

# Utilizing Navigators to Support Linkage to Substance Use Disorder (SUD) Care and Harm Reduction Services

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164  
[www.health.state.mn.us](http://www.health.state.mn.us)

10/26/2023

To obtain this information in a different format, email: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)

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# RFP Part 1: Overview

## 1.1 General Information

- **Announcement Title:** [Utilizing Navigators to Support Linkage to Substance Use Disorder \(SUD\) Care and Harm Reduction Services](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html)
- **Letter of Intent:** Organizations intending to submit a proposal should email a Letter of Intent (LOI) by Friday November 17, 2023, 4:30 p.m. (CST). Letters of Intent are not required, but they are appreciated. Please email the LOI to MDH Overdose Prevention at: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)
- **Minnesota Department of Health (MDH) Opioid Overdose Prevention website:** [Opioid Overdose Prevention](https://www.health.state.mn.us/communities/opioids/index.html)
- **Application Deadline:** The complete application, must be submitted by Friday, December 22, 2023, 4:30 p.m. (CST), to [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)
- **Late or incomplete applications will not be accepted. All application documents must be sent in one email to** [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us).

## 1.2 Program Description

The Minnesota Department of Health is soliciting proposals from **syringe services programs** and **community-based organizations** to provide navigation services to people at risk of overdose. Navigators will meet people where they are at, identify and collaborate with community resources, enable connection to treatment, improve accessibility to recovery support services, provide access to harm reduction services, and to increase community-supported intervention points.

This funding opportunity is funded through the National Center for Injury Prevention and Control, Overdose Data to Action in States CDC-RFA-CE-23-0002.

The drug overdose epidemic continues to affect the lives of many Minnesotans. In 2021, an average of nearly four Minnesotans died each day from a drug overdose, with the total number of drug overdose deaths increasing 29% from 2020. Moreover, for every one drug overdose death, there were 13 nonfatal hospital-treated drug overdoses. The continued increase in drug overdose deaths was driven by synthetic opioids and stimulants. Deaths involving synthetic opioids, including fentanyl and fentanyl analogs, increased 57% from 2020 to 2021 and were involved in 90% of all opioid-involved deaths. Over that same period, the number of deaths involving cocaine and psychostimulants increased 94% and 40%, respectively. Polysubstance use is another driving factor of the broadening epidemic in Minnesota. In 2021, 38% of drug overdose deaths involved both an opioid and a stimulant, most commonly fentanyl and methamphetamine. Toxicology testing completed on a subset of drug-related emergency department visits, including nonfatal overdose, highlight the significant role of polysubstance use in nonfatal drug-related events as well. In 2022, nearly three out of four samples included two or more substances and more than half (51%) of samples tested positive for both an opioid and a stimulant.

This Request for Proposal (RFP) will fund projects in two categories. Responders may only submit a proposal for **one** of the two categories. The categories and the anticipated funding and number of awards are as follows:

### Category A: Harm Reduction Navigators

Funding	Estimate
Estimated Amount to Grant	\$2,000,000
Estimated Number of Awards	5
Estimated Award Maximum	\$400,000

***Applicants must not submit a budget for over the estimated award maximum of \$400,000.***

### Category B: Community-Based Linkage to SUD Care Navigators

Funding	Estimate
Estimated Amount to Grant	\$2,000,000
Estimated Number of Awards	5
Estimated Award Maximum	\$400,000

***Applicants must not submit a budget for over the estimated award maximum of \$400,000.***

## 1.3 Project Dates

There is no match requirement for this grant.

### Project Dates

Process Item	Timeline
RFP published	October 25, 2023
Letter of Intent deadline	November 17, 2023
Grant application deadline	December 22, 2023
Grant application begin (est.)	March 1, 2024

**The estimated grant start date is March 1, 2024, and the projected end date is August 31, 2028, contingent on satisfactory grantee performance and funding availability.**

## 1.4 Eligible Applicants

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent. Eligible applicants include nonprofit

organizations and tribal nations. Applicants must be located and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization as a fiscal agent. Applicants must allow participants to utilize FDA-approved medications for opioid use disorder Medication for Opioid Use Disorder (MOUD) including methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/Naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.

### **Category A: Harm Reduction Navigators**

Eligible applicants are limited to nonprofit or tribal syringe services programs operating in Minnesota. For the purposes of this grant, only organizations who distribute no-cost syringes can apply.

Questions and answers for the [Utilizing Navigators to Support Linkage to Substance Use Disorder \(SUD\) Care and Harm Reduction Services Request for Proposal \(RFP\)](https://www.health.state.mn.us/communities/opioids/mnresponse/navfaq.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/navfaq.html>) will be posted here as they become available.

