



# **Overdose Fatality Review (OFR) Team Development and Implementation Grant**

REQUEST FOR PROPOSAL (RFP)

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To obtain this information in a different format, call: 1-888-345-0823

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Overdose Fatality Review (OFR) Team Development and Implementation Grant Program
- **Minnesota Department of Health (MDH) Program Website:**  
[Minnesota Drug Overdose Prevention Grant Program – MN Dept. of Health](https://www.health.state.mn.us/communities/overdose/response/ofrrfp.html)  
(<https://www.health.state.mn.us/communities/overdose/response/ofrrfp.html>)
- **Application Deadline:** The completed application must be submitted by 4:30 p.m. (CST) on February 2, 2026. Late or incomplete applications will NOT be accepted.

### 1.2 Program Description

The Minnesota Department of Health's (herein after MDH) Injury Prevention and Mental Health Division is seeking proposals to strengthen Minnesota's response to overdose fatalities through the implementation of an Overdose Fatality Review (OFR) process.

The goal of this funding is to ensure that communities, whether newly establishing an OFR process or building upon existing experience, have the resources, support, and guidance necessary to reduce overdose deaths and improve public health outcomes statewide.

#### **The Overdose Fatality Review Team Development and Implementation program focus:**

- Support communities **establishing new OFR teams**, providing the foundational support needed to build capacity, infrastructure, and partnerships from the ground up.
- Support communities with **Existing OFR teams**, helping them sustain, enhance, and expand their efforts to conduct more comprehensive reviews, improve data use, and implement effective prevention strategies.

The purpose of this funding is to expand OFR teams across Minnesota, enabling communities to conduct comprehensive, systematic reviews of overdose deaths within their jurisdictions. These reviews help identify, analyze, and address the factors contributing to overdose fatalities to inform future prevention and intervention strategies. Effective OFR teams rely on strong local, multidisciplinary collaboration and are strengthened by the lived and living experiences of people who have overdosed, as well as the insights of their families, to guide case reviews and recommendations.

OFRs are designed to analyze individual overdose cases to uncover systemic issues, service gaps, and missed opportunities for intervention. They strengthen collaboration among public health, public safety, health care, and social service partners, resulting in actionable, data-driven recommendations to prevent future deaths. By enhancing local and state overdose prevention efforts, OFRs generate valuable insights into trends and disparities, enabling targeted interventions and equitable resource allocation. They also build community engagement, raise awareness, and serve as a mechanism for monitoring and evaluating progress in addressing the overdose crisis.

## 2026 OFR TEAM DEVELOPMENT AND IMPLEMENTATION GRANT

MDH is seeking proposals for the grant period **April 6, 2026, to October 8, 2027** (18-month period). The request for proposal will fund projects based on two application tracks. MDH will award up to \$20,000 total per awardee, and it is estimated that approximately six applications will be funded. Responders may only apply for one track.

Funding	Estimate
Estimated Amount to Grant	\$20,000
Estimated Number of Awards	6
Estimated Award Maximum	\$20,000
Estimated Award Minimum	\$10,000

### Establish and implement an OFR team

This funding supports the creation of new Overdose Fatality Review (OFR) teams and the sustainment or enhancement of existing teams across Minnesota. Its purpose is to build essential infrastructure, strengthen capacity, and foster partnerships needed to initiate and advance the OFR process. Through systematic, multi-disciplinary reviews of overdose deaths, teams can identify contributing factors and develop actionable, community-specific prevention strategies. This funding empowers jurisdictions to address the overdose crisis with collaborative, data-driven approaches. It enhances their ability to conduct in-depth reviews, strengthen operations, improve data utilization, and access specialized technical assistance and training. It also supports jurisdictions in scaling efforts, refining best practices, and increasing community engagement. Ultimately, these investments will help OFR teams implement more effective recommendations, reduce overdose fatalities, and improve health outcomes.

## 1.3 Funding and Project Dates

### Funding

The funding source for this grant program is through the National Center for Injury Prevention and Control, Overdose Data to Action in States (CDC-RFA-CE-23-0002).

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.

### Match Requirement

There is no match requirement for this program.

