

Diabetes Program
Request for Proposals Information Session

October 30, 2026



Improving Child and Family Health Through Smart Moves for Kids

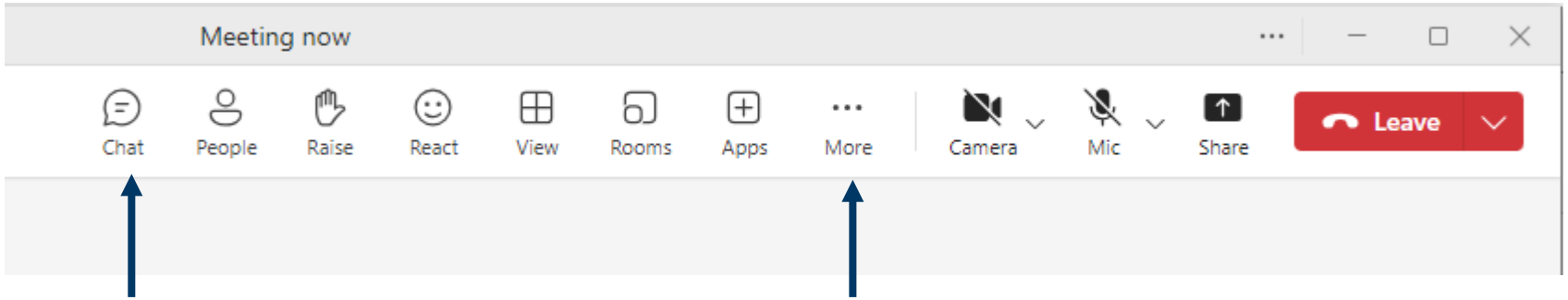
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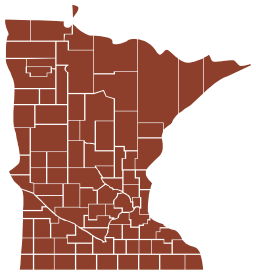
DEPARTMENT OF HEALTH

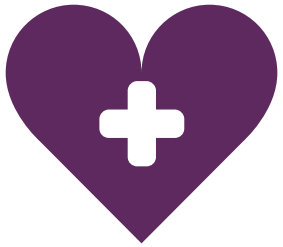
Navigating Teams



- Live caption settings
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- Use the chat to submit questions

We work to advance health equity and reduce health disparities in Minnesota.





We develop, implement, and support culturally respectful programs designed to reduce the burden of chronic diseases & disability.



We collect, share, and use data and best practices to inform actions at the community, state, and national levels.





We address social determinants of health in our work and collaborate with diverse partners to strengthen impact.

MDH Diabetes Program

CDC Funded Approaches to Advance Health Equity:

- Prevent diabetes in children and adults
- Improve diabetes care
- Increase screening for prediabetes, diabetes, chronic kidney disease and diabetic retinopathy
- Increase access to culturally appropriate education and resources
- Address social determinants of health

Smart Moves

Behavior Exercise Nutrition



Diabetes Funding Opportunity

Request for Proposals: Improving Child and Family Health Through Smart Moves for Kids

This funding opportunity supports implementation of Smart Moves for Kids, an evidence-based, family-centered program that combines nutrition education, physical activity, behavior change, and caregiver participation. The program aims to improve child and family health and expand access to diabetes prevention services in Minnesota communities experiencing a disproportionate burden of diabetes and barriers to prevention services.

Read the RFP: Improving Child and Family Health Through Smart Moves for Kids (PDF)

- Request for Proposals: Improving Child and Family Health Through Smart Moves for Kids - MN Dept. of Health

Diabetes Funding Timeline

- Oct. 16: Request for Proposals released
- Oct. 21: Informational webinar accommodation requests due
- Oct. 30: Informational webinar 9:30 – 10:30 a.m.
- Nov. 20: Last day to submit RFP questions
- Dec. 4: Proposals due
- January 2027: Award applicants
- March 30, 2027, or when grant is fully executed: Grant begins
- June 29, 2027: Grant ends

Today’s session

Overview and common applicant questions

Who can apply, program expectations, funding, and application requirements.

Questions and clarification

Use the chat during the presentation or questions and answers.

Materials and follow-up

The meeting will not be recorded. Slides and questions and answers will be posted.

Purpose of the opportunity

Expand access to diabetes prevention programming

Reach children and families in communities facing greater burden or barriers.

Work through trusted local organizations

Build on established relationships and community strengths.

Develop capacity for continued delivery

Prepare teams, learn from implementation, and plan for sustainability.