### **Category B: Community-Based Linkage to SUD Care Navigators**

Eligible applicants are limited to nonprofit community-based organizations. A community-based organization, for the purpose of this RFP is an organization aimed at making desired improvements to a community's social health, well-being, and overall functioning. Communities may be geographically, psychosocially, culturally, and/or spiritually bounded. In addition, a community-based organization is one that is driven by the community, in all aspects of its existence. Examples of this may include:

- The majority of the governing body and staff consists of individuals bound by location, experience or culture
- The main operating offices are in the communities they intend to serve
- Priority issue areas are identified and defined by members of the community
- Solutions to address priority issues are developed with the community
- Program design, implementation, and evaluation components have the community intimately involved, in leadership positions

Examples of eligible applicants include, but are not limited to:

- Recovery Community Organizations
- Tribal Nations and/or Tribal-led nonprofit organizations
- Culturally-specific nonprofit organizations

Ineligible applicants include, but are not limited to:

- Hospitals and health care organizations
  - Federally Qualified Health Centers
  - 245G chemical health treatment programs
- Law enforcement organizations
- County, city, or local governments

## Collaboration

Collaboration is welcome. Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization as a fiscal agent.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to:

[health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) Please submit questions no later than 4:30 p.m. CST, on December 8, 2023. Every attempt will be made to provide answers within five days of receiving the question but no later than Friday, December 15, 2023.

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.**

## 1.6 Letter of Intent

Organizations intending to submit a proposal are encouraged to email a Letter of Intent by 4:30 p.m. (CST), by Friday, November 17, 2023. Letters of Intent are requested, not required, and not used as a screening tool. There are no required components in the letter of intent. The content provided is determined by the applicant. There is no scoring component to the letter of intent. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process. Please indicate which category you plan to apply in.

Letters should be submitted via email to [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) with the subject ***Navigator Letter of Intent Category A or B "insert organization name"***. An email acknowledging the Letter of Intent was received will be emailed to the person who sent the Letter of Intent.

# 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 \(https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final\\_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The goal of this grant is to support navigators by connecting people who use drugs to services and ensure that people have access to reversal tools, prevention and treatment options. Navigators will meet people where they are at, identify and collaborate with community resources, enable connection to treatment, improve accessibility to recovery support services, and to increase community-supported intervention points.

Reducing health inequities and disparities is a key focus and applicants are expected to use data to identify disproportionately affected populations and high burden geographic areas that will be prioritized within each prevention strategy.

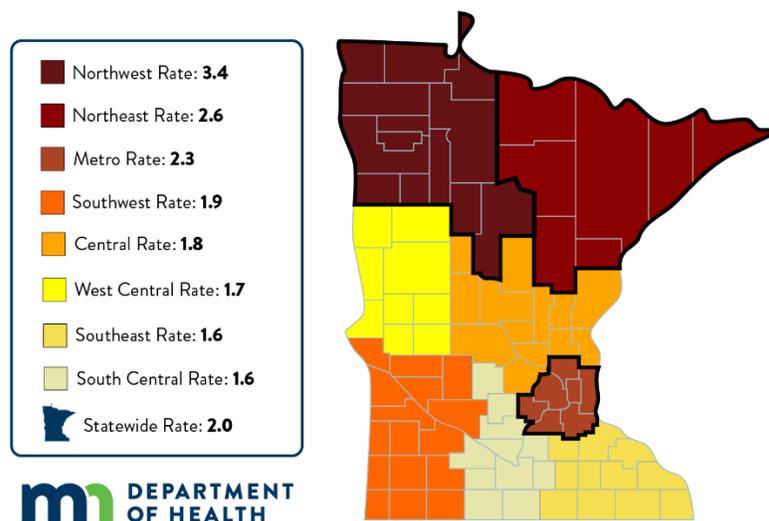
The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people can attain their highest possible level of health. For more information on health equity, please link to the [MDH Center for Health Equity \(https://www.health.state.mn.us/communities/equity/index.html\)](https://www.health.state.mn.us/communities/equity/index.html).

While the epidemic reaches all corners of the state, there are communities in Minnesota that are disproportionately impacted by drug overdose. In 2021, the statewide rate of fatal overdose was 23.8 per 100,000 residents. The Northwest, Northeast, and Metro regions saw the most significant impact of drug overdose in Minnesota, with overdose mortality rates higher than the state rate (34.8, 27.1, and 26.5 per 100,000, respectively). Furthermore, American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans experience the greatest burden of drug overdose in Minnesota. In 2021, American Indian/Alaskan Native residents were ten times more likely, and Black residents were more than three times as likely, to die from drug overdose than white residents. Also in 2021, the rate of fatal drug overdose among American Indians/Alaskan Native in Minnesota was the highest American Indian/Alaskan Native fatal overdose rate in the United States. American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiians have the highest rate of nonfatal hospital-treated drug overdose among all racial groups. Other populations in Minnesota at disproportionate risk of drug overdose include justice-involved populations, people experiencing homelessness, and people who inject drugs (PWID).

