



Closing the Childhood Immunization Gap

GRANT REQUEST FOR PROPOSALS (RFP)

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6/12/2023

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Table of Contents

Closing the Childhood Immunization Gap	1
Land Acknowledgement.....	3
RFP Part 1: Overview	4
1.1 General Information	4
1.2 Program Description.....	4
1.3 Funding and Project Dates.....	5
1.4 Eligible Applicants	6
1.5 Questions and Answers.....	8
RFP Part 2: Program Details.....	9
2.1 Priorities	9
2.2 Eligible Projects.....	10
2.3 Grant Management Responsibilities	11
2.4 Grant Provisions.....	13
2.5 Review and Selection Process.....	17
RFP Part 3: Application and Submission Instructions	18
3.1 Application Deadline	18
3.2 Application Submission Instructions.....	18
3.3 Application Instructions.....	18
RFP Part 4: Attachments	19

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Closing the Childhood Immunization Gap
- **Minnesota Department of Health RFP Website:** [Closing the Childhood Immunization Gap Grant Request for Proposals \(RFP\)](https://www.health.state.mn.us/people/immunize/hcp/childgaprfp.html)
(www.health.state.mn.us/people/immunize/hcp/childgaprfp.html)
- **Application Deadline:** July 13, 2023, 4:30 p.m. CDT

1.2 Program Description

The purpose of this funding is to build community capacity for childhood immunizations and increase childhood immunization rates in communities with the highest immunization gaps. Coverage rates for routine childhood immunizations, especially measles, mumps, and rubella (MMR), have declined significantly since the beginning of the COVID-19 pandemic. As of April 2023, childhood series immunization rates by 24 months among 2-year-olds continue to remain lower than pre-pandemic rates. While on-time vaccination is increasing, many Minnesotan children who turned two years old in 2021 and 2022 are still not up to date. Widespread disparities in childhood immunization coverage continues to be of significant concern. Children on a Minnesota Health Care Program (MHCP) have lower immunization coverage compared to children who have private insurance. This puts many children at risk for measles and other infectious diseases. As travel and social gatherings resume, the risk of outbreaks increases.

The Minnesota Department of Health (MDH) recognizes that closing the childhood immunization gap requires a two-prong approach focused on both short-term results and long-term outcomes. Immediate action is needed to increase access to vaccine in priority communities, while long-term innovative strategies are required to integrate childhood immunization into the culture of health in communities across the state.

This short-term and long-term approach are represented by Project A and Project B. Organizations can apply for funding for either or both projects described below.

Project A: Mobile or Field Vaccination at Early Childhood Programs

Families with young children often face barriers and competing priorities that prevent them from attending well-child visits, where immunizations are routinely given. This project will fund up to two grantees to administer childhood vaccines at early childhood settings such as Head Start programs and licensed childcare centers with low immunization coverage. Childhood immunizations include, but are not limited to, MMR, DTaP, Polio, Hepatitis A and B, Varicella, Hib, Pneumococcal, and COVID-19 vaccines. Vaccine should be provided by mobile teams that can vaccinate at a convenient location and time for families with children in Head Start or licensed childcare programs. Selected organization(s) will be responsible for working with community partners to plan for promotions and logistics of mobile vaccination events. Nursing

staff will use MIIC prior to administering vaccine and will be required to follow all reporting requirements.

It is important to connect families with a medical home where children can receive preventative health services and follow-up care. Many routinely recommended vaccines for children require multiple doses being given at recommended intervals, thus, grantees should seek to connect children to well-childcare where they can receive additional vaccines needed and other preventative health services related to child growth and development. Programs that can provide mobile well-child visits in a non-clinic setting are encouraged to apply. Grantees must be enrolled in the Minnesota Vaccines for Children (MnVFC) program.

Project B: Immunization Community Connectors

The purpose of the Immunization Community Connector program is to employ advocates in priority communities across the state who will integrate vaccine acceptance and normalize childhood immunization. This is a long-term strategy to increase, and sustain, childhood immunization rates. The selected organizations will be well connected in their community (aware of needs, connected to other orgs/groups), trusted, and respected. They will be able to integrate immunization into existing health promotion, preventative health, and social service activities in their communities.