### Project Dates

**RFP Published:** December 2, 2025

**Grant Application due to MDH:** February 2, 2025

**Grant agreements begin (est.):** April 6, 2026

**Grant agreement ends:** October 8, 2027

The grant period will be for eighteen months, contingent on satisfactory 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 \(https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number\)](https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number) or an active registration with the [MN Secretary of State \(https://mbisportal.sos.mn.gov/Business/Search\)](https://mbisportal.sos.mn.gov/Business/Search) and have an active Unique Entity Identification (UEI) Number. Organizations or groups that do not have state or federal recognition must apply with a fiscal agent. **Eligible applicants include county, tribal, city, or local public health and public safety organizations, American Indian-led non-profit organizations, recovery community organizations, and culturally specific non-profit organizations.** 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. 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.

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

- County, tribal, city, or local governments
- American Indian-led non-profit organizations
- Recovery Community Organizations
- Culturally specific non-profit organizations
- Hospitals and health care organizations
- Federally Qualified Health Centers
- 245G Chemical Health Treatment programs

## Collaboration

Applicants must include OFR team participation from both local public health and public safety organizations to apply for this funding and must provide a letter of support from at least one public safety organization demonstrating commitment to partnership and collaboration in the OFR project activities. If the applicant is not a public health organization, a letter of support from a public health organization is required. Include a description of how the public safety and/or public health partner will be engaged in the planning, implementation and evaluation of the proposed work. Tribal Nations may apply as a public health organization and include a letter of support from their Tribal public safety department. **Applications that do not include documented public safety and health partnerships will not be considered.**

## 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).

Every attempt will be made to provide answers within five business days, but no later than 4:30 p.m. Central Standard Time (CST) Wednesday, January 28, 2026, on the [Minnesota Drug Overdose Prevention Grant Program FAQ page](https://www.health.state.mn.us/communities/opioid/mnresponse/preventionrfp/faq.html)  
(<https://www.health.state.mn.us/communities/opioid/mnresponse/preventionrfp/faq.html>)

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 Information Meeting

MDH staff will provide a webinar opportunity for potential applications to ask questions about the RFP. Applicants are strongly encouraged, but not required, to participate in the webinar. The webinar will be held on **Monday, January 12, 2026 from 1 p.m. -2 p.m. (CST)**.

Information about how to join the webinar will be posted at [Minnesota Drug Overdose Prevention Grant Program - MN Dept. of Health](https://www.health.state.mn.us/communities/overdose/mnresponse/preventionrfp/index)  
(<https://www.health.state.mn.us/communities/overdose/mnresponse/preventionrfp/index>).

## 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 \(08-02 Grants Policy Revision September 2017 final\)](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities. 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 at Health Equity MN Dept. of Health \(https://www.health.state.mn.us/communities/equity/index.html\)](https://www.health.state.mn.us/communities/equity/index.html).

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

#### Statewide Overdose Data Context

Minnesota continues to experience preventable deaths from drug overdose. In 2024, the statewide rate of fatal overdose was 17.3 per 100,000 persons. In 2023, the most recent data available, accidental overdose was the second leading cause of death by injury in Minnesota.

The Northeast and Metro regions experienced rates higher than the statewide rate (17.4 and 22.4 per 100,000 persons, respectively). These differences may reflect variations in access to treatment and recovery services, housing stability, substance use patterns, and other social and structural conditions that influence risk.

While overdose affects communities across Minnesota, some regions and populations experience a disproportionate burden of fatal overdose. Addressing these disparities requires data-driven, coordinated prevention and response efforts that center the communities most impacted. Applicants are expected to use local data to describe which populations or communities in their jurisdiction are most impacted by fatal overdose and why. Applicants should explain how their proposed OFR work will respond to those inequities. Publicly available overdose data resources from the Minnesota Department of Health and local partners may be used to support this description.