This grant is dedicated to organizations who have the experience to provide linkage to care and navigation services to one or more of the following populations disproportionately impacted by overdose:

- People who use drugs
- People who inject drugs
- People who live in areas disproportionately impacted by overdose (Northwest, Northeast, Metro regions of Minnesota)\*
  - \*see below map for additional information regarding overdose rates
- American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans
- Justice-involved populations
- People experiencing homelessness

### Nonfatal Overdose Rate by Region (Age-adjusted rate per 1,000 residents)



Source: Hospital Discharge Data 2022, Injury and Violence Prevention, Minnesota Department of Health

#### *Nonfatal Overdose Rate by Region (age-adjusted per 1,000 residents)*

*Source: Hospital Discharge Data 2022, Injury and Violence Prevention, Minnesota Department of Health.  
Northwest Rate: 3.4; Northeast Rate: 2.6; Metro Rate: 2.3; Southwest Rate: 1.9; Central Rate: 1.8;  
West Central Rate: 1.7; Southeast Rate: 1.6; South Central Rate: 1.6; Statewide Rate: 2.0.*

## 2.2 Eligible Projects

This RFP will fund projects utilizing Navigators to support people who use drugs and people with SUD/OD. Navigators can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link PWUD to care and harm reduction resources. These are individuals familiar with the local public health landscape and who work directly with individuals with OUD and/or SUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and their retention (and reengagement if necessary) in SUD treatment and care, as well as support access to other services, such as harm reduction and social supports. CDC defines linkage using navigators as: 1) linkage to evidence-based treatment for substance use disorders- to include MOUD and other

treatment (e.g., cognitive behavioral therapy [CBT], contingency management) and 2) linkage to harm reduction services.

**Grant outcomes will include:**

- Increase the number of PWUD who receive support from a Navigator.
- Increase the number of referrals to evidence-based SUD treatment (including MOUD, CBT, contingency management, etc.), community resources, health services and care for PWUD
- Increase the number of people provided harm reduction tools

This RFP will fund projects in two categories. Responders may only submit a proposal for one of the two categories. The categories are as follows:

1. **Category A:** Harm Reduction Navigators
2. **Category B:** Community-Based Linkage to SUD Care Navigators

The two categories are described in detail below.

**Category A: Harm Reduction Navigators**

MDH will fund syringe services programs to hire and retain Navigators to connect people to services and ensure that people who use drugs have access to overdose prevention and reversal tools, treatment options, and fentanyl testing strips. Projects should center health equity and include plans to reach groups who are disproportionately affected by overdose and/or underserved by harm reduction services and the health care system more broadly. Proposed projects should support the inclusion of people with lived and/or living experience in all stages of program implementation and evaluation.

**Required activities include:**

- Using navigators (1.0 FTE) to connect people to services to promote access to harm reduction services and to link people to care (evidence-based treatment for substance use disorders- to include MOUD and other treatment (e.g., CBT, contingency management) and linkage to harm reduction services.
- Ensuring people who use drugs have access to overdose prevention and reversal tools, treatment options, and drug checking equipment.
- Establish referral networks in the community including housing, transportation, and medical care partners
- Develop, implement, and/or utilize a client data collection system
- Participate in a quarterly collaborative meeting with other MDH-funded navigators. The purpose of these quarterly meetings is to build relationships, trouble-shoot challenges, brainstorm pivots, and celebrate successes.

**Harm Reduction Navigators data collection requirements:**

- Number of people who engaged with a navigator
- Number of people connected to treatment services and/or harm reduction services

- Number of meaningful (intentional, client-focused) navigator contacts with people
- Number of people reporting a decrease in negative impacts of drug and alcohol use
- Description of services most referred to by a navigator
- Number of unique people served by SSPs
- Number of SSP encounters

**Harm Reduction Navigators grant outcomes:**

- Increased use of navigators to link PWUD to care and services
- Increased access to harm reduction education and services, including increased distribution of harm reduction resources
- Increased linkages to care (e.g., use of navigators to link people to evidence-based treatment and promote access and link PWUD to harm reduction services)
- Increased availability of and decreased barriers to care/services, especially for those disproportionately affected by overdose and those previously underserved by overdose prevention programs and the health care system

**Category B: Community-Based Linkage to SUD Care Navigators**

MDH will develop a network of organizations spread across the state offering culturally specific community-based linkage to care, retention in care, and maintaining recovery activities completed by navigators. MDH and the CDC view linkage to care as a cascade of care that includes linking to care, retention in care, and supporting recovery. It is critical to increase access to care within community settings to minimize health disparities associated with drug overdose and overdose co-morbidities and meet individuals where they are in their substance use and recovery journey. Applicants should identify specific populations experiencing a disproportionate burden of substance use disorder within their jurisdictions and ensure that health equity and stigma reduction are appropriately integrated within their programs. Linkage interventions that facilitate care retention and/or prevention of treatment interruption, as well as access to recovery services, will be supported by this funding. This funding is focused on building capacity in communities to help people with SUD get connected to services.

