Community-Driven Approaches to Address Commercial Tobacco Use

REQUEST FOR PROPOSALS

August 2025

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Part 1: Overview

1.1 General Information

- **Announcement Title**: Community-Driven Approaches to Address Commercial Tobacco Use – Request for Proposals (RFP)
- **RFP Webpage**: https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp.html
- **Informational Presentation**: A pre-recorded informational presentation about this RFP will be available on the RFP webpage by August 20, 2025.
- **Notice of Intent Deadline**: August 29, 2025 (strongly encouraged but not required)
- **Application Deadline**: October 10, 2025 by 4 p.m. Central Time

1.2 Description

The Minnesota Department of Health (MDH) invites proposals to create **community-driven**[*] programs, practices, or initiatives that engage community members in **cessation support**[†] activities to reduce the harms from commercial tobacco products. The focus for this funding opportunity is populations experiencing commercial tobacco-related disparities.

This RFP is consistent with recommendations made by community partners, as reported in the 2016 report Community Voices: Reducing Tobacco-Related Health Inequities.[1] For example, one recommendation was to "fund community-based organizations, …create longer-term funding opportunities for sustained efforts, and *allow flexibility for grant program activities and outcomes*." While there are many examples of activities that could be allowed under this funding opportunity (see Eligible Projects on p. 8), apart from community engagement, there are no requirements for how funded programs must address commercial tobacco cessation support. Applicants should describe the population(s) that will be served by the grant activities, and why there is a need for addressing commercial tobacco cessation support within the population(s). Successful applicants will explicitly tie proposed activities to the described need and describe how the population(s) served will benefit from the proposed work.

Another similar recommendation made in the report was that MDH "create opportunities for community members to identify what is needed, as well as how to promote existing services and resources in the most effective, appropriate manner." MDH recognizes that community members are best suited to identify and capitalize on their unique strengths and cultural contexts. Communities are at different places with respect to social norms, beliefs, and behaviors around commercial tobacco, and

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[*] "Community-driven" refers to initiatives or approaches where community members take active roles in identifying, planning, and implementing cessation-related interventions that are tailored to the needs and preferences of populations with high rates of commercial tobacco use.

[†] "Cessation support" refers to activities along the behavior-change continuum that encourage and support quitting commercial tobacco or nicotine use. This includes a range of activities, from integrating systems to deliver commercial tobacco use treatment, to promoting services that help people quit. Activities could include education, increasing awareness, encouraging quit attempts, creating linkages to treatment, or providing treatment. MDH has designed this funding opportunity to be flexible and driven by communities (and organizations serving those communities) who know best what steps are needed to address commercial tobacco use within their social networks. Cessation support activities may include new strategies or adaptations of evidence-based strategies. These activities do not need to be exclusively focused on cessation support, but they must support efforts to change knowledge, attitudes, and behaviors around commercial tobacco use.

therefore a one-size-fits-all commercial tobacco cessation support approach will likely not work for Minnesota communities. Applicants are encouraged to propose activities based on what they believe will work best for the specific population(s) they serve.

Commercial tobacco products are tobacco products manufactured and sold by the tobacco industry, like cigarettes, e-cigarettes, cigars, and chew. Commercial tobacco is different from traditional or sacred tobacco, also known as Cansasa, Asemaa, or Kinnikinnick, and which are used by American Indian communities for sacred purposes.[2]

Aligning with the goals of the Centers for Disease Control and Prevention's (CDC) National and State Tobacco Control Program, the overarching goals of this grant program are to:

- Promote quitting of commercial tobacco use
- Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities
- Increase opportunities for and access to cessation and support services

Background

MDH is seeking applications that focus on addressing adult commercial tobacco use treatment. A multi-generational approach, which may include youth, can be used if applicants determine that is appropriate for the selected community(ies) and will help encourage adult cessation and support

MDH recognizes that addressing root causes of health inequities (also known as social determinants of health) is essential to reducing commercial tobacco-related disparities. Applicants are encouraged to connect commercial tobacco use-related efforts to other community concerns or priorities and the social determinants of health. These are defined by public health organizations like MDH and the World Health Organization as the conditions affecting health in places where people live, learn, work, play, worship, and age. Examples of social determinants or root causes of health inequities include:

- Access to health care
- Education
- Employment
- Food access
- Income
- Housing
- Neighborhood conditions
- Public safety
- Racism, discrimination, and violence
- Social connections and support
- Transportation
- Background

Thanks to effective, evidence-based policies passed in the last few decades, Minnesota's smoking rates are the lowest ever recorded. Among adults, the percent of Minnesota adults who smoke cigarettes has decreased from 19.1% in 2011 to 12.2% in 2023.[3] A variety of broad-based, state and local policy, practices, systems, and environmental changes have increased commercial tobacco-free environments, raised the price of commercial tobacco, and reduced access to commercial tobacco products – all of which have contributed to the decrease in commercial cigarette smoking in Minnesota.