The Immunization Community Connectors need to have a general understanding of the vaccine landscape and the healthcare system but do not need to be experts in vaccine recommendations or addressing complex vaccine hesitancy concerns; this is still the role of vaccinating health care professionals. However, they will need to be able to communicate the safety and importance of childhood immunizations. Technical assistance, and training as necessary, will be provided by MDH.

The Immunization Community Connectors will be flexible and creative in their approach to integrating immunization activities into their existing work and the structures, programs, and partners within their communities. They will do this by participating in activities such as community listening sessions, conversations with community leaders, collaboration with a local healthcare provider, media messaging, and vaccine events, throughout the grant period. Please note this is not an exhaustive list, and we welcome creative approaches to this work.

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.

Project A: Mobile or Field Vaccination at Early Childhood Programs

Funding	Estimate
Estimated Amount to Grant	\$60,000

CLOSING THE CHILDHOOD IMMUNIZATION GAP

Funding	Estimate
Estimated Number of Awards	1
Estimated Award Maximum	\$60,000
Estimated Award Minimum	\$60,000

Project B: Immunization Community Connectors

Funding	Estimate
Estimated Amount to Grant	\$100,000
Estimated Number of Awards	4
Estimated Award Maximum	\$25,000
Estimated Award Minimum	\$25,000

These projects are funded by the Centers for Disease Control (CDC) Immunization and Vaccines for Children Cooperative Agreement (CDC-RFA-IP19-1901) and grantees will need to ensure compliance with CDC funding requirements as well as [eCFR :: 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200\)](http://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200).

Match Requirement

None.

Project Dates

Estimated start date is September 1, 2023, or whenever a grant agreement is negotiated and fully executed, whichever is later. Grants will end on June 30, 2024.

1.4 Eligible Applicants

Applicants to either project should demonstrate the ability to reach pediatric patients that have limited access or cost barriers to routine immunization services. These groups may include: Medicaid-eligible or uninsured patients, BIPOC, or living in an underserved community (e.g., recent immigrant communities, families experiencing homelessness). Additional eligibility criteria specific to each project are described below.

Project A: Mobile or Field Vaccination at Early Childhood Programs

Eligible organizations include health care organizations, community health boards, community-based organizations, community vaccinators, and county, city, and tribal governments.

Applications to Project A must demonstrate:

- Ability to train staff in vaccine administration, including mechanisms to ensure these skills are maintained.

CLOSING THE CHILDHOOD IMMUNIZATION GAP

- Experience providing mobile vaccine services to diverse children with limited access or cost barriers to health care and other social determinants of health.
- Ability to provide well-child visits and/or connect families with a medical home if needed.
- Ability to establish relationships with Head Start Programs or licensed childcare centers.
- Access to a language line/translation service and translated materials, such as vaccine information statements.
- Enrollment in the Minnesota Vaccines for Children (MnVFC) program and adherence to all MnVFC policies and procedures.
- Ability to bill commercial health plans for privately purchased vaccine and administration fees.
- Ability to provide timely doses administered data to the Minnesota Immunization Information Connection (MIIC).
- All applicable licensing and Board of Practice regulations in the State of Minnesota will be followed.

Project B: Immunization Community Connectors

Eligible applicants include community-based nonprofit organizations, other community-led organizations (may include for-profit organizations), local public health agencies, community health centers, federally qualified health centers, or tribes.

Applications to Project B must demonstrate:

- Ability to integrate childhood immunization into broader organizational and community preventative health and/or social service efforts.
- Connections with priority communities (as defined in RFP section 2.1) that can increase awareness and engagement for childhood immunizations in community.
- Partnerships with other community-based organizations.
- Strong oral/written communication skills.
- General understanding of the vaccine landscape.
- General knowledge of how to navigate health care to support vaccine referral activities.