**Required activities include:**

- Utilize navigators (1.0 FTE) facilitate linking individuals with OUD/SUD to evidence-based treatment (MOUD, and other treatment e.g. CBT, contingency management), support retention in care, harm reduction, and assist with maintaining recovery.
- Build referral pathways and warm hand-offs from key systems and acute care settings
- Provide trauma-responsive case management
- Support individuals with OUD/SUD to address barriers and provide connection to resources
- Participate in a quarterly collaborative meeting with other MDH-funded Navigators. The purpose of these quarterly meetings is to build relationships, trouble-shoot challenges, brainstorm pivots, and celebrate successes.

**Community-Based Linkage to SUD Care Navigators data tracking requirements:**

- Number of people referred to a navigator

- Number of people who engaged with a navigator
- Number of people connected to treatment services and/or harm reduction services
- Description of peoples' experience with their referral(s) (including level of follow through)
- Number of organizational partnerships with acute care settings
- Number of meaningful (intentional, client-focused) navigator contacts with people
- Number of people reporting a decrease in negative impacts related to drug and alcohol use
- Description of Navigator pathways for support/referrals

**Community-Based Linkage to SUD Care Navigators grant outcomes include:**

- Increased use of navigators to link PWUD to care and services.
- Increased linkages to care (e.g., use of navigators to link people to evidence-based treatment and promote access and link PWUD to harm reduction services)
- Increased availability of and decreased barriers to care/services, especially for those disproportionately affected by overdose and those previously underserved by overdose prevention programs and the health care system

**Eligible Expenses (both Category A & B) include:**

- Salaries and fringe (1.0 navigator FTE required in both category A & B)
- Training for navigator(s)
- Mileage for navigator(s)
- Supplies, copies, postage directly related to the program
- Drug testing strips
- Low-cost incentives to clients to support successful referrals

**Ineligible Expenses (both Category A & B) include but are not limited to:**

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Food and beverages
- Vehicles
- Gift cards and client stipends
- Prizes, rewards, entertainment, trinkets, or any other monetary incentives
- Land acquisition
- Corporate formation (start-up costs)
- Direct treatment services (purchasing medications, clinical salaries)
- Operation/infrastructure costs (e.g., rent, utilities, etc.)
- Drug disposal costs
- Provision of equipment solely intended for illegal drug use such as cookers/spoons, syringes, and pipes

- Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs
- Housing assistance
- Food assistance
- HIV/HCV and other STD/STI testing
- Safer sex kits
- Childcare and childcare-related purchases (e.g., pack-n-play)
- Furniture or equipment

## 2.3 Grant Management Responsibilities

### Grant Agreement

Each grantee must formally enter into a grant agreement. Sample grant agreement can be viewed here: [Grant Resources - MN Dept. of Health \(https://www.health.state.mn.us/about/grants/resources.html\)](https://www.health.state.mn.us/about/grants/resources.html). 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 MDH'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 quarterly until all grant funds have been expended and all the terms in the grant agreement have been met.

MDH will work with grantees to determine how indicators will be operationalized.

### Grant Monitoring

Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/?id=16B.97>) and Policy on Grant Monitoring ([https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

## Technical Assistance

MDH/Overdose Prevention will provide grantee with ongoing technical assistance, including review of specific project materials such as work plans, evaluation plans, logic models, training materials, etc. If there is a need for additional technical assistance during the grant period, applicants are welcome to request further support. MDH/Overdose prevention will establish a schedule (typically monthly) and process for ongoing check-ins with grantee during the grant period.

## Grant Payments

Per [State Policy on Grant Payments \(https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20\\_tcm36-438962.pdf\)](https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. MDH will review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

MDH and grantee will decide upon monthly or quarterly invoices for payment prior to the executed grant agreement. Invoices for each quarter's expenses should be submitted by the end of the following month (for example, the invoice for October 2024 expenses is due by November 30, 2024).

## 2.4 Grant Provisions

The award decisions of MDH are final and not subject to appeal. Additionally, this 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 the best interest of the State.

### 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 \(https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/\)](https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/);
  - [Metropolitan Council’s Targeted Vendor list: Minnesota Unified Certification Program \(https://mnuccp.metc.state.mn.us/\)](https://mnuccp.metc.state.mn.us/) or
  - [Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9\)](https://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 MN: The list of debarred vendors is available at: [Suspended/Debarred Vendor Detail Information \(https://mn.gov/admin/osp/government/suspended-debarred/\)](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 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=16B.98) and the Office of Grants Management’s Policy 08-01, “Conflict of Interest Policy for State Grant-Making.”

**Applicants must complete the Applicant Conflict of Disclosure form (Attachment D) 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), all applications and their contents are private or nonpublic until the applications are opened.

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

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

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and

employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.

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

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

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 \(Ch. 13 MN Statutes\)](https://www.revisor.mn.gov/statutes/cite/13/full)(<https://www.revisor.mn.gov/statutes/cite/13/full>) and other relevant laws and regulations.