Diabetes prevention earlier in life

Type 2 diabetes is increasingly affecting young people

Among U.S. youth ages 10 through 19, new cases approximately doubled from 9 to 18 per 100,000 annually between 2002-2003 and 2017-2018

The burden is not evenly distributed

National SEARCH data found the highest prevalence of youth type 2 diabetes among Black and American Indian youth

Diabetes also affects Minnesota families broadly

In 2024, approximately 10.5% of Minnesota adults reported diagnosed diabetes

How MDH shaped this funding opportunity

Focus on diabetes burden and access to prevention

Prioritize communities experiencing a disproportionate burden of type 2 diabetes or barriers to accessing family programming.

Combine research with community guidance

A 25-member advisory group helped MDH select Smart Moves for Kids. Tribal Nation implementation experience and input from Black community leaders helped shape the RFP.

Support trusted organizations and locally responsive delivery

Established community relationships, organizational readiness, and the capacity to recruit, engage, and support families are central to this opportunity.

Smart Moves for Kids – Program At A Glance

A structured, evidence-based, family-centered program adapted from Yale's Bright Bodies program and recognized by CDC for community implementation.

12 weeks of programming

26+ contact hours per enrolled child

2 meetings per week

<u>Four integrated program components</u>

- **Nutrition education**: Practical food and nutrition skills
- **Behavior change**: Skills families can use day to day
- **Physical activity**: Enjoyable, age-appropriate movement
- **Caregiver support**: Education and support for the whole family

Smart Moves

Behavior Exercise Nutrition

What a typical week looks like

Families participate in physical activity twice a week, with one weekly education session.

Physical Activity

~ 45 minutes

At both weekly meetings

Education

~ 40 minutes

Once per week

Education alternates by week.

Nutrition education

Behavior change topics

Supporting children and caregivers

Caregiver participation is an essential part of Smart Moves for Kids.

What families experience:

- Children build practical skills and enjoy movement.
- Caregivers receive support for changes at home.
- Families practice skills they can use in everyday life.

Implementation expectations:

Support children's health and well-being through practices that are:

- Respectful
- Culturally responsive
- Weight-inclusive
- Free from shame, stigma, or blame

The goal is to help families develop and sustain skills that work in their daily lives.

Participant eligibility

Minnesota children ages 7 through 18

BMI at or above the 85th percentile for age and sex.

Confidential verification before enrollment

Families may enter through health care or community referrals, or direct inquiries.

Respectful family participation

A parent or caregiver joins designated components. Group activities avoid body comparisons.

Eligible organizations

- Nonprofit community-based and social service organizations
- Tribal governments and Tribal organizations
- Local governments and local public health agencies
- Public or nonprofit schools, school districts, and educational organizations
- Public or nonprofit institutions of higher education, including Extension programs
- Nonprofit healthcare organizations, clinics, and health systems
- Federally Qualified Health Centers and other nonprofit or public community health centers
- Faith-based nonprofit organizations
- Other public or nonprofit entities with established relationships with the children and families they propose to serve

Priority communities and intended awards

Intended award distribution

- One award serving U.S.-born Black or African American children and families.
- A second award serving another priority community identified in the RFP.

Community relationships

- Demonstrate established relationships and capacity to recruit, engage, and support families.
- Applications welcome statewide, including Greater Minnesota.

Partnerships and fiscal agents

Collaboration is welcome and optional

Identify the eligible organization that will hold the MDH agreement.

A separate lead implementer must also be eligible

Describe each organization’s responsibilities and coordination.

Include proposed payments in the budget

Explain payments to participating organizations and fiscal administration costs.

Funding and grant period

Up to $35,000

per grantee for the full grant period

- Two anticipated awards
- No matching funds required
- Anticipated start: March 30, 2027, full execution, whichever is later
- Grant ends June 29, 2028

Preparation followed by cohort delivery

Short first year

Authorized start through June 30, 2027

- Train the team and prepare space, partnerships, family enrollment, safety, and data processes.

Implementation year

July 1, 2027, through June 29, 2028

- Two complete 12-week cohorts.
- Recommended start: 12 children per cohort. This is a planning target.

Implementation team and qualifications

Cover all required functions

Coordination, nutrition, physical activity, behavior change, and caregiver support.

Assign qualified staff and backup coverage

Nutrition lead: registered dietician or another licensed nutrition professional.

Flexible staffing arrangements

People may cover multiple functions when qualified and able to do so.

Weight inclusive and non-stigmatizing delivery

Support health, practical skills, and well-being without shame, blame, or restrictive dieting

Build practical skills, enjoyable movement, and well-being.

Avoid body comparisons and judgmental labels

Do not label foods or bodies as good or bad.

Protect privacy and listen to families

Handle eligibility information respectfully. Use child and caregiver feedback to improve delivery.

Family access, safety, and support

Plan around barriers to participation

Transportation, interpretation, accessibility, scheduling, and sibling participation.

Include family and community perspectives

Invite input during planning, delivery, and improvement.