Collaboration

Multi-organization collaboration is welcomed and encouraged, but not required. Applicants should specify in the project narrative the roles of the lead and supporting organizations. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and to consider equity in deciding how resources are distributed among partner organizations. MDH will only enter into grant agreements with the lead applicant for each proposal.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to carly.edson@state.mn.us and will be responded to directly or posted within five business. Questions must be submitted no later than 5 p.m. on June 23, 2023. The State will post final answers to questions no later than 5 p.m. on June 27, 2023.

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

RFP Information Meeting

MDH will host an optional online RFP information meeting for prospective applicants from 11 a.m. to noon on Thursday, June 22, 2023. Attendance is encouraged but not required. Applicants can find details on how to join the session at [Closing the Childhood Immunization Gap Grant Request for Proposals \(RFP\)](#) (www.health.state.mn.us/people/immunize/hcp/childgaprfp.html). Responses to any questions asked in the session will be available June 27 on this webpage.

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 \(PDF\) \(mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf\)](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)

establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve the following priority populations:

- Communities with lower childhood immunization coverage including Black/African American, Hispanic and Latino/Latine, American Indian, and recently immigrated groups.
- Children who are uninsured and/or on medical assistance.
- People that have difficulty accessing routine immunization services and primary care.
- Children attending Head Start, Early Head Start childhood programs, and licensed childcare centers with low vaccination coverage rates.

Approaches to serving these communities may be intersectional.

Grant outcomes may include:

Project A

- Mobile vaccination events held at childhood programs with low vaccination rates.
- Routine childhood immunizations doses administered.

Project B

- Successful activities facilitated that:
 - Increase community engagement and trust of childhood immunizations.
 - Increase access to vaccine in underserved communities.
- Increased community understanding of childhood immunizations.
- Increase vaccine confidence, especially among communities with longstanding mistrust in government and/or scientific institutions.

Grantees will report on activities in reports to MDH. These reports will also include a summary of the biggest barriers grantees encountered, strategies used to address those barriers, and areas where more support is needed.

Other Competitive Priorities

MDH encourages applicants to coordinate and/or collaborate with local public health, Tribal health, community health clinics, and other entities that provide resources and outreach that address the social determinants of health (e.g., housing, access to nutritious food, transportation, education, and job opportunities).

2.2 Eligible Projects

Project A: Mobile or Field Vaccination at Early Childhood Programs

Conduct mobile vaccination clinics at Head Start, Early Head Start, and/or licensed childcare programs.

Must have a well-child visit referral process or provide well-child visits during mobile vaccine clinic. Support all families participating in the mobile vaccine clinic in scheduling future well-child visits.

Sample Activities

Examples of eligible activities under this grant include, **but are not limited to:**

- Using MIIC to assess the vaccination histories of children enrolled in Head Start programs and engaging children that are due or overdue to participate in a vaccination event.
- Promote the vaccination event to increase participation.
- Conduct mobile vaccination events at Head Start facilities.
- Refer patients to medical home to receive any follow-up vaccinations that are needed or scheduling follow-up vaccination events.
- Screen for social determinants of health and refer families to partner organizations that can address any needs (e.g., housing, access to nutritious food, transportation, education, and job opportunities).
- Connect families to a navigator for medical assistance.

Project B Immunization Community Connectors

Must build community capacity about the understanding of and engagement around childhood immunizations.

Project strategies must be tailored to the specific racial/ethnic/cultural community or communities reached by the applicant (e.g., culturally relevant, linguistically appropriate, accessible, etc.). Applicants are encouraged to propose strategies that are adaptable to quickly changing information and to use a trauma-informed lens to approach this work. Immunization Community Connectors can be compensated as staff, consultants, or independent contractors. Stipends are an acceptable form of compensation.

Sample Activities

Examples of eligible activities under this grant include, **but are not limited to:**

- Answer questions about, and connect community members to, vaccinations including pre-registration or making appointments as needed, in their preferred language.
- Partner with trusted community and/or faith leaders to host community conversations or social media live events around community questions or needs related to childhood immunizations.
- Develop culturally and linguistically appropriate communication materials that address community-specific needs related to childhood immunizations and disseminating them through trusted channels and networks.
- Use existing networks to engage community members around childhood immunizations in spaces where communities gather.
- Being involved in a pop-up childhood immunization clinic.