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

## **Audits**

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

## **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. § 363A.02](https://www.revisor.mn.gov/statutes/?id=363A.02). (<https://www.revisor.mn.gov/statutes/?id=363A.02>) The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon

their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. [Minn. Rules, part 5000.3550 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/)

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

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee comprised of diverse external and internal reviewers. 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. Applicants are encouraged to score their own application using the Application Evaluation Scoring Criteria scoresheet attached as (ATTACHMENT F) before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

The scoring factors and weight that applications will be evaluated under are as follows:

<b>Proposal Components</b>	<b>Possible Points</b>
1. Attachment A - Executive Summary	<b>5</b>
2. Attachment A – Organizational Capacity	<b>15</b>
3. Attachment A – Project Design, Implementation, and Performance Measurement	<b>25</b>
4. Attachment A – Equity, Target Populations, and Cultural Competence	<b>30</b>
5. Attachment B - Workplan	<b>20</b>
6. Attachment C - Budget	<b>5</b>
<b>Total:</b>	<b>100</b>

### **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 state agencies to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf) ([https://mn.gov/admin/assets/grants\\_policy\\_08-06\\_tcm36-207113\\_tcm36-207113.pdf](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf)).

### **Notification**

All notices of award and non-award will be sent via email to the contact person listed on the application.

Awarded applicants who are not current vendors in the State’s SWIFT system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize a grantee’s work plan and or budget before a grant agreement can be made final (“executed”). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be March 1, 2024, or the date in which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until August 31, 2028, contingent on satisfactory grantee performance and funding availability.

## RFP Part 3: Application and Submission Instructions

### Letter of Intent

- Organizations intending to submit a proposal are encouraged to email a **Letter of Intent by 4:30 p.m. (CST), by Friday, November 17, 2023** and sent to: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us). Letters of Intent are requested, not required, and not used as a screening tool. There are no required components in the Letter of Intent. The content provided is determined by the applicant. There is no scoring component to the Letter of Intent. Letters of Intent are used by MDH to assist staff in planning for adequate agency resources to complete the proposal review process. Please indicate which category you plan to apply in.

Letters of Intent should be submitted via email with the subject **Navigator Letter of Intent Category A or B “insert organization name”**. An email acknowledging the Letter of Intent was received will be emailed to the person who sent the Letter of Intent.

### 3.1 Application Deadline

- **All applications must be received by MDH no later than 4:30 p.m. central time, on December 22, 2023, and must be submitted to:** [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)

**Late applications will not be accepted.** It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems. An email acknowledging the application was received will be emailed to the person who sent the application.

### 3.2 Application Submission Instructions

- Applications must be submitted via email to: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) with the subject line “Navigator RFP Category A or B – “insert organization name”. Applications may **not** be mailed, or hand delivered to MDH.

### 3.3 Application Instructions

You must submit the following for the application to be considered complete:

1. Application Narrative (**Attachment A**) – *PDF*
2. Work Plan (**Attachment B**) – *Excel*
3. Budget (**Attachment C**) - *Excel*
4. Due Diligence Review Form (**Attachment D**) - *PDF*
5. Applicant Conflict of Interest Disclosure Form (**Attachment E**) - *PDF*
6. 501 (c)(3) Financial Documentation per Due Diligence Form, if applicable -*PDF*

Incomplete applications will be rejected and not evaluated. **Please submit all application documents (1-6) as indicated above in separate attachments and included in one email.**

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: Application Components

### 4.1: Application Narrative (Attachment A)

Applicants must submit a completed Application Narrative (Attachment A), which can be found on the [MDH Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html)

(<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>) Applicants must have Microsoft Word to complete the form.

The **Application Narrative** contains four (of the six) scored sections for a total of 75 out of 100 points.

1. **Executive Summary (5 points)**
2. **Organizational Capacity (15 points)**
3. **Project Design, Implementation, and Performance Measurement (25 points)**
4. **Equity, Target Populations, and Cultural Competence (30 points)**

Applicants must provide answers to the application narrative questions. Applicants are *strongly encouraged* to use the Microsoft Word template provided on the [MDH Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html). (<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>).

The Application Narrative (Attachment A) may not exceed 12 pages. We request that applicants use 12-point Calibri font, one-inch margins, single space, and with page numbers. **When you have finalized your responses, please save this document as a PDF for application submission.**

### 4.2: Workplan (Attachment B)

Applicants must submit a work plan that provides an overview of what the applicant plans to accomplish during the *grant (March 2024 – August 2028)*. **Applicants are strongly encouraged to use the Microsoft Excel template provided on the [MDH Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html)** (<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>)

To ensure that all applicants' work plans have a similar format and length for the review process, we request that applicants use 12-point Calibri font in the work plan tables.

The Workplan is a scored section for a total of 20 out of 100 points.

You will list the project goal, detail the activities and their desired outcomes, including the timeline, and staff position responsible.

#### **Project Goal:**

- One goal statement is sufficient.
- A goal is long term and not necessarily measurable, but it clearly establishes a connection between the problem/priorities and the applicant's intentions.