#### Local data sources include:

- [Drug Overdose Deaths - MN Dept. of Health \(https://www.health.state.mn.us/communities/injury/midas/drugdeath.html\)](https://www.health.state.mn.us/communities/injury/midas/drugdeath.html)
- [Drug Overdose Dashboards - MN Dept. of Health \(https://www.health.mn.gov/communities/overdose/data/dashboards.html\)](https://www.health.mn.gov/communities/overdose/data/dashboards.html)

**This grant will serve:**

- **Public Health Agencies**, to identify trends, emerging substances, and risk factors in the community.
- **Health care Providers**, to identify missed opportunities for intervention, such as follow up care, treatment referrals, or naloxone distribution. Emergency department and clinical staff receive guidance on best practices to prevention overdose deaths.
- **Individuals and Families**, who may benefit indirectly through system improvements informed by OFR findings.
- **Community Organizations**, like harm reduction programs, recovery services, and social service agencies which can adjust interventions based on OFR recommendations and strengthen collaboration and coordination.
- **Policy Makers and Funders**, who can inform policy decisions, resource allocation, and the design of prevention initiatives.
- **Law Enforcement and First Responders**, like EMS, police, and fire departments to gain insights into overdose patterns and high-risk situations.
- **Communities at Large**, which need reduced overdose fatalities through targeted, data-driven interventions.

**Grant outcomes will include:**

- Identification of gaps in public health, health care, and social service systems, and missed opportunities for prevention that contribute to overdose deaths.
- Improved coordination and data sharing among public health, hospitals, EMS, law enforcement, behavioral health, and community organizations to increase awareness and develop targeted, community specific prevention strategies.
- Development and implementation of recommendations for improved practices in emergency departments, primary care settings, substance use treatment programs, public health programs, harm reduction programs, and/or community-based organizations.
- Reduction of overdose in communities through timely interventions.
- Data-informed recommendations for policy changes, such as harm reduction initiatives or prescribing practices.
- Measurable indicators for evaluating the effectiveness of interventions and community programs.

## 2.2 Eligible Projects

MDH's Injury Prevention and Mental Health Section is seeking proposals through the Overdose Data to Action in States funds to address the full spectrum of needs in Minnesota's response to overdose fatalities through two tracks.



## Track 1: New to OFRs

Track one is designed for communities or organizations that are initiating an OFR for the first time. This track provides foundational support to establish a sustainable OFR program, including guidance on forming a multidisciplinary team, developing governance structures, and creating data-sharing agreements. Participants will receive technical assistance and training on case identification, review protocols, and best practices for collaboration across public health, public safety, and community partners. The goal of Track 1 is to build the infrastructure and capacity necessary for a successful and legally compliant OFR ensuring communities are well-prepared to analyze overdose deaths and implement prevention strategies.

### Track 1 required activities include:

- Complete community readiness scan.
- Identify, recruit, and/or onboard OFR team members from various sectors such as public health, public safety, medical examiner's office, social services, health care, non-profits, peer recovery services, harm reduction services, faith-based organizations, local schools, and people with lived/living experience.
- Designate an OFR Coordinator.
- Establish data sharing agreements/data user agreements/memorandums of understanding/confidentiality agreements or other agreements between partner organizations that will be sharing identified case information.
- Conduct and implement at least six OFRs.
- Enter OFR data and recommendations into REDCap no more than 30 days after each OFR is conducted (refer to REDCap document attachment).
- Participate in and share review findings and identified recommendations with the State Overdose Fatality Review Advisory Board.
- Submit a final report highlighting accomplishments, process improvements, and impact of recommendations on overdose prevention efforts.
- Applicants shall clearly describe their commitment to the continuance of OFRs and that the work started through this funding award is sustainable beyond the funding period. Specifically, applicants shall describe how they will build sustainability planning into their OFR efforts. This includes identifying how the OFR initiatives will be integrated into your organization's operations beyond the grant award.

## Track 2: Experienced in OFRs

Track two is intended for communities or organizations with an established OFR process that have already conducted case reviews. This track focuses on enhancing and expanding OFR programs by providing advanced technical assistance, opportunities for peer learning, and support for improving data analysis, reducing disparities, and implementing actionable recommendations. Participants will receive guidance on deepening engagement with multidisciplinary partners, strengthening cross-sector collaboration, and refining strategies to translate case review findings into targeted overdose prevention and harm reduction interventions.

