



Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations

GRANT REQUEST FOR PROPOSAL (RFP)

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04/13/2026

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Land Acknowledgement

The state of Minnesota is home to 11 federally recognized Indian tribes with elected tribal government officials. The State of Minnesota acknowledges and supports the unique status of Minnesota tribal nations and their absolute right to existence, self-governance, and self-determination. The United States and the State of Minnesota have a unique relationship with the federally recognized Indian tribes, formed by the Constitution of the United State, treaties, statutes, case law, and agreements. The State of Minnesota and the Minnesota Tribal governments significantly benefit from working together, learning from one another, and partnering where possible.

This partnership, through a government-to-government relationship, with the eleven tribal nations of Minnesota has the potential to effectively address inequities and build trust that will lead to better outcomes for all Minnesota.

Minnesota reservations: Land cessation treaties



RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations
- **Minnesota Department of Health (MDH) Program Website:** [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#)
- **Application Deadline:** May 22, 2026, 4:30 p.m.

1.2 Program Description

Background

In fall 2023, the Centers for Disease Control and Prevention (CDC) awarded the Minnesota Department of Health (MDH) a five-year grant to improve case ascertainment, data completeness, and timely reporting of sudden unexpected infant deaths (SUIDs) data in Minnesota. MDH will use funding from this grant to implement an initiative that will engage and support communities disproportionately affected by sudden unexpected infant deaths (SUIDs). Additionally, the grant aims to develop and implement data-driven solutions that align with the American Academy of Pediatrics [safe sleep](#) recommendations to prevent sleep related tragedies from happening during infancy.

MDH has chosen to focus this initiative on the American Indian and the Black/African American populations because historically these two groups have experienced the highest rates of SUIDs in Minnesota. MDH will work in partnership with community leaders and organizations to launch Minnesota's first Infant Safe Sleep Collaborative. This collaborative will lead community engagement efforts in partnership with MDH to prevent SUIDs in Minnesota.

Sudden Unexpected Infant Deaths in Minnesota

Sudden unexpected infant deaths (SUIDs) is a term used to refer to a subset of infant deaths that happen suddenly and unexpectedly before age one from causes that are unknown prior to an investigation. SUIDs include sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), and deaths from unknown causes. SUIDs that occur while infants sleep or nap are called sleep-related infant deaths.

Sleep-related infant deaths are largely preventable because they often occur in positions, spaces, or environments that are hazardous for infants to sleep or nap in, and they put infants at increased risk for overlays, entrapment, suffocation, and strangulation during sleep.¹

In Minnesota, SUIDs are the fourth leading cause of infant mortality, accounting for approximately 12-13% of infant deaths each year. The vast majority of SUIDs in the state happen during sleep and are linked to unsafe sleep conditions. For example, data from the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry show that of the 214 SUIDs that occurred in Minnesota between 2019-2023, 96% (N=206) were

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linked to unsafe sleep factors such as having soft bedding or someone else in the infant's sleep space. To prevent sleep-related tragedies, the [American Academy of Pediatrics](#) recommends that all babies sleep on their backs, in smoke-free environments, in federally approved cribs, bassinets, or play yards, on a firm non-inclined mattresses designed for the sleep space without loose beddings or stray objects or other persons or pets in the sleep area.

The burden of SUIDs is not distributed equally across all populations or groups in Minnesota. SUIDs have historically been the leading cause of infant deaths in the state's American Indian population. Moreover, both the Black/African American and American Indian populations continue to experience a greater burden of these infant deaths compared to the burden of SUIDs experienced by the state overall. Between 2019 and 2023, infants born to Black/African American and American Indian mothers in Minnesota experienced SUID at approximately two and four times the state rate, respectively.² The higher rates of SUIDs in these populations may be attributed to ongoing systemic racism and discrimination,³⁻⁵ which contribute to socioeconomic inequities that fuel the disparities in infant health and mortality outcomes, including SUIDs.^{5,6}

Purpose

MDH requests proposals to fund one organization with the expertise and capacity to create, manage, and support two Community Action Teams (CATs)— one for the American Indian population and a second for the Black/African American population. The CATs will implement community identified priorities to reduce sleep-related tragedies during infancy in these two populations. The organization awarded this grant must, upon full execution of the grant agreement, be ready to immediately begin forming the CATs and executing other activities as outlined in the agreement.

1.3 Funding and Project Dates

Funding

The source of this funding is the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, through NU58DP007698. The selected applicant is responsible for complying with all federal regulations and requirements associated with these funds, including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Funding will be allocated through a competitive process. If selected, an organization may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	\$134,000
Estimated Number of Awards	1
Estimated Award Maximum	1
Estimated Award Minimum	1

Match Requirement

There is no match requirement.

