that they will receive a grant using the \$22,500 in federal CDC funds. All funds must be spent by **August 31st, 2025**.

RFP Part 3: Application and Submission Instructions

3.1 Application Form

- Downloading the form that is included with this announcement or found at [Drinking Water Protection Grant Information](https://www.health.state.mn.us/communities/environment/water/com/grants.html) (<https://www.health.state.mn.us/communities/environment/water/com/grants.html>) webpage.
- Downloading the form from the Health Promotion and Chronic Disease Division, Center for Health Promotion Section, [Oral Health](https://www.health.state.mn.us/people/oralhealth/index.html) (<https://www.health.state.mn.us/people/oralhealth/index.html>) webpage.
- Contacting the grant coordinator by telephone at 651.201.4700 or email at health.drinkingwater@state.mn.us

3.2 Application Deadline

All applications must be received by MDH no later than **Friday, November 17, 2023, 2:00 pm CST.**

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

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

3.3 Application Submission Instructions

Applications must be emailed to:
CPWS Fluoridation Equipment Grant Coordinator
health.drinkingwater@state.mn.us

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.

3.4 Application Instructions

Each application must contain the following items in the order listed:

- Signed Application – Appendix A
- Signed Fluoridation Equipment and Engineering Costs Estimates – Appendix C

- Applicant Conflict of Interest – Appendix D
- Any narrative or supplemental portions of the application must be written in 12-point font, single spaced with one-inch margins. Any supplemental pages must be numbered consecutively.

Incomplete applications will be rejected and not evaluated.

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

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

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

RFP Part 4: Attachments

- Appendix A – 2025 Community Public Water System Fluoridation Equipment Competitive Grant Application
- Appendix B – Definitions
- Appendix C – Estimates of Fluoridation Equipment Costs
- Appendix D - Dental Health Professional Shortage Area
- Appendix E – Applicant Conflict of Interest



Appendix A - 2025 Community Public Water System Fluoridation Equipment Competitive Grant Application

Notice: This application must be completed and signed in order to score your grant request.

Public Water System (name of primary applicant): _____

Public Water System Fiscal Agent: _____

PWSID No.: _____

Mailing Address: _____

Federal Tax ID #: _____

Name of the Grant Contact: _____

Phone No. and Extension: _____

E-mail address: _____

Person Authorized to Sign Grant Agreement on Behalf of the Public Water System:

Name: _____ Title: _____

Total Cost of Project (Amount Requested + Cost Share): \$ _____

Total Grant Amount Being Requested (**\$2,250 maximum**): \$ _____

20 % Cost Share Amount (amount contributed by Grantee): \$ _____

Work Item (s) to be performed under this grant

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. **Work Item 1** – describe the work that will be performed: _____

1a. PWS is ready and able to complete project by **August 15, 2025**: Yes _____ No _____

1b. **Amount Requested** for performing this work: \$ _____

1c. Fluoridation process equipment type: New _____ Replacement _____

1d. Ion-selective analysis device type: New _____ Replacement _____

1e. PWS adds a phosphate compound to treated water: Yes _____ No _____

1f. PWS customers include: Daycare _____ School attended by children _____

1g. Product(s) produced or anticipated **outcomes** of performing this work item: _____

2. **Work Item 2** – describe the work that will be performed: _____

2a. PWS is ready and able to complete project by August 15, 2025: Yes _____ No _____

2b. **Amount Requested** for performing this work: \$ _____

2c. Fluoridation process equipment type: New _____ Replacement _____

2d. Ion-selective analysis device type: New _____ Replacement _____

2e. PWS adds a phosphate compound to treated water: Yes _____ No _____

2f. PWS customers include: Daycare _____ School attended by children _____

2e. Product(s) produced or anticipated **outcomes** of performing this work item: _____

Checklist

- ☐ I have filled out all the fields in my application.
- ☐ I have signed my application.
- ☐ I have provided a detailed budget for each work item.
- ☐ I have filled out all the fields in the Applicant Conflict of Interest.

Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant public water system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations:

Signature: _____ Date: _____

Note: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement, and grantee receives a signed copy of the grant agreement.

Completed applications must be emailed to: HEALTH.drinkingwater@state.mn.us .



Appendix B - Definitions

Public Water System means the name that is used by the Minnesota Department of Health to identify the public water supplier and that is associated with a public water system identification number.

Name of the Grant Contact means the name of the individual who will be responsible for managing the grant.

Telephone Number means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:30 a.m. to 4:30 p.m.).

E-mail means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

Mailing Address means the official mailing address of the public water system that shall be used for correspondence with MDH.

Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Public Water System means a person who has authority to administer a financial agreement between the public water supplier and the Minnesota Department of Health.

Total Grant Amount Being Requested means the sum of the costs of the work items that are identified in the grant application (1b + 2b + 3b)

Work Item is the community fluoridation activity or activities that are to be performed under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

Amount requested for performing this work means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

Fluoridation Process Equipment type is the indicator of a need for new treatment process equipment or a need for upgraded, improved, or more efficient process equipment

Product(s) produced or anticipated outcomes of performing this work means the tangible results of performing the work that is funded by this grant.



Appendix C - Estimates for Fluoridation Equipment Costs

It is helpful to estimate and detail the expected costs associated with process equipment. General cost estimate information is available in the form of excerpts from “Water Fluoridation: A Manual for Engineers and Technicians” (CDC), available upon request. MDH plan review fee will be waived.

Recipients of funds intended for fluoridation process equipment must submit and receive approval of plans and specifications from the MDH Drinking Water Protection Section Administrative Unit prior to installation.

Fluoridation process equipment will include but will not be limited to (not all items may be applicable or necessary).