**Track 2 required activities include:**

- Complete community readiness scan.
- Continue to conduct and implement at least, but not limited to, nine OFRs.
- Enter OFR data and recommendations into REDCap within 30 days after each OFR is conducted.
- Review and refine existing OFR processes, including team composition, data-sharing agreements, and review protocols to improve efficiency and collaboration.
- Strengthen engagement with multidisciplinary team members, ensuring inclusion of diverse perspectives and community voices, including people with lived/living experience.
- Analyze OFR findings to identify trends, disparities, and actionable recommendations, and implement strategies to address them.
- Participate in peer learning opportunities and technical assistance sessions to enhance OFR practices and cross-section collaboration.
- Share findings, lessons learned, and implemented recommendations with the State Overdose Fatality Review Advisory Board.
- Submit a final report highlighting accomplishments, process improvements, and impact of recommendations on overdose prevention efforts.
- Applicants shall clearly describe their commitment to the continuance of OFRs and that the work started through this funding award is sustainable beyond the funding period. Specifically, applicants shall describe how they will build sustainability planning into their OFR efforts. This includes identifying how the OFR initiatives will be integrated into your organization's operations beyond the grant award.

**Eligible Expenses**

- Salaries and fringe to implement, manage or evaluate an OFR.
- Training technical assistance sessions, workshops, or conferences on OFR processes and best practices.
- Reserving meeting space or other logistical needs.
- Developing and disseminating outreach materials to promote the program and educate local stakeholders on its purpose and benefits.
- Mileage for needed travel.

**Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Food and beverages.
- Vehicles.
- 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.
- Housing assistance.
- Food assistance.
- HIV/HCV and other STD/STI testing.
- Safer sex kits.
- Childcare and childcare-related purchases.
- Furniture or equipment.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Efforts to improve the sharing, availability, and/or use of data that are not directly related to drug threats, overdose, or their associated drivers and harms.
- Direct patient care for those experiencing disrupted access to prescription opioids or other substances.
- Naloxone.

## 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 and the State's Authorized Representative has notified the grantee that work may start.

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

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

## Accountability and Reporting Requirements

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

### Data will be collected in the following ways:

- Grantees will be expected to document ongoing output and outcome indicators via REDCap through the case reporting process described above. This information includes content about cases being reviewed, OFR participants, and identified recommendations.
- Grantees will be asked to submit progress outcomes related to recommendations identified on an annual basis, indicating if recommendations have been implemented and any barriers related to implementation.
- Final documentation: Grantees will be expected to participate in a grant summative evaluation process. This may include an exit interview or site visit, final report, or survey. Exact methods will be determined in partnership with grantees to document lessons learned, programmatic adaptations, and emergent outcomes.

### All funded applicants will be asked to report the following common measures:

- Geographical area of focus (counties, zip codes, cities, etc.).
- Number and frequency of OFR meetings, meeting participant by role.
- Population of focus for case selection.
- Description of the recommendations identified because of the OFR, lessons learned, and emergent best practices to prevent drug overdose and associated morbidity.

## Grant Monitoring

MDH will conduct annual monitoring visits and financial reconciliations throughout the grant period. They will be scheduled individually with each grantee. [Minn. Stat. § 16B.97](https://www.revisor.mn.gov/statutes/cite/16B.97) (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and [Policy on Grant Monitoring](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) ([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:

- Monthly check-ins with the assigned grant manager.
- Review of monthly or quarterly performance and financial reports.
- Communication regarding any significant developments or challenges.
- Additional monitoring activities if the grantees risk level increases.

## Technical Assistance

MDH 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. The MDH Overdose Prevention Unit 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 \(https://mn.gov/admin/government/grants/policies-statutes-forms/\)](https://mn.gov/admin/government/grants/policies-statutes-forms/) 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.

## 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](https://www.revisor.mn.gov/statutes/cite/363A.02); 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 \(https://mn.gov/mdhr/\)](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 \(https://www.revisor.mn.gov/rules/5000.3550/\)](https://www.revisor.mn.gov/rules/5000.3550/).

## Audits

Per Minn. Stat. § 16B.98 ([https://www.revisor.mn.gov/statutes/?id=16B.98,subd. 8](https://www.revisor.mn.gov/statutes/?id=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 (<https://www.revisor.mn.gov/statutes/cite/16B.98>) and the Office of Grants Management's Policy 08-01, ([https://mn.gov/admin/assets/OGM Policy 08-01 Conflict of Interest Policy for State Grant-Making tcm36-707167.pdf](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20tcm36-707167.pdf) (PDF)).