Despite this historic progress, commercial tobacco use in Minnesota is still a problem. As noted above, 12.2% of Minnesota adults smoke cigarettes, 7.0% use e-cigarettes, 3.2% use chewing tobacco, snuff, or snus, and around 2% of Minnesota adults use cigars or cigarillos, nicotine pouches, or hookah. Minnesota adults using e-cigarettes has increased from 3.7% in 2016 to 7.0% in 2023.[3]

More concerning is the observed decline in quit attempts over the past decade among adults who currently smoke. In 2023, only 34.5% of Minnesota adults who smoke reported a quit attempt in the

past year, compared to 57.5% in 2011.[3] These data suggest that people who live in Minnesota who smoke need additional support to successfully quit.

Minnesota data also show that specific populations continue to use commercial tobacco products at higher rates than the general population. Due to decades of targeting by the tobacco industry, certain communities have above-average smoking rates.[3, 4] This can lead to addiction and lifelong health conditions that make people more susceptible to a long list of illnesses. As shown in Table 1, African Americans, American Indians, and members of the lesbian, gay, and bisexual (LGB) communities are more likely to smoke cigarettes.

Table 1. Minnesota Adult Smoking Prevalence by Community Group, 2023

Community Group	Smoking Prevalence
American Indian (TTUP II, 2023)	46.0%
American Indian	35.3%
Lesbian, gay, or bisexual	14.1%
African American	13.5%
Hispanic/Latino	10.7%
Asian American	8.0%
Receiving Treatment for mental health condition	16.0%
Diagnosed with depression	17.2%
Minnesota adults overall	12.2%

Table 1: Data source is 2023 Behavioral Risk Factor Surveillance System (BRFSS), except where noted; For the American Indian community, Tribal Tobacco Use Project data is preferable as its sample of American Indian respondents is larger and more accurately represents Minnesota's American Indian populations than other data sources.

Populations experiencing commercial tobacco-related disparities are the focus of this RFP and include those that:

- Have higher prevalence of commercial tobacco use than the general population;
- Are disproportionately impacted by the harms of commercial tobacco;
- Are less likely to use existing cessation support services;
- Have fewer culturally appropriate commercial tobacco cessation support resources available; or
- Are targeted by the tobacco industry.

Find additional Minnesota commercial tobacco data, see Data and Reports | Commercial Tobacco Use (https://www.health.state.mn.us/communities/tobacco/data/index.html).

1.3 Funding and Project Dates

Funding

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, whichever is later. See Table 2 for estimated annual funding amounts.

Table 2: Estimated Annual Funding Amounts

Annual Funding	Estimate
Estimated Total Amount to Grant	$300,000 - $600,000
Estimated Total Number of Awards	3
Estimated Maximum Award	$200,000 annual
Estimated Award Minimum	$100,000 annual

MDH anticipates awarding 3 grants for community-driven approaches to address commercial tobacco use and cessation support.

Match Requirement

There is no match requirement for this grant program.

Project Dates

Grants are anticipated to span three years and are projected to start February 1, 2026 and end January 31, 2029.

1.4 Eligible Applicants

Eligible applicants include community-based organizations, Tribal Governments, federally qualified health centers, and community health boards (CHBs) located within the state of Minnesota.

No grants will be awarded to individuals or informal groups of individuals.

For-profit entities are not eligible for this funding.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number. Organizations without recognition as a formal organization or entity may apply with 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.

[‡] A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent is often a different organization than the operating organization (which performs the work). In a multi-organization collaboration, however, one organization must be designated as the fiscal agent.

Applicants must be located in and conduct grant activities within 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.

Eligible organizations and Tribal Nations currently receiving other grant funds from MDH may apply for this funding opportunity. These grant funds may not be used to duplicate existing efforts funded through MDH or other sources, meaning these grant funds must be used for new or different activities not otherwise being funded.

Although it may be helpful to have previous commercial tobacco cessation support experience, it is not required to apply for funding. MDH is looking for the expertise of organizations that work directly within their communities throughout Minnesota. Applicants may demonstrate capacity for conducting or addressing commercial tobacco cessation support by describing their experience engaging in health education activities or providing culturally tailored interventions, or other relevant work that demonstrates capacity to implement the proposed project.

Collaboration

Collaborations between organizations or entities are welcome but not required. A single application should be submitted on behalf of all partners in the collaboration.