#### **Project Objectives:**

- Must be tangible, measurable and achievable outcomes specific to what the proposed grant project is intending to accomplish. *Grantees will be required to report measurable results from the objectives at the end of the grant period.*
- Should be patient-centered with the focus on the targeted population and not on organization activities.
- Should pertain to what will happen within the target population, not what the organizations will “do” (which are activities within the work plan).
- Objectives contain four common elements:
  1. An indicator (how the problem will change)
  2. A target (a “who” or a “what,” generally the client)
  3. A time frame (when), and
  4. The amount of measurable change expected in the indicator, or the target.
- Objectives must be in the following format: By (when, date), (% or # of change from a stated base) of (what population), will (indicator – do what, change how).
- For example: **By August 31, 2024, and annually thereafter, 100 clients will have completed a referral to evidence-based SUD treatment (including MOUD, CBT, contingency management, etc.), community resources, or health services.**
- If a proposed objective includes that the grantee will do something, it would be considered an activity and will not score favorably in the review.

#### **Project Activities:**

- Each Project Activity (what the grantee will do) must include timeline and staff/role responsible for project completion.

### **4.3: Budget (Attachment C)**

Applicants must submit a budget narrative (12-month) and budget summary that provides an overview of how funds will be used during the *grant (March 2024 – August 2028)*.

Applicants are ***strongly encouraged*** to use the Microsoft Excel template provided on the MDH [Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>. Please round to the nearest dollar).

There are four tabs/sheets in the Excel budget (Attachment C):

1. Instructions
2. Indirect Guidance
3. Sample 12-Month Budget (***applicants must complete a 12-month budget narrative***)
4. 4.5-Year Budget Summary (applicant must complete a 4.5 year budget summary)

#### **Sample 12-Month Budget Narratives (Attachment C – Tab 3)**

The budget narratives should provide a brief but sufficient explanation of how funds are proposed to be used over a 12-month period. The budget must be consistent with the stated objectives, planned activities and time frame of the project. Where possible, the method for computing estimates should be explained by including quantities, unit costs and other similar

numeric detail sufficient for the calculation to be duplicated. **Please round to the nearest dollar.**

The Budget Narrative is a scored section for a total of 5 out of 100 points.

Applicants should organize their expenditures into the following categories:

### 1. Salary and Fringe Benefits

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

- Position title, FTE, and name of the staff person, if known
- Salary charged to grant
- Fringe benefit rate
- Example: Harm Reduction Navigator: 1.0 FTE x \$60,000/year + \$6,000 (.10 fringe benefit rate x \$60,000) = \$66,000

The staff included in this section of the budget narrative should be the same as the staff included in the work plan. All salaries/fringe must be backed by time documentation. Grantees must invoice based on actual salary and fringe amounts, not on budgeted amounts.

### 2. Contractual Services

For any proposed subcontractors, applicants must list the following:

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

Grant funds may be used for small contracts – such as facilitators, speakers, or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities. If grantees subcontract out grant funds, they must follow the procurement methods listed in the ***Uniform Guidance 200.318 through 200.327***. If grantees subgrant out grant funds, then the grantee will need to provide the same monitoring and oversight that MDH is obligated to provide.

### 3. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals. Grant funds may be used for related professional development and trainings, but funds cannot be used for out-of-state travel without prior written approval from MDH.

Below is an overview of the [State of Minnesota Commissioner's Plan \(https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf\)](https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf).

#### 4. Supplies and Other Expenses

Briefly explain the expected costs for items and services you will purchase to run your program. Generally, supplies include items that are consumed during the project.

Any item over \$5,000 that has a useful life of one year or more is considered equipment and requires additional approvals.

Additional rows can be added, if needed.

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the work plan.

If the Grantee is including incentives as a part of the work plan and budget, the Grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee's policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the following: separation of duties, distribution of incentives, incentive tracking documentation, reconciliation, subgrantee/subcontracting oversight regarding incentives, lost or stolen incentives, and invoicing. Please see the sample grant agreement for more detailed information regarding the required procedures to implement incentives as a part of the work plan and budget.

Please be descriptive for each category and the associated cost within the other line item.

#### 5. Indirect Costs

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

If applicants do not have a federally negotiated rate, **list what is covered in your organization's indirect cost pool**. For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to Tab two of the budget spreadsheet.

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

#### 4.5-Year Budget Summary (Attachment C – Tab 4)

Please complete a 4.5-year total budget summary to equal the full grant amount, not to exceed \$400,000. Please round to the nearest dollar.

## 4.4: Due Diligence (Attachment D)

The Due Diligence Review Form can be found on the [MDH Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>). Per MDH policy, the Due Diligence Form is required for all applicants.

Please note that the Due Diligence Review Form score is not part of the 100 total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

**Applicants must complete the Due Diligence Form, sign, and submit it as part of the completed application.** Failure to complete and submit this form will result in disqualification from the review process.