Protect privacy and connect families with support

Establish confidential social needs screening and referral processes with MDH.

Local decisions and adaptation approval

Applicants shape local delivery

- Recruitment and partnerships
- Location and schedule
- Staffing configuration
- Culturally relevant examples and family supports

MDH and Smart Moves for Kids team review adaptations

- Obtain approval before implementing an adaptation.
- Preserve required curriculum, essential components, contact hours, eligibility, safety, and measurement processes.

Cultural responsiveness and adaptations

Build on family traditions and community strengths

Use relevant food examples, familiar movement, and family perspectives.

Consider access, affordability, and systemic barriers

Be mindful of how racism and/or other systemic barriers can affect families' access, experience, and participation.

Obtain approval for adaptations

Preserve required components, curriculum, dose, eligibility, and safety.

Support MDH provides

Required Smart Moves for Kids program costs paid separately

Training fees, licensing, curriculum, and implementation materials.

Implementation guidance and technical assistance

Onboarding, fidelity, adaptation review, problem solving, and peer learning.

Evaluation and grant management support

Evaluator assistance, data tools, reporting templates, and budget and invoice guidance.

What grantees will deliver

Prepare the program in the short first year

Train staff, secure space, establish partnerships, and prepare enrollment and safety. processes

Deliver at least two complete cohorts in Year 2

Each cohort: 12 weeks and at least 26 contact hours offered per enrolled child.

Use learning to strengthen delivery

Review the first cohort, improve the second, and develop a sustainability plan.

Reporting and monitoring

Monthly reports and Teams check-ins

Plan staff time for documentation, meetings, and required data collection.

Annual reports and a Year 2 site visit

Year 1 report: June 30, 2027. Final annual report: Juen 29, 2028.

Learning and participant privacy

Use findings between cohorts. Routine reports use aggregate or de-identified data.

Evaluation

MDH provides evaluation support

A designated evaluator will help develop evaluation plans, measures, data collection procedures, and reporting methods.

Grantees collect information and use findings

Track referrals, enrollment, participation, program delivery, family feedback, and required outcomes using MDH approved processes.

Budget staff capacity for evaluation activities

Grantees do not need to hire an evaluator but must coordinate with MDH, submit required information, and use findings to improve delivery.

Budget essentials

Potentially allowable

- Staff time, including training
- Equipment and space
- Nutrition demonstration supplies
- Outreach and family supports

Examples of excluded costs

- Participant or referral incentives
- Take home food assistance
- Direct patient care and new data systems
- Costs paid by another payer

Budget across fiscal years

One award covers both budget periods

Prepare separate budgets for the short first year and implementation year

Allocate expenses to the year they will occur

Align the budget with the work plan, staffing, and implementation schedule

Transfers require MDH approval

Do not assume unspent first year funds can carry into the second year

Grant payments and cash flow

MDH reimburses approved expenses

Plan for the cash flow needed to carry out the work.

Submit invoices quarterly

Invoices are due within 30 days after each quarter. The State has up to 30 days to pay.

Current reports support payment approval

Requests must match the approved budget and required documentation.

A complete application

Five required components

1. Application form
2. Work plan
3. Budget in the Excel template
4. Due diligence form
5. Conflict of interest disclosure form

Consistent and complete

- Align the narrative, roles, work plan, and budget.
- Include all requested materials. Incomplete applications will not be evaluated.

Application instructions

- Submit via email to health.diabetes@state.mn.us
- Subject line: “RFP Application – [lead organization name]”
- Received no later than December 4, 2026, by 4:30 p.m. CT
- Plan ahead. Please do not wait! MDH cannot make exceptions for technical issues, illness, etc.

Application review and scoring

Organizational readiness and sustainability	**20 points**
Implementation team and delivery capacity	**20 points**
Priority community, need, and relationships	**15 points**
Recruitment, engagement, and partnerships	**15 points**
Program approach, learning, and evaluation	**10 points**
Work plan	**10 points**
Budget and narrative	**10 points**

Application review and selection process

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

- Review committee scores
- Range of projects covering geographic areas
- Intended distribution of awards among priority communities
- Total funding available

Deadlines and next steps

Questions due November 20, 2026, by 4:30 p.m. Central Time

Submit all RFP questions to health.diabetes@state.mn.us

Applications due December 4, 2026, by 4:30 p.m. Central Time

Email all required materials to health.diabetes@state.mn.us

Check receipt and posted answers

MDH acknowledges application receipt within one business day. Late applications are not accepted.

Questions and answers

- Ask in the chat
- We can clarify the RFP requirements and application process
- Questions requiring follow-up will receive a posted response

health.diabetes@state.mn.us

Thank you!

MDH Diabetes and Health Behavior Unit

health.diabetes@state.mn.us