MDH recognizes the sovereignty of Tribal Nations. MDH will only fund non-Tribal-led projects in Tribal communities if the applicant has full support of the Tribal Government. If a non-Tribal applicant proposes to work with a Tribal government or Tribal community, the applicant must be prepared to provide written verification that the Tribal Government approves of the project before a grant award is offered.

1.5 Questions and Answers

All questions about this RFP must be submitted through the RFP webpage at https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp.html. Answers will be posted on the RFP webpage on Mondays, no later than 4 p.m. Central Time through October 6, 2025. The last date to submit questions is September 29, 2025.

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

Informational Presentation

Potential applicants are strongly encouraged to view the recorded informational presentation video. The video will be available on the RFP webpage beginning on August 20, 2025. All questions regarding this RFP must be submitted through the RFP webpage at https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp.html.

Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

MDH is seeking, and will prioritize, applicant organizations that represent and serve populations experiencing commercial tobacco-related disparities. Applicants will identify the community to serve and demonstrate community need. Grantees will measure performance in reaching these populations in annual work plans, progress reporting, and program evaluation of grant activities.

This grant will serve populations experiencing commercial tobacco-related disparities, including those that:

- Have higher prevalence of commercial tobacco use than the general population;
- Are disproportionately impacted by the harms of commercial tobacco;
- Are less likely to use existing cessation support services;
- Have fewer culturally appropriate commercial tobacco cessation support resources available; or
- Are targeted by the tobacco industry.

Applicants will measure performance in reaching the populations proposed to serve in annual work plans, progress reporting, and evaluation of grant activities.

Other Competitive Priorities

Demonstrated experience working with the community(ies) they propose to serve.

2.2 Planning Phase

Applicants are strongly encouraged to include a planning phase for their proposed work. Planning can take place over the first 6-12 months of the project but may be completed sooner. Applicants may use the planning period to gather data, build infrastructure, or conduct other tasks that will support the successful implementation of the selected project activities. The key deliverables for the planning phase are to further refine a post-planning period work plan, a communication plan and an evaluation plan in partnership with MDH for the period following the planning phase in year 1 of the project, as well as years 2 and 3 of the project period.

The planning phase may include the following activities:

- 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 or traditional tobacco.
- Social norms around commercial 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 support 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 support services and plan for implementation
- Determine how an existing evidence-based commercial tobacco cessation support program will be modified to be more culturally appropriate and community-driven
- Develop a novel commercial tobacco cessation support program or initiative and an implementation plan.

Several foundational trainings for commercial tobacco cessation support are available and listed on the RFP webpage at https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp.html. Applicants may include any of these trainings in their planning period (6-12 months), or other trainings that may be available. Applicants are not required to participate in or conduct trainings as part of this funding opportunity.

2.3 Eligible Projects

Projects must be community-driven, respond to community needs and voices, and have the potential to increase community members' knowledge of, motivation for, and participation in commercial tobacco cessation support. Proposed project activities should include approaches that reflect the cultural values and practices of the community and leverage community strengths. Applicants should select from the types of eligible projects based on what activities will best meet the needs of the community(ies) they propose to serve. MDH acknowledges that adjustments to work plan activities may be needed as community needs evolve and as the project planning period proceeds. Funded applicants should work with their MDH grant manager to make necessary adjustments over time.

The following sections provide examples of the types of activities applicants can include in their proposed projects. The only required component is Community Engagement throughout the course of and in all phases of the project. The proposed approaches will be based on each community's needs and readiness to engage in cessation support, as well as the applicant's capacity to engage in the various activities within the following five categories:

- Community Engagement (required)
- Community Education
- Cessation Support Promotion
- Integration of Cessation Support Services
- Provision of Cessation Support Services

MDH recognizes that communities are at varying stages of commercial tobacco prevention and control readiness, and applicants may need to start at different places. The funding amount requested should be determined by the scope of work proposed.

Community Engagement (required)

Community engagement is an ongoing process through which community members are involved in issue identification, problem solving, and shared decision making. Community members affected by the harms of commercial tobacco use and impacted by the work must be intentionally engaged as partners and co-creators at all stages and levels of the work to ensure project activities reflect the needs and views of the community, are integrated appropriately, and bring attention to the harms of commercial tobacco use where it may not be a priority. Focus should be given to developing and maintaining trusted relationships with community members and partners and leveraging existing community and cultural practices and resources.

Applicants are encouraged to identify and engage existing and new partners, including those within the community who may not work in commercial tobacco prevention and control, to foster collaboration and incorporate community strengths and networks. Partners could include those involved in social and racial justice work, areas across the social determinants of health, cultural or faith groups, and other important community aspects or services. This will be especially important if project activities include integrating commercial tobacco cessation support efforts into other high-priority areas, existing services, and health initiatives, as recommended in the Community Voices report.[1]

While engaging partners is critical for this funding opportunity, it is not intended to be solely a community engagement project.