Project Dates

The estimated grant start date is **July 15, 2026, and the projected end date is September 29, 2027**. However, the grant may be extended for an additional year contingent on the availability of funds and the awarded applicant's performance during the initial project period.

1.4 Eligible Applicants

Eligible applicants must have at least three years of experience in creating, implementing, convening, and managing two or more of the following types of entities that partner with communities to advance community-driven solutions and promote policy, systems, and environmental changes that improve community health and well-being:

- community coalitions
- collaboratives
- task forces
- organizational boards
- work groups
- steering committees
- action teams
- community-based health initiatives

Additionally, eligible applicants must have a well-established history of either providing services to American Indian and Black/African American families in Minnesota or collaborating with these two communities on projects that seek to improve health outcomes. Priority will be given to applicants that have experience with project management and developing and implementing strategic action plans to improve maternal and/or infant health outcomes in communities. Eligible applicants include, but are not limited to, Community health boards (CHBs)/Local public health, Nonprofit organizations, Tribal governments, clinics, hospitals, and Institutions of higher learning.

Applicants must have state or federal recognition as a formal organization or entity including a Federal Employer Identification Number. All applicants must have an active registration with the Minnesota Secretary of State and have an active Unique Entity Identification (UEI) Number. Applicants that do not have state or federal recognition must apply with a fiscal agent. Applicants must be located within the state of Minnesota and conduct grant activities in the state. Eligible applicants who wish to work together but have not formed a legal partnership must designate one applicant to be the lead with which MDH will write the grant agreement.

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Grant funds are not transferable 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.

Collaboration

Collaboration is not required for this grant funding. However, multi-organizational collaboration is welcomed and encouraged. MDH recognizes that achieving health equity will happen only as we work together. Applicants 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.

1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to health.infantmortality@state.mn.us or by phone at 651-201-3650. All questions and answers will be posted every Monday on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage.

Please submit questions no later than **4:30 p.m. on Friday, May 15, 2026**. Questions related to the content of the RFP submitted after this date will not be answered. The final questions and answers will be posted to the website on **Monday, May 18, 2026**.

To obtain the Question and Answers in a different format, call: 651-201-3650.

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 MDH employee, 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

There will be one (1) Technical Assistance (TA) session during the application period. Prospective applicants can participate on Microsoft Teams or call in to ask questions and receive assistance in completing the RFP. All prospective applicants should attend if able. The questions from the session will be posted on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage.

This meeting will occur on **Monday, April 27, 2026, from noon – 1 p.m.** on [Microsoft Teams](#):

- Meeting ID: 262 178 039 879 65
- Passcode: nX2rj2F6

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

The primary goal of this RFP is to fund one organization to create and manage two Community Action Teams (CATs)— one for the American Indian population and a second for the Black/African American population— to prioritize and implement culturally appropriate data-driven strategies to reduce sleep-related infant deaths in the state's American Indian and Black/African American populations. The priority recommendations to be implemented are those that were identified through a variety of community engagement methods including community listening sessions that gathered the perspectives of American Indians and Black/African Americans on factors that impede or facilitate infant safe sleep practices within their communities; a survey conducted among key organizations working to reduce infant mortality in Minnesota; and listening sessions conducted among professionals to better understand the successes and challenges they experienced while promoting infant safe sleep practices. These recommendations will be made available to the grantee once the grant agreement is fully executed.

The organization selected for this grant must be uniquely positioned to support the CATs in implementing community prioritized solutions to improve infant sleep safety that align with the American Academy of Pediatrics [safe sleep](#) recommendations.

This RFP outlines three priority components: Creation of the CATs, management of the CATs, and monitoring and reporting of the grantee and CAT activities. Progress towards achieving grant outcomes will be assessed through quarterly reports, check-in meetings, and a required site visit.

This grant will serve:

- American Indian and Black/African American families and communities.
- Parents/caregivers, including fathers.
- LGBTQI communities.
- Persons with disability status.
- Individuals from all socioeconomic backgrounds.
- All geographic areas across Minnesota, including Greater Minnesota and the urban/metropolitan areas.

Grant outcomes will include:

- Recruitment and creation of two multidisciplinary CATs—one for the American Indian population and another for the Black/African American population— to implement culturally appropriate strategic priorities to reduce the rate of sleep-related infant deaths in these communities across Minnesota.
- Creation of a strategic action plan that prioritizes community identified recommendations to be implemented during the lifecycle of the CATs, with a vision, mission, SMART objectives, and goals.
- Development of a separate workplan for each CAT that includes critical elements such as required tasks, timelines, responsibilities, and goals.
- Development of an implementation plan that aligns with the strategic action plan.
- Creation of a budget for each CAT.
- Timely technical support to the CATs to identify resources that will help to facilitate the implementation of their action plan.
- Identification of meeting locations that are accessible with virtual options.
- Submission of quarterly reports on work progress.