Equipment	Costs
Chemical feed pump(s)	\$
Chemical supply scale(s)	\$
Bulk storage tank	\$
Day storage tank	\$
Chemical spill containment	\$
Chemical transfer pump	\$
Chemical feed tubing, pipe(s), and/or injector(s)	\$
Electrical wiring	\$
Miscellaneous costs	\$
Total Estimated Costs	\$

Contact information of PWS owner or certified operator (please print)

Name: _____

Phone number: _____

E-mail address: _____

Signature: _____

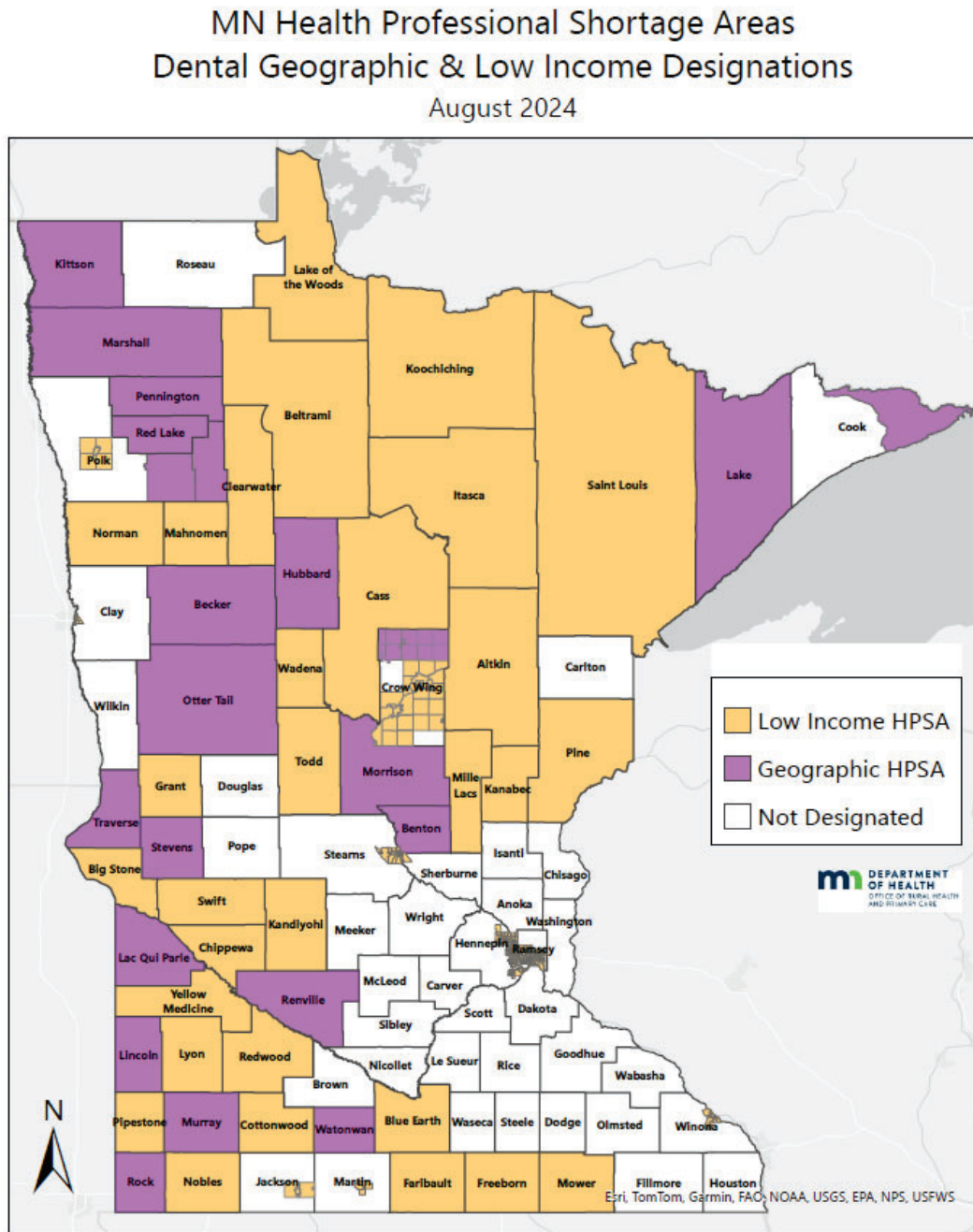
Title: _____

Date: _____



Appendix D - Minnesota Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.





Appendix E - 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; Minnesota Office of Grants Management (OGM) [Policy 08-01, “Conflict of Interest Policy for State Grant-Making”](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, “Conflict of Interest.”](#) 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, subd. 5). 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:

- a. Unequal Access to Information. Access to information that is classified as nonpublic data
- b. or is otherwise unavailable to the public could provide a vendor a competitive
- c. advantage in a later competition for another grant. For example, a nonprofit entity, in
- d. the course of conducting grant work for the State, may be given access to information
- e. that is not available to the public such as government plans, opinions, interpretations or
- f. positions. This nonprofit 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
- g. 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\(a\)](#)).

Certification and signature required on next page.

III. Certification

Applicant Name	
RFP Title	2025 Community Public Water System Fluoridation Equipment Competitive Grant Program
MDH Grant Program Name	MDH Oral Health Program and Drinking Water Protection Section

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.
- 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.

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.

Applicant's Signature

Printed Name _____ Title _____

Signature: _____ Date: _____

This form is required from every grant applicant.
(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.

Printed Name Anita Smith	Title DWP Grant Coordinator
Signature	Date

Environmental Health Division
 Drinking Water Protection Section
 P.O. Box 64975
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