Community Education

Community education is an important and necessary component for many communities to raise awareness about the harms of commercial tobacco products (including e-cigarettes), the ways the commercial tobacco industry targets specific communities and identities in their marketing and product placement, and the availability and effectiveness of commercial tobacco cessation support programs. Education efforts are also consistent with recommendations made in the Community Voices report, to support "sustained, culturally specific education and awareness-raising efforts."[1] If applicants opt to include community education activities in their proposal, they must be framed in a way that increases community members' understanding of commercial tobacco as a systemic social justice issue, focuses on the importance of quitting for health and wellness, and increases culturally relevant motivations for quitting.

If included in proposed activities, community education may use multiple strategies. Education efforts should accommodate cultural norms and social structures and resonate with target audiences. Community education should include messaging that reflects community values and acknowledges cultural and social norms and historical context. Community education can be formal or informal. Examples may include but are not limited to the following communication modalities:

- Paid media (e.g., radio, print, or social media)
- Earned media (e.g., letters to the editor, editorials, radio or television interviews)
- Social media
- Digital storytelling, photovoice, podcasts, or other participatory media
- Oral traditions or storytelling
- Conversations with community members

- Presentations, community meetings, and community events
- Tobacco education programs, including language revitalization efforts where lessons focus on traditional tobacco or providing culture-based education
- Education can also focus on many content areas, including but not limited to:
- Providing cessation support information tailored to patients' cultures, literacy levels, native languages, and ages of primary audiences
- Educating healthcare providers on the importance of cessation support for the populations they serve
- Running public awareness campaigns about the risks of commercial tobacco use, including e-cigarette use (vaping)
- Developing culturally appropriate materials to connect the community with culturally appropriate programs and tools
- Increasing awareness of tobacco industry targeting
- Incorporating information about targeted tobacco industry marketing in cessation support outreach and educational efforts.
- Using carbon monoxide monitors or other tools to demonstrate the immediate impact of smoking and exposure to secondhand smoke and to encourage quit attempts

Community members should be involved in the development of messaging and communication and outreach strategies to ensure cultural relevance, receptivity, proper placement, and effectiveness. Applicants are encouraged to contract with communication or design experts from within the community for art or graphic design or other message creation as needed.

Applicants may also use or modify existing educational and promotional materials from campaigns like:

- **Keep Tobacco Sacred**: A campaign to educates about the differences between traditional and commercial tobacco.[5]
- **Quit Partner:** A free and confidential services that helps Minnesota adults who want to quit smoking, vaping, or using chew or other commercial tobacco products.[6]
- **Tips from Former Smokers:** A campaign that educates about the harms of commercial tobacco use and encourage people who use commercial tobacco to call the national quitline for help.[7] People referred to Quit Partner.

Cessation Support Promotion and Referrals

The focus of this funding opportunity is to encourage community members to engage with commercial tobacco cessation support in any number of ways, including making quit attempts and engaging with commercial tobacco cessation support programs and services when appropriate. Promoting existing cessation support services or programs and available resources and promoting cessation support benefits provided through health insurance can help accomplish this goal. Applicants can serve as a trusted resource for community members, increasing knowledge of cessation support services and their availability, referring community members to existing services, or providing cessation support services (see Integration of Cessation Services on p. 12). If applicants include cessation support promotion or referral as part of their proposal, they should identify outreach and messaging strategies that will work best to promote cessation support services in their community.

Examples of existing cessation support services applicants can promote include, but are not limited to, the following:

- **Quit Partner**: Quit Partner provides people who live in Minnesota with free programs to help quit commercial tobacco. Services are available in English and Spanish – other languages are provided using interpreters. Those who are deaf or hard of hearing are served using TTY (teletypewriter) relay.
- **Quit Partner's Behavioral Health Program**: Quit Partner offers specialized support for people living with substance use disorder or a mental illness, such as anxiety, depression, PTSD, or bipolar disorder. Quit Partner coaches can help people understand their commercial tobacco use in connection to their mood, thoughts, and behaviors. Coaches can help order quit medications, develop coping techniques and a quit plan, provide relapse prevention tips, and provide support to help you stay quit. Once enrolled, people can call any time for additional support.
- **Quit Partner's Pregnancy Program**: Nicotine addiction doesn't go away just because a person is pregnant or planning to be. Quit Partner offers judgement-free support to help pregnant and post-partum people quit without adding to the stress of having a baby. People who enroll are paired with a specially trained female coach. The program is personalized to a person's needs, whether they are planning to get pregnant, are currently pregnant, or have just had a baby.
- **The American Indian Quitline**: The American Indian Quitline from Quit Partner™ is free and available for any Minnesota residents that identify as American Indian or Alaska Native. The American Indian Quitline has a dedicated team of American Indian coaches who understand your culture and respect your traditions. In addition to one-on-one coaching, the American Indian Quitline offers email and text support, educational materials, and quit medication (nicotine patches, gum or lozenges) delivered by mail.
- **My Life, My Quit**: My Life, My Quit helps Minnesota teens ages 13-17 quit vaping, smoking, or using other commercial tobacco and nicotine products. My Life, My Quit is free and confidential. Teens can text, call, or chat with quit coaches online. Tips and tools are also available online.