2.2 Eligible Projects

Key tasks and deliverables

The selected applicant is required to implement the following program components in collaboration with MDH:

Creation of Community Action Teams

- Identify and recruit potential CAT members, including the CAT Chair and co-Chairpersons, in collaboration with MDH and the Infant Safe Sleep Leadership Team. Potential recruits shall include 1) individuals who have connections, influence, and resources or the ability to obtain needed resources to support the CATs in implementing their strategic action plan, and 2) community champions with lived and professional experience who are passionate about improving infant health outcomes in their respective community.
- Develop strategies to aid with recruiting, advertising, and increasing visibility of the CATs, including, but not limited to creating and disseminating flyers, email messages, and social media posts.
- Draft an initial work group charter for each CAT that outlines the expectations of how CAT members will work together, with components that include but are not limited to the overall purpose and goals of the group, group membership/composition, duration/time commitment, meeting frequency, work scope.
- Provide a draft of a work group charter to the CATs for their review and input.
- Ensure that each CAT has a discernible leadership structure with a chair and co-chair whose roles and responsibilities are clear and reasonable. The Chairperson must be from the

cultural community the CAT was developed to represent, and at least fifty percent of the CATs membership must also be from the priority community.

- Design an orientation to onboard new members and conduct in-person or virtual introductory meetings to recruit potential CAT members.

Management of the Community Action Teams

- Facilitate the development of a strategic action plan in partnership with the CATs that prioritizes culturally appropriate, community-driven strategies for implementation to reduce sleep-related infant deaths in the American Indian and Black/African American populations.
- Develop and maintain an implementation plan in partnership with the CAT chairpersons that aligns with the priorities outlined in the strategic action plan.
- Create and manage budgets for the CATs in partnership with the chairpersons.
- Plan effective CAT meetings, including developing meeting agendas with meeting goals, and draft and disseminate meeting minutes to MDH, Infant Safe Sleep Leadership Team and CAT members within five business days that capture key decisions, accomplishments, and next steps.
- Secure meeting locations that are accessible (if needed) and ensure that virtual access is available to those unable to attend in-person.
- Identify and secure all resources needed to support the CATs, including meeting resources (e.g., markers, pens, notepads, sign-in sheets, and nametags).
- Build, maintain, and engage a network of partners and stakeholders.
- Provide technical assistance to the CATs to ensure successful implementation of recommendations to prevent sleep-related infant deaths.

Monitoring and Reporting

- Submit written narrative reports quarterly. MDH will provide a template throughout the grant cycle. The awarded applicant must submit the data and written report no later than 30 days after each quarter has ended.
- Attend bi-monthly Infant Safe Sleep Leadership Team meetings to provide updates on work progress. This is in addition to the required check-in meetings for this grant.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Expenses not directly related to the approved work plan and not in the approved budget.

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- Expenses incurred prior to the grant agreement being fully executed.
- Any expenses that do not directly contribute to the activities in the grantee's work plan.
- Any individual piece of equipment that costs more than \$10,000.
- Capital improvements or alterations.
- Cash assistance paid directly to individuals to meet their personal family needs.
- Fundraising.
- Ongoing medical care or treatment of disease(s) or disability.
- Land acquisitions.
- Corporate formation (startup costs).
- Federal grant funds cannot be used to purchase food.

2.3 Grant Management Responsibilities

Grant Agreement

The grantee must formally enter into a grant agreement with MDH. The agreement will address the terms and 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 on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage. Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

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

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met. For this grant program, grantees will submit **quarterly reports** and participate in at least **six required check-in calls** during each fiscal year. MDH reserves the right to schedule additional check-in meetings, if

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necessary. The reporting schedule will be provided to the grantees upon execution of the grant agreement.

The anticipated quarterly reporting schedule will be:

Reporting Period	Report Due Date
July 15 – September 29, 2026	October 30, 2026
October 1 – December 31, 2026	January 30, 2027
January 1 – March 31, 2027	April 30, 2027
April 1 – June 30, 2027	July 30, 2027
July 1 – September 29, 2027	October 30, 2027

Grant Monitoring

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.