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

### Organizational conflicts of interest occur when:

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

### Individual conflicts of interest occur when:

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

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

## 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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](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 \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/13.599), subd. 3(a)).

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

## 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 and make recommendations to MDH.

MDH will review all committee recommendations and is responsible for making final decisions on all applications and will balance the recommendations by the review teams with the total funding available. **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.

The scoring factors and weight that applications will be judged are based on criteria detailed in Attachment A: Application Evaluation Scoring Criteria.



## Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with [Policy on Preaward Risk Assessment \(https://mn.gov/admin/government/grants/policies-statutes-forms/\)](https://mn.gov/admin/government/grants/policies-statutes-forms/).

## 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 can be found via the Injury Prevention and Mental Health Grants Portal during the application process.

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 April 6, 2026, or the date on which all required signatures are obtained, whichever occurs later. The grant agreement is anticipated to remain in effect through approximately October 8, 2027, contingent upon satisfactory grantee performance and the continued availability of funding.

## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

All applications must be received by MDH no later than 4:30 p.m. (CST), on February 2, 2026.

**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.** The Injury Prevention and Mental Health Grants Portal will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the applicant is still in draft status by the application deadline, you will no longer be able to edit or submit the application.

If you do not receive an automated email confirming submission, or encounter any other issues with the online application, please contact [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us). We encourage you to submit in advance of the deadline to allow time to address any technical issues.

### 3.2 Application Submission Instructions

Applications must be submitted electronically through the [Injury Prevention and Mental Health Grants Portal \(https://www.grantinterface.com/Home/Logon?urlkey=mndhoivp\)](https://www.grantinterface.com/Home/Logon?urlkey=mndhoivp). Please reference the [Foundant Grantee Guide \(https://www.health.state.mn.us/communities/opioids/documents/2025ofrfoundant.pdf\)](https://www.health.state.mn.us/communities/opioids/documents/2025ofrfoundant.pdf) for information on account creations, password recovery, application creation, and collaboration.

- **Existing users:** If your organization has an existing grant with MDH and if you have a user account, please enter your credentials and log-in. If you forgot your password, please use the "Forgot your Password?" link to reset your password.
- **New users:** If your organization does not already have a profile in the system, you will need to create an account. Please click on "Create New Account" to complete the registration process and create your logon credentials.
- **Not sure?** If you think you or someone at your organization has already registered your organization in the system, do not create a new account. Please contact the program administrator at [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us) to receive a username and password.

Once in the system, click on the link "apply" located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system; select the appropriate program. Read "RFP 3.3: Application Instructions" within the request for proposal for further instructions on how to address applications questions outlined in the online portal.

If you have any questions, please submit them to: [health.preventionrfp@state.mn.us](mailto:health.preventionrfp@state.mn.us)

### 3.3 Application Instructions

You must submit **all** the following in the [Injury Prevention and Mental Health Grants Portal \(https://www.grantinterface.com/Home/Logon?urlkey=mndhoivp\)](https://www.grantinterface.com/Home/Logon?urlkey=mndhoivp) in order for the application to be considered complete:

- Section 1 Organization and Application Information.
- Section 2 Project Information.
- Section 3 Executive Summary (10 Points).
- Section 4 Organization Capacity (Track 1- New to OFRs or Track 2- Experienced in OFR Reviews) (10 Points).
- Section 5 Project Design, Implementation, and Performance Measures (40 Points).
- Section 6 Promoting Equity, Supporting Affected Populations, and Healing in OFR (20 Points).
- Section 7 Workplan (10 Points).
- Section 8 Budget (10 Points).
- [Section 9 Conflict of Interest \(https://www.health.state.mn.us/about/grants/coiapplicant.pdf\)](https://www.health.state.mn.us/about/grants/coiapplicant.pdf).
- [Section 10 Required Attachments \(Due Dilligence, Audited Financial Statement Forms \(https://www.health.mn.gov/about/grants/duediligence.pdf\)\(PDF\)\)](https://www.health.mn.gov/about/grants/duediligence.pdf).
- Section 11 MOUs or Letters of Support

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: Application Guidance

**Section 1. Organization and Applicant Information:** Basic information about the applicant entity is requested, including legal and business name, address, and tax identification. This information will be used for contracting purposes.