For more information about Minnesota's free services to help people quit, see Get Help Quitting | Commercial Tobacco Use (https://www.health.state.mn.us/communities/tobacco/quitting/index.html).

Applicants may promote other existing cessation support resources or programs if they are available and relevant to community members. Promotion activities should be centered around promoting and connecting community members to existing cessation support services. The goal is to create culturally responsive formal and informal information networks and connections to existing cessation support services. Community education and cessation support promotion activities will likely complement and support each other since educating about available services is necessary to promote them.

Examples of cessation support promotion include but are not limited to:

- Working with community leaders or other key partners to increase knowledge and awareness of existing cessation support services and resources.
- Educating about the availability of insurance coverage for commercial tobacco use treatment, including that treatment is covered by Medical Assistance and MinnesotaCare.
- Promoting the availability of local, state or national smoking cessation support services and resources, if deemed relevant to a community. Examples include Quit Partner or health plan quitlines, other counseling services, community-based programs, FDA-approved medications, etc.
- Referring community members to existing commercial tobacco cessation support services provided by a third party. This activity could include developing systematic referral networks that meet

community needs by connecting through services and organizations already serving community members. Activities could include:

- Developing referral networks from community-based services and programs, behavioral health services, health care providers, and community health workers to cessation support services such as Quit Partner, national programs, community-based support, health plan services, or health care providers or clinics.
- Creating opportunities for a wider range of community-based organizations to provide referrals to cessation support services (e.g. faith-based organizations, senior centers, etc.).
- If applicants opt to promote or refer to Quit Partner, MDH will provide funded applicants with information on referral methods and available cessation support services and resources, including training, materials, and talking points on Quit Partner cessation support programs.

Applicants are not required to promote or refer community members to Quit Partner and may opt to promote or refer to other cessation support services that best meets their community's needs.

Integration of Cessation Support Services

MDH is interested in funding projects that expand the places and organizations incorporating commercial tobacco cessation support efforts into their work. Cessation support promotion and integration of cessation support service activities will likely complement and support each other. Examples of integration efforts could include but are not limited to:

- Integrating cessation support efforts (education, promotion, or provision of services) into existing community-based services, programs, and community networks that address health or social determinants of health, such as housing instability or food insecurity, that make quitting commercial tobacco challenging. This could include partnering with community clinics or providers who might already be doing cessation support counseling. Additional partners could include but are not limited to:
  - Behavioral health providers
  - Community and Tribal health clinics
  - Community health workers
  - Dentists
  - Faith-based organizations
  - Traditional healers
  - Free clinics
  - Federally qualified health centers
  - Food pantries
  - Homeless shelters
  - Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) organizations
  - Local public housing authorities
  - Primary care providers
  - Pharmacists
  - Workforce development organizations
  - Community centers
  - Senior centers
- Working with healthcare staff to create procedures to ask about and treat commercial tobacco use at every patient visit (including staff at clinics and hospitals, community health workers, emergency medical service providers, behavioral health providers, dentists or other healthcare providers). If selected, applicants could opt to include any of the following activities or others that may be better suited for the community(ies) they serve:
  - Training healthcare staff as Tobacco Treatment Specialists
  - Training health care providers on delivering culturally appropriate cessation support

    - Training staff at health care organizations on how to bill for cessation support services.
- Training and providing ongoing support to non-health care workers to provide brief interventions for quitting (barbers, hairstylists, faith community leaders, others)
- Hiring or funding Community Health Workers or other staff for community outreach and engagement around commercial tobacco cessation support efforts

Provision of Cessation Support Services

Allowable Activities

MDH acknowledges that culturally relevant services and resources are needed for communities. To address this gap, applicants may propose providing culturally relevant and responsive commercial tobacco cessation support services in two ways:

- **Implement an existing culturally tailored program or curriculum.** Applicants selecting this approach should identify the program or curriculum to be implemented, who will provide the program (i.e. organization(s), type of staff), how individuals will be trained to implement the program, and the process to be used to work with community members to roll out the program. Examples of culturally tailored programs and curricula include, but are not limited to, the following:
    - **Pathways to Freedom – Winning the Fight Against Tobacco**: Pathways to Freedom was produced in partnership with key segments of the African American community, including churches, service organizations, and educational institutions. It addresses issues specific to African Americans, such as targeted advertising campaigns and historical, cultural, and socioeconomic influences. It also offers proven strategies for anyone who wants to quit, as well as information on how friends and family can help and how the community and its leaders can promote the value of gaining freedom from tobacco.[8]
    - **All Nations Breath of Life**: All Nations Breath of Life is a culturally tailored quit smoking program for American Indians. Originally developed in 2003, it is currently the most successful quit smoking program in Native communities.[9]
    - Programs utilizing community health workers, community health representatives or individuals with a similar role
    - Novel programs or curricula currently being offered by the applicant or community
- Design, adapt, and implement a culturally appropriate commercial tobacco cessation support program.
    - Modification of an evidence-based commercial tobacco cessation support program or service might include activities to better align with the culture, needs, and preferences of the people being served. This activity could include tailoring and implementing evidence-based or promising practices for a specific community or group of people who use commercial tobacco. Applicants selecting this approach should identify the program or service to be modified, and the process to be used to work with community members to make the modifications during the planning period. Examples of modifications or tailoring may include, but are not limited to:
        - Provision of cessation support counseling by individuals who speak the target population(s) language, translation of materials, incorporating cultural values and context into the cessation support conversation, or other approaches the applicant deems best suited for the target population(s).
        - Adding stress management or other related strategies to help people quit commercial tobacco (e.g., mindfulness training)

    - Adding peer or social support to programs that help people quit using commercial tobacco and remain abstinent
    - Expanding access to cessation support programs and services by training and supporting community members or health care providers to provide cessation support programs.
  - If modification of an evidence-based program or practice does not meet the needs of community members, applicants may propose to design and implement a commercial tobacco cessation support program that is responsive to and appropriate for the community being served. Program development may be conducted during the planning phase with implementation and evaluation to be conducted beyond the first 12-month period.
- **Traditional tobacco and cultural practices**: Traditional tobacco practices and traditional healers can be included as a cessation strategy for this funding opportunity to address commercial tobacco use using cultural practices and teachings (for American Indian populations).

FDA approved Nicotine Replacement Therapies (NRTs) may be purchased by the Applicant and provided to adults who are interested in quitting under this funding opportunity. Applicants may coordinate with MDH to purchase a limited supply of the FDA approved NRTs to maintain a 3-month supply and must maintain records for how it is distributed. Grantees will work with MDH to create a system for tracking and distributing NRT to prevent waste due to products expiring. Tracking logs must be submitted to MDH upon request. No more than 5% of the proposed budget may be allocated for NRT purchases in the first year and will be determined each grant year thereafter.

Cessation services must focus on adult (over age 18) commercial tobacco use. A multi-generational approach, which may include youth, can be used if applicants determine that is appropriate for the selected community(ies) and will help encourage adult cessation.

Unallowable Activities

The following activities are not allowed under the current funding opportunity:

- Incentives to community members for quitting (ie. paying community members to quit)

Note: Incentives are allowed to encourage participation in programs, in exchange for data collection or evaluation activities, and other activities to complete the goals of the grant. Incentives are also separate from promotional items, which are items of low nominal value that are used to promote the program, services, or messaging.

- Programs to enhance compliance of tobacco sale outlets with laws prohibiting tobacco sales to minors or strategies to enhance enforcement of these laws
- Local or state governmental laws or policies to limit the sale of commercial tobacco products, increase taxes on commercial tobacco products, or restrict the number or density of neighborhood tobacco retailers
- Youth cessation support services.
- Lobbying or advocating for a specific public policy after it has been formally introduced to a legislative body.

Note: Education of community members *is allowed*. Applicants may use grant funds to educate interest holders, decision makers, and community members about the importance of policies as a public health strategy. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a

recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific interest holders and the general community. Lobbying restrictions do not apply to informal or private policies, also known as "voluntary" policies, such as those listed in the community-based strategy options. For example, advocating for a voluntary smoke-free housing policy with a property management company is not considered lobbying.

Evaluation

Evaluation is a critical tool for assessing the design, implementation, and outcomes of a program or project. The goal of evaluation for this project is to improve program design and implementation, foster learning and community engagement, and measure program outcomes and impact. By providing data-driven insights, evaluation supports informed decision-making, enhances program performance, and strengthens accountability.

MDH evaluation staff will coordinate evaluation activities collaborating with and supporting funded applicants. To maximize impact, evaluation plans must be developed during the planning phase and embedded within the work plan. For help with designing data collection instruments and data collection and analysis, grantees can contract with an evaluation consultant or use internal organization staff with this expertise.

