

Attachment A: Grant Application Questions

REQUEST FOR PROPOSALS: COMMUNITY-DRIVEN APPROACHES TO ADDRESS COMMERCIAL TOBACCO USE

All applications for Request for Proposals: Community-Driven Approaches to Address Commercial Tobacco Use must be submitted using the Online Grant Application form on the RFP webpage at <https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp.html>.

Below are the fields from the Online Grant Application. Use this document as a guide as you compile information for your application. Remember to complete all required fields in the Online Grant Application. Required fields are noted with *. Character limits include spaces.

Please read the entire request for proposals (RFP) before completing your application. Applications submitted by any means other than the Online Grant Application will not be accepted.

If you experience problems with the application or need the application in a different format, email tobacco@state.mn.us.

General Information

Lead Organization Information

Organization name*	
UEI number	
SWIFT Vendor ID	
Federal Employer ID (EIN)*	
Minnesota Tax ID*	
Address*	
Executive Director or Chief Executive Officer name*	

Lead Organization Contact Information

Name*	
Title*	
Phone*	
Email*	

ATTACHMENT A: GRANT APPLICATION QUESTIONS

Are you applying with a fiscal agent?*

☐ Yes

☐ No

Fiscal Agent Organization Information

Organization name	
UEI number	
Federal Employer ID (EIN)	
Minnesota Tax ID	
Address	
Executive Director or Chief Executive Officer name	

Fiscal Agent Contact Information

Name	
Title	
Phone	
Email	

Does the applicant represent a tribal government?*

☐ Yes

☐ No

The lead organization must acknowledge and commit to the following:

☐ Grantees must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).

☐ Grantees must not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

Organizational Capacity

20 points (5,000 character limit per question)

Note: If applying with a collaborative organization(s), please include information on all organizations in response to each organizational capacity question below.

1. Describe the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values.
2. Describe key project staff experience and expertise with commercial tobacco cessation. If none, provide a description of experience engaging in health education activities, implementing culturally-tailored interventions, or other relevant work that demonstrates capacity to implement the proposed project. If staff will be hired for the proposed project, describe the experience and skills needed for the work.
3. Describe the capacity of existing or future staff with sufficient experience related to the proposed work to ensure success.
4. Describe the organization's capacity and how leadership will support the project and ensure accountability to carry out the work plan activities and maintain overall support and coordination of the work. If the proposal includes working with Tribal members and the applicant is not a Tribal government, describe the support you received from the Tribal government.

Community Need

15 points (5,000 character limit per question)

5. **Describe the need for this work.** Include which community(ies) you are proposing to serve and how commercial tobacco use or exposure is a problem in this/these community(ies). Descriptions of the problem should include quantitative data, qualitative data, or a description from the community perspective identifying whether the community:
 - Has high prevalence of commercial tobacco use;
 - Is disproportionately impacted by the harms of commercial tobacco;
 - Is less likely to use existing cessation services;
 - Has fewer culturally appropriate commercial tobacco cessation resources available; and/or
 - Is targeted by the tobacco industry.

Project Approach

20 points (5,000 character limit per question)

6. Describe your overall approach to **engaging community members in cessation-related activities to reduce the harms from commercial tobacco products**. Include approach to be taken during the planning period and on-going throughout the full grant (if applicable).
7. Describe why these approaches were chosen and how they are relevant to the community.

ATTACHMENT A: GRANT APPLICATION QUESTIONS

8. Describe which of the activity categories you are proposing to use, why you have selected it/them, for each category selected.
 - Cessation Education (optional)
 - Cessation Promotion and Referrals (optional)
 - Integration of Cessation services (optional)
 - Provision of Cessation Services (optional)
9. Describe the anticipated benefits to the community, for each category selected.
 - Cessation Education (optional)
 - Cessation Promotion and Referrals (optional)
 - Integration of Cessation services (optional)
 - Provision of Cessation Services (optional)

Project Description

30 points (No character limit)

10. **Describe the work to be conducted under each of the categories during year one of the grant.**

Include:

- Key objectives and overview of key activities to be conducted during this period. Some examples may include:
 - Hire staff
 - Train staff, community members, and health care providers, including paying for staff time to participate in trainings, and paying for training fees if relevant and free trainings are not available
 - Gather information through listening sessions, interviews, reviewing documents or reports, surveys, etc. Information gathering may focus on the following topics, but is not limited to:
 - Community and cultural practices, needs, use patterns, and perspectives related to commercial and/or traditional tobacco.
 - Social norms around commercial and/or traditional tobacco use and quitting and the social, cultural, and environmental factors that influence commercial or traditional tobacco use and quitting.
 - Community priorities and how to connect and integrate commercial tobacco cessation with high-priority issues.
 - Real and perceived barriers to quitting.
 - Develop or adapt a commercial tobacco education campaign and materials
 - Develop protocols for referring community members to commercial tobacco cessation services and plan for implementation
 - Determine how an existing evidence-based commercial tobacco cessation program will be modified to be more culturally appropriate and community-driven
 - Develop a novel commercial tobacco cessation program or initiative and an implementation plan.

ATTACHMENT A: GRANT APPLICATION QUESTIONS

- If you are including a planning period, include the development of a post-planning period work plan, communications plan, and evaluation plan, or description on how these will be developed.
- Clearly describe how you will implement the selected activities in each category.
- Describe how the activities during the first year will provide a foundation for future work to build on.
 - If you are proposing a planning period, the description should include how the work conducted during the planning period will inform future work.

Attachments to Upload

Complete and upload the following attachments.

- **Attachment B:** [Work Plan Template](https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-b.docx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-b.docx>)* 15 points
 - Outline the proposed work for the first twelve months.
 - Include clear objectives, SMARTIE goals, timeline, and activities that are realistic and build towards policy change.
 - Include activities, milestones, and identified partners are aligned and will advance the goals and objectives over the first year of the grant.
- **Attachment C:** [Budget Template](https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-c.xlsx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-c.xlsx>)* 10 points
 - Ensure the requested level of funding (including cost breakdown) is justifiable for the proposed activities.
 - Ensure budget includes 5-10% of the total budget for evaluation.
- **Attachment D:** [Due Diligence Review Form](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)*
- **Attachment G:** [Conflict of Interest Disclosure](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
(<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>)*

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us

8/14/2025

To obtain this information in a different format, call: 651-201-3535.