**Section 2. Project Information:** Includes contract information for the Authorized Representative (AOR), Fiscal Management Officer, and Contact Person for the Project Administration.

**Section 3. Executive Summary (10 Points):** Describes the OFR proposal, including goals, anticipated number of individuals and organizations that will directly participate in the OFR process, and the populations and geographic areas that will be of focus through this initiative.

**Section 4. Organizational Capacity (10 Points):** If you are new to OFRs or experienced this section will ask you about your interests in initiating OFRs and outcomes hoping to achieve.

**Section 5. Project Design, Implementation, and Performance Measures (40 Points):** Describes the organization's capacity to convene and coordinate a multidisciplinary OFR team, including staff time, leadership support, and data resources. Addresses data sharing and agreements, identifies potential challenges and strategies to overcome them, and outlines practices and strategies to ensure OFR program sustainability.

**Section 6. Promoting Equity, Supporting Affected Populations, and Healing in OFR (20 Points):** Describes how the organization is prepared to conduct OFRs using a trauma-informed approach that acknowledges historical trauma, substance use, or systematic inequities. Explains strategies for engaging families and community partners who speak languages other than English, ensuring accurate communication, cultural understanding and meaningful participation throughout the review process.

**Section 7. Workplan (10 Points):** The workplan summarizes the main activities you will use grant funds for to accomplish grant outcomes. It should summarize the work described in our project description. In this section you will list each activity for the grant period. Each activity will also have an associated start and end date as well as the role of the person responsible for the activity.

**Section 8. Budget (10 Points):** The Budget in the online application includes two sections, Narrative and Line-Item requests. The expenses included in the Grant Funds Requested column are those that will be supported by grant funds. The budget should be specific to the grant project described in the applicant's project narrative and is not intended to represent the organization's total budget.

## Budget Narrative

Provide a detailed outline of how funds will be used to accomplish the activities and objectives of the grant. Each budget category should have its own narrative that clearly shows how the budget line item was calculated (see examples below). Budget items should match the activities described in the project plan and workplan.

### Budget Categories

**Salaries:** Salaries should include the costs of personnel who work directly for the applicant and are paid a salary or wage directly from the applicant organization. This should not include administrative staff included in the indirect rate. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.

**Fringe:** This category includes share of pay roll tax, health insurance costs for employees billed to this grant under the “salaries” category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. This is often calculated at a percentage of the salary (example: \$50,000 x .25% fringe = \$12,500).

**Travel:** This category includes travel expenses necessary to complete the grant project.

**Supplies:** This category includes supplies needed specifically for the grant project. It cannot include existing program expenses.

**Contracted:** This category includes expenses for individuals or organizations the applicant contracts with to complete the project, including facilitators and trainers.

**Equipment/Capital:** This category includes funding used to purchase equipment or to make capital improvements necessary to complete the grant project. Equipment has a value of \$10,000 or over. Items below \$10,000 are considered supplies.

**Other expenses:** Use the “other” categories to enter expenses that do not fit in the rest of the budget categories, for example stipends intended for community members to attending planning meetings.

**Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all an organization’s programs that benefit from them. Grantees cannot claim indirect costs more than the indirect cost rate that applies to their organization. Grantees must submit and retain on-file the corresponding documentation of that indirect rate as outlined below:

1. Grantees with a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding that rate. Grantees must submit proof of the federally negotiated indirect cost rate as an attachment to this application. Grantees are responsible for ensuring that the rate is not applied to direct costs that are excluded from the indirect rate.
2. Grantees without a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding 15% of total direct costs.

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3. Please describe what items are included in your indirect costs. For example, accounting staff, management staff, accounting software, facilities rent or mortgage, grant management software, etc.

## Grant Budget Line-Item Request

Grantees may choose to use the [Sample Budget Worksheet](https://www.health.state.mn.us/communities/opioids/documents/2025ofrrfpworkplan.xlsx)  
(<https://www.health.state.mn.us/communities/opioids/documents/2025ofrrfpworkplan.xlsx>)  
to calculate budget costs before entering them in the application portal.

## **RFP Part 5: Attachments**

Attachment A: Application Evaluation Scoring Criteria

Attachment B: Sample Workplan

Attachment C: Sample Budget

Attachment D: Grant Agreement Template