MDH will work collaboratively with grantees to identify shared process and outcome indicators that align with overall program goals, ensuring consistent measurement across all grant efforts. As part of this support, MDH will provide evaluation capacity building and technical assistance, including guidance on evaluation planning and design, the development of meaningful evaluation questions, and support with both quantitative and qualitative data collection methods.

Funded applicants *must*:

- Allocate 5-10% of the budget for evaluation costs which may include but are not limited to:
  - Materials and equipment
  - Training
  - Transportation
  - Data collection incentives
  - Staff time for reporting and evaluation activities
  - Contract expenses to work with an evaluation consultant
- Work with MDH staff to create and implement an evaluation plan that:
  - Is submitted by the end of the first year of the grant
  - Is embedded into the work plan
  - Reflects process, short-term, intermediate, and long-term goals
  - Involves the community throughout the process (development, implementation, analysis, dissemination)
- Report activities through MDH's reporting system. This will include, but not be limited to:
  - Quarterly grantee reports that demonstrate progress on workplans
  - Tracking key activities, indicators and milestones
  - Documenting barriers/challenges and lessons learned and process improvements

- Responding to MDH requests for project information as needed, and
- Conduct a final evaluation and share findings and products with community members, partners, and MDH

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.

Funded applicants *may*:

- Propose an evaluation framework that aligns with the unique cultural values, traditions, and perspectives of the communities they serve. Culturally centered evaluation frameworks include but are not limited to: Culturally Responsive Evaluation (CRE), Indigenous Evaluation (CRIED), and Culturally Responsive and Equitable Evaluation (CREE).
- Use in-house staff or hire consultants to conduct evaluation work (preferably from within the community(ies) being served).

Staffing

Grant staffing should be adequate to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. Annual budget amounts are intended to support adequate staffing. Staffing plans should include a project coordinator as a main point of contact who leads the grant work. Staffing plans may include a small team of key staff who work closely together to coordinate activities.

Commercial Tobacco-Free Organizational Commitment

Applicants are required to make an organizational commitment to addressing the harms of commercial tobacco through organizational policy change.

Applicants must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or traditional tobacco used for ceremonial purposes) and may not accept funding from tobacco companies nor their subsidiaries or parent companies during the grant period.

Creating commercial tobacco-free environments and not accepting tobacco industry funds contribute to changing community social norms, supporting cessation support, and rejecting tobacco industry influences.

Applicants without a commercial tobacco-free grounds policy must indicate they will work toward adopting a policy during the grant period. Applicants must acknowledge their commitment as part of their application.

Ineligible Expenses

The following commercial tobacco- and cessation support-specific expenses are not allowable:

- Cessation support services or other efforts focused exclusively on youth. While youth are explicitly excluded from this funding opportunity, youth may be included in commercial tobacco cessation support-related efforts if applicants, in partnership with the communities they serve, determine that a multi-generational approach is appropriate and would be well received. No cessation support efforts focusing exclusively on youth will be funded under this RFP.
- Purchase of vaping detectors.
- Purchase of vape disposal boxes.

Other unallowable expenses include but are not limited to:

- Bad debts, late payment fees, finance charges, or contingency funds
- Costs not directly related to the grant
- Costs incurred prior to the grant award
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family needs
- Fundraising
- Lobbyists, political contributions
- Research[§]
- Taxes, except sales tax on goods and services
- Solicitating donations

2.4 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

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

A sample grant agreement is attached as Attachment F. 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 terms in the grant agreement have been met.

Grantee reporting includes:

- Monthly check-in calls with MDH grant manager

[§] Research includes activities that have the purpose of producing public health knowledge that is relevant across settings and populations and is not simply aimed at informing the program or population being studied.

- Quarterly progress reports
- Providing updates as needed for MDH reporting for the biennial Legislative Report
- Evaluation requirements as mentioned above
- The grantee must submit a minimum of monthly fiscal invoices to MDH.
- All funded applicants will be asked to report the following common (across all categories) measures:
- Geographical area served.
- Number of people served, disaggregated by race/ethnicity, gender, and age (if appropriate).
- Description of the practices implemented by program grantees, including adoption of policy, system, or environmental changes, lessons learned and emergent best practices.

MDH may develop additional indicators in partnership with grantees to successfully evaluate project outcomes.

Grant Monitoring

Throughout the grant period MDH will monitor grantees' progress and performance. Minn. Stat. § 16B.97 and Policy on Grant Monitoring 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 will provide technical assistance and training to grantees through the grant period. Grantees will participate in MDH-sponsored technical assistance trainings, meetings, and calls.