Ineligible Expenses

Ineligible expenses for either project include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Cost of vaccine
- Purchase of vehicle
- Incentives
- Refreshments

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 then comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the MDH grant manager has notified the grantee that work can begin.

A sample grant agreement is available at [MDH Grant Agreement \(PDF\) \(www.health.state.mn.us/about/grants/grantagreement.pdf\)](http://www.health.state.mn.us/about/grants/grantagreement.pdf). 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 **at least two written progress reports and one end-of-project report**. Grantees will be provided with reporting templates from MDH and will be expected to track their progress on their work plan activities. Additionally, Project A grantee(s) will be expected to document the number of children getting vaccinated as well as the number and types at each mobile clinic event.

Technical Assistance

MDH will provide technical assistance to grantees through regular check-ins and individual ad hoc calls when requested. MDH will assist with development of materials and messaging for use by grantees as well as providing or facilitating training on the use of MIIC as appropriate.

Grant Monitoring

[Minn. Stat. § 16B.97](#) and [Policy on Grant Monitoring](#) require MDH to conduct 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

The monitoring schedule for each grantee will be determined based on the monitoring requirements for that grant. Grantees will also need to comply with all funding requirements as well as for the [eCFR :: 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200\)](http://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200).

Grant Payments

Per [State Policy on Grant Payments \(PDF\) \(mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20tcm36-438962.pdf\)](http://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20tcm36-438962.pdf), 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.

Grantees can submit invoices to MDH as frequently as monthly. Invoices must be for actual expenditures, not estimates, and must be supported by documentation. MDH may request additional documentation from grantees before approving invoices. MDH will provide grantees with invoice templates.

2.4 Grant Provisions

Contracting and Bidding Requirements

(a) Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345](#). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](#), et. seq.

(b) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - Minnesota Department of Administration’s Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (<http://www.mmd.admin.state.mn.us/process/search>);
 - Metropolitan Council’s Targeted Vendor list: Minnesota Unified Certification Program (<https://mnucp.metc.state.mn.us/>) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (<https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9>).

CLOSING THE CHILDHOOD IMMUNIZATION GAP

- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at:
<http://www.mmd.admin.state.mn.us/debarredreport.asp>.

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 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'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

CLOSING THE CHILDHOOD IMMUNIZATION GAP

- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), 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

CLOSING THE CHILDHOOD IMMUNIZATION GAP

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.

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.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. § 363A.02](#). 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](#).

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

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing MDH staff supporting childhood immunizations. The review committee will evaluate all eligible and complete applications received by the deadline.

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

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

Selection Criteria and Weight

The review committee will be reviewing each applicant on a numeric 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 scoring criteria outlined in Attachment A.

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/due diligence check prior to a grant awards being made to any grantee, in order to comply with the Federal Uniform Guidance and the MDH [Policy on the Financial Review of Nongovernmental Organizations \(PDF\) \(mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf\)](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113_tcm36-207113.pdf).

Notification

MDH anticipates notifying all applicants via email of funding decisions within 30 days of the application deadline.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications, including supplemental materials, must be received by MDH no later than 4:30 p.m. Central Time, on July 13, 2023.

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

3.2 Application Submission Instructions

Applications must be submitted via email to x email account: carly.edson@state.mn.us with the subject line "Closing the Childhood Immunization Gap Application."

3.3 Application Instructions

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

- Attachment B: Agency Information Cover Page and Checklist
- Attachment C: Project Narrative Form
- Attachment D: Project Budget
- Attachment E: Due Diligence Form
- Attachment F: Agency Certification
- Attachment G: Conflict of Interest Form

PDF submissions are preferred but other formats will also be accepted.

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: Attachments

- Attachment A: Score Sheet and Evaluation Criteria
- Attachment B: Agency Information Cover Page and Checklist
- Attachment C: Project Narrative Form/Application form and detailed Instructions
- Attachment D: Project Budget
- Attachment E: Due Diligence Form
- Attachment F: Agency Certification
- Attachment G: Conflict of Interest Form