## 4.5: Conflict of Interest Disclosure Form (Attachment E)

The Applicant Conflict of Interest Disclosure Form can be found on the [MDH Utilizing Navigators to Support Linkage to Substance Use Disorder Care and Harm Reduction Services RFP webpage](https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html) (<https://www.health.state.mn.us/communities/opioids/mnresponse/navrfp.html>)

**Applicants must complete the Applicant Conflict of Disclosure form, sign, and submit it as part of the completed application.** Failure to complete and submit this form will result in disqualification from the review process.

On the form it asks for the MDH Grant Program Name. The MDH Grant Program Name for this application is: 2023 CDC OD2A.

## 4.6: Financial Documentation per Due Diligence Form, if applicable

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

Question 15 on the Due Diligence Review Form requires that applicants submit the documentation that corresponds with their total revenue from the most recent twelve-month accounting period:

- Less than \$50,000: The most recent Board-approved financial statement
- \$50,000 - \$750,000: The most recent IRS form 990
- More than \$750,000: The most recent certified financial audit

While all three types of documentation are distinct and different in appearance, they contain much of the same information. Failure to submit this information will result in disqualification from the review process.

# RFP Part 5: Evaluation Scoring Criteria

## Application Evaluation Scoring Criteria (Attachment F)

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

### Rating Levels

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
Very Good or 4	Substantial response: meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
Good or 3	Generally, meets minimum requirements; probability of success; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

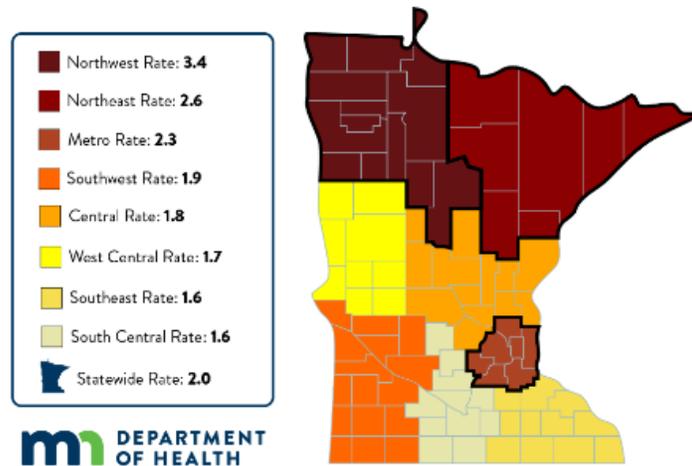
### Scoring Selection – Scored up to 100 points

Proposal Components	Possible Points
1. Attachment A - Executive Summary	5
2. Attachment A – Organizational Capacity	15
3. Attachment A – Project Design, Implementation, and Performance Measurement	25
4. Attachment A – Equity, Target Populations, and Cultural Competence	30
5. Attachment B – Workplan	20
6. Attachment C – Budget	5
Total:	100 points

## Priority Populations/Geographical Areas:

- Areas of MN disproportionately impacted by overdose (**Northwest, Northeast, Metro**)  
*\*see below map for the counties included in each region.*
- American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans
- Justice-involved Minnesotans
- People experiencing homelessness

### Nonfatal Overdose Rate by Region (Age-adjusted rate per 1,000 residents)



Source: Hospital Discharge Data 2022, Injury and Violence Prevention, Minnesota Department of Health

#### *Nonfatal Overdose Rate by Region (age-adjusted per 1,000 residents)*

Source: Hospital Discharge Data 2022, Injury and Violence Prevention, Minnesota Department of Health.  
Northwest Rate: 3.4; Northeast Rate: 2.6; Metro Rate: 2.3; Southwest Rate: 1.9; Central Rate: 1.8;  
West Central Rate: 1.7; Southeast Rate: 1.6; South Central Rate: 1.6; Statewide Rate: 2.0.

### Attachment A: Executive Summary (5 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly describes the following:</p> <ul style="list-style-type: none"> <li>• Project goal(s)</li> <li>• Anticipated number of individuals to be served over the life of the project</li> <li>• Target population (score higher for priority populations)</li> <li>• Geographical are to be served (score higher for priority areas)</li> <li>• Intended project impact</li> </ul>	x

### Attachment A: Organizational Capacity (15 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly describes the following:</p> <ul style="list-style-type: none"> <li>• History</li> <li>• Geographical reach, i.e., county, cities, region served (score higher for priority geographical locations)</li> <li>• Number of unduplicated people served by the applicant organization in 2022</li> <li>• Demographics of those served in 2022 (score higher for priority populations)</li> <li>• Current staffing model</li> </ul>	x
<p>The applicant organization currently provides similar programming that is directly relatable to the goals related to this grant. They are well positioned to identify people who use drugs (PWUD) and experienced in providing support/navigation services/access to harm reduction services to PWUD. The applicant has the capacity to serve a high number PWUD.</p>	x
<p>The applicant demonstrates skill and experience of lead staff with experience providing the proposed services.</p>	x