MDH will also work to foster peer-to-peer learning and resource sharing among the grantees. MDH recognizes the importance of peer learning and collaboration.

Grant Payments

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

Invoices will be due by the last day of the month for the preceding month. The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

2.5 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

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

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) (Minn. Stat. § 363A; See e.g. Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02). The MHRA is enforced

by the Minnesota Department of Human Rights (https://mn.gov/mdhr/). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

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

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

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

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

Audits

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

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

Applicants must complete the Applicant Conflict of Interest Disclosure form (Attachment G) 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 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.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

Non-Transferability

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

Public Data and Trade Secret Materials

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

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

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

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

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

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

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

Minnesota Government Data Practices Act

The Minnesota Government Data Practices Act (MGDPA), Minn. Stat. § 13, is a state law that controls how government data are collected, created, stored (maintained), used and released (disseminated). The MGDPA sets out certain requirements relating to the right of the public to access government data and the rights of individuals who are the subjects of government data.

Under this act, any data collected MDH collected under a grant or contract becomes property of the state. Data collected would likely be classified as “public data” and could be requested via a MN Government Data request process. This includes data on Tribal Nations or submitted by Tribal Nations. If an organization is proposing to work with Tribal Nations, we require the organization to inform the Tribal Nation of this provision.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a team representing content specialists and community leaders with relevant knowledge and experiences with commercial tobacco prevention and control, community-driven initiatives, and community engagement. The review team will evaluate all eligible and complete applications received by the deadline.

MDH will review all team recommendations and is responsible for award decisions. **The decisions of MDH are final and not subject to appeal**. Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

Each eligible application will be reviewed and scored by multiple reviewers. The review committee will review each applicant on a 110-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Review team members will submit final scores and make recommendations for funding to MDH based on scoring criteria.

The scoring factors and weight that applications will be judged are based on the attached score sheet (Attachment E).

MDH will make final decisions on all applications and will balance the recommendations by the review teams with other factors including, but not limited to:

- Review team scores
- Geographic distribution
- Community distribution and needs
- Priority organizations, including those that have not historically had access to state grant funding, as well as consideration of the total funds an organization is receiving from MDH's Commercial Tobacco Prevention and Control Program
- Applicant's history as a state grantee and capacity to perform the work
- Total funding available

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applicants address the criteria evaluators will use to score applications. This is for the benefit of the applicant. **Do not include sample score sheet with your application.**

Grantee Past Performance and Due Diligence Review Process

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

State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with Policy on Pre-Award Risk Assessment for Potential Grantees.

Notification

MDH anticipates notifying all applicants via email of funding decisions by December 10, 2025. All notices of award and non-award will be sent via email to the contact person listed on the application.

Part 3: Application and Submission Instructions

3.1 Notice of Intent

Applicants are strongly encouraged to submit a non-binding Notice of Intent via the online form on the RFP webpage by August 29, 2025. While prospective applicants are strongly encouraged to submit a Notice of Intent, it is not a requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a Notice of Intent. Likewise, an applicant is not obligated to submit an application just because they submitted a Notice of Intent.

3.2 Application Deadline

All applications must be received by MDH no later than 4 p.m. Central Time, on October 10, 2025.

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

Acknowledgement of Application Receipt

MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within three business days of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it may mean MDH did not receive your application. Please email tobacco@state.mn.us after that time frame for further instructions.

3.3 Application Submission Instructions

Application materials and submission form can be found on the RFP webpage.

Applicants must complete and submit the online application form that includes a response to application questions, work plan, budget, and Due Diligence Review Form.

Applications submitted by any other means will not be accepted.

3.4 Application Instructions

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

- Responses to the Application Questions (see attachment A)
- Work Plan (see attachment B)
- Budget (see attachment C)
- Due Diligence Review Form (see attachment D)
- Conflict of Interest Form (see Attachment G)

All applications will be reviewed after the RFP deadline. MDH will reach out for any missing or incorrectly uploaded documents, and applicant will have two business days to resubmit the missing documents. This does not apply to incomplete responses to application questions, work plans or budget documents.

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

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

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

Part 4: Attachments

To complete and submit with your Online Grant Application:

- Attachment B: Work Plan Template (https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-b.docx)
- Attachment C: Budget Template (https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-c.xlsx)
- Attachment D: Due Diligence Review Form (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)

For reference:

- Attachment A: Grant Application Questions (https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-a.pdf)
- Attachment E: Scoring Criteria (https://www.health.state.mn.us/communities/tobacco/initiatives/cessationrfp/docs/attachment-e.pdf)
- Attachment F: Sample Grant Agreement (https://www.health.state.mn.us/about/grants/resources.html)

References

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