## Attachment A: Project Design, Implementation, and Performance Measurement (25 Points)

Criteria	Score (1 -5)
<p>The applicant organization clearly outlines a plan to provide the proposed services. It includes a timeline and short- and long-term goals that include increasing the number of PWUD receiving support from a Navigator, increasing the number of referrals to evidence-based treatment and other services, and increasing the number of PWUD provided with harm reduction tools</p>	x
<p>The applicant organization demonstrates that they are well-positioned and have developed a clear and executable plan to identify PWUD that is trauma-responsive and person-centered. They have described how they will provide trauma-responsive and person-centered support and navigation services to PWUD.</p>	x
<p>The applicant demonstrates they are well-positioned to increase access to SUD-treatment, community resources, health services, harm reduction tools. The applicant demonstrates what resources they offer internally, and which will be offered via partnerships. The applicant organization demonstrates how they will utilize partnerships and community collaboration to provide navigation services to PWUD. They have or will have partnerships/collaborations in place to provide navigation to PWUD. The applicant organization has a plan to collaborate effectively with referrals pathways built from and/or to key systems and acute care settings*. These collaborations/partnerships will support program outcomes of increasing access to evidence-based SUD treatment, harm reduction tools, and or other community resources.</p> <p><i>*Acute care settings are only a requirement for the community-based organization category.</i></p>	x
<p>The applicant organization has a clearly defined outcomes that are attainable during the 2-year grant period that are focused on the target population (not focused on what the organization will achieve). These outcomes are clearly aligned with the outcomes stated in the RFP (pages 9 and 10 of the RFP) under the category that the applicant is applying under.</p>	x
<p>The applicant has developed a plan to track qualitative and quantitative data. Project data aligns with the required project data identified in the RFP (pages 9 and 10 of the RFP). The applicant describes the process of how data will be collected and stored and any tools that will be used to support program data collection. The applicant has experience collecting and reporting similar data.</p>	x

## Attachment A: Equity, Target Populations, and Cultural Competence (30 Points)

Criteria	Score (1 -5)
<p>The applicant has identified a focus population(s) and/or a geographical region at higher risk for non-fatal overdose.</p> <ul style="list-style-type: none"> <li>• Areas of MN disproportionately impacted by overdose (<b>Northwest, Northeast, Metro</b>)</li> <li>• American Indian/Alaskan Native, Black, and Pacific Islander/Native Hawaiian Minnesotans</li> <li>• Justice-involved Minnesotans</li> <li>• People experiencing homelessness</li> </ul>	x
<p>The applicant demonstrates skills and experience providing culturally responsive services to the focus population(s) being served or that will be served.</p>	x
<p>The applicant has clearly laid out a plan to ensure culturally responsive services will be provided under this grant project. The applicant’s proposed activities are aligned with the cultural practices and values of the intended service population.</p>	x
<p>The applicant demonstrates that they partner with the community they intend to serve to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>	x
<p>The applicant has demonstrated that they can provide services in a language(s) other than English. These language skills are directly relatable to the target population.</p>	x
<p>The applicant shows a strong history of working to eliminate health disparities and advancing health equity for the identified focus population.</p>	x

### Attachment B: Work Plan (20 Points)

Criteria	Score (1 -5)
The applicant organization has provided a clearly defined long-term goal(s) which establishes a connection between the problem/priorities and the applicant’s intentions.	X
The applicant organization has a clearly defined objectives which are attainable given then the project design. The objectives are clear, measurable, attainable, and achievable. The objectives are focused on PWUD (not focused on the organization will do). The objectives should pertain to what will happen within the target population, not what the organizations will “do”.	X
The applicant organization has demonstrated action steps (activities) that are comprehensive and clearly describe and how they will support the identified objectives. Included for each activity is a description of the anticipated outcome and evaluation measures (as applicable). Applicant also includes expected timeline and staff/partners who will be involved in the activity.	X
The applicant organization has embedded evaluation into the workplan to evaluate the impact of the proposed project and collect the required data tracking requirements.	X

### Attachment D: Budget Spreadsheet (5 Points)

Criteria	Score (1 -5)
The budget detail and justification/narrative are clear and provides a description of how funds will be used for the grant period. The expenses will contribute to the project goal(s). The expenses included in the budget detail and justification supports activities outlined in the work plan. The narrative detail in the budget provides detail of how the budget numbers were determined. The expenses are eligible (pages 10 and 11 of the RFP).	X

## RFP Part 6: Application Checklist

- All application documents must be completed, attached as separate documents, and sent in one email to [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) by **December 22, 2023, by 4:30 p.m. CST.**

### Required Application Documents

1. Application Narrative (Attachment A) – PDF
  - Up to 12 pages
  - 12-point Calibri font, one-inch margins, single spaced, add page numbers
2. Work Plan (Attachment B) - Excel
3. Budget Spreadsheet (Attachment C) – Excel
4. Due Diligence Review Form (Attachment E) – PDF
5. Applicant Conflict of Interest Disclosure Form (Attachment F) – PDF
6. Financial Documentation per Due Diligence Form, if applicable - PDF