The monitoring schedule will be based upon the applicant's risk assessment, which includes consideration of prior performance and previous experience with state grants and will be specified in the grant agreement. At minimum, there will be one monitoring visit and financial reconciliation of one invoice during the grant period. A financial reconciliation is an in-depth review of all the expenses submitted on a selected invoice. Grantee will need to submit all supporting documentation that shows how those expenses were calculated. Documentation will include but is not limited to proof of payment on all expenses such as invoices, receipts, bank statements, payroll reports, and purchase orders. This is not an all-inclusive list, and other items may be requested.

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. Staff will be available to provide guidance and assistance on topics including budgeting, invoicing, data collection, evaluation, and other effective practices.

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.

The invoicing and payment schedule will be **monthly**.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

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

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) ([Minn. Stat. § 363A](#); 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/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

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

Non-Transferability

Grant funds are not transferable 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.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee of representatives from MDH, local public health agencies, community-based non-profit organizations with relevant content expertise as well as community members with lived experience relevant to the subject matter. The review committee will evaluate all eligible and complete applications received by the deadline and make recommendations to MDH.

MDH will review all committee recommendations and is responsible for 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

Review committee members will be divided into teams so that multiple individuals will score each application. Each reviewer will review and score the applications assigned to their team individually using the score sheet provided (**see Appendix F for a sample score sheet**). Reviewers will score each applicant on a **100-point scale**. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The review team(s) will then participate in a review meeting where all applications are discussed. Reviewers will be able to modify their individual scores based on the discussion at the review meeting. At the end of the meeting, team members will make recommendations to MDH based on the scoring criteria and discussion.

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

- Review team scores.
- Representativeness of the populations served by the applicants.
- Geographic distribution of services.
- Total funding available.

Grantee Past Performance and Due Diligence Review Process

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

Notification

MDH anticipates notifying all applicants of funding decisions by email by August 15, 2026. All notices of award and non-award will be sent via email from the contact person leading the grants. The awarded applicant, if not a current vendor in the State's SWIFT system, will need to become a vendor before a grant agreement can be finalized. Instructions on how to become a vendor will be sent to the awarded applicant when they are notified of the award. There may be negotiations to finalize a grantee's work plan and/or budget before a grant agreement can be made final ("executed"). Once a work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until **September 29, 2027**, contingent on satisfactory grantee performance and funding availability.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications **must** be received electronically by MDH no later than 4:30 p.m. on Friday, May 22, 2026, to the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

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.

Acknowledgement of application receipt. MDH will "reply all" to the email address that submitted the application to acknowledge the receipt of your application within **two** business days. If you submitted your application through the [grant interface portal](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) but did not receive an email confirmation within two business days, please contact health.infantmortality@state.mn.us, or 651-201-3650 for further instructions. Applicants are strongly encouraged to submit their application in advance of the deadline to resolve any technical issues.

3.2 Application Submission Instructions

You must submit all materials listed on the Application Checklist (**Appendix A**) for the application to be considered complete. Incomplete applications will be rejected.

MDH requires applications submissions to be made through the grant interface portal, [Foundant](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh) (<https://www.grantinterface.com/Home/Logon?urlkey=mdcfh>).

New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

Existing Users: Please enter your credentials and log in. If you forgot your password, use the "Forgot your Password?" link to the left on the logon screen to reset your password.

Not Sure: If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Maternal and Child Health staff at health.infantmortality@state.mn.us for assistance.

Once in the system, click on the "apply" button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system. Submit all required application materials to the open application for ***Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations***.

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.

Incomplete applications will be rejected and not 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 are the responsibility of the applicant.**

3.3 Application Forms

The list of attachments on page 20 includes documents that will be scored as well as others that will not be scored. Please refer to **Appendix A: Application Checklist** on page 21 to view the list of documents that must be submitted as part of the application for it to be considered complete. Incomplete applications will be rejected and not be evaluated. The forms and/or links to the forms can be found in the RFP. Many of the forms can also be viewed or downloaded from the [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage.

RFP Part 4: Attachments

- Appendix A: Application Checklist
- Appendix B: Grant Application Face Sheet
- Appendix C: Project Narrative
- Appendix D: Work Plan Template
- Appendix E: Budget Details and Justification
- Appendix F: Application Score Sheet
- Appendix G: Applicant Conflict of Interest Disclosure Form
- Appendix H: Due Diligence Review Form
- Appendix I: Standard Grant Agreement Template
- Appendix J: Incentive Guidelines for MDH Grantees (not scored)
- Appendix K: References (not scored)

Appendix A: Application Checklist

Use this checklist to ensure that you have included all the required items for your application. Any application that does not contain all required items will be considered incomplete and may not be reviewed.

- SWIFT vendor account: All applicants must have a SWIFT vendor account. Please go to SWIFT, login and confirm that your organization's name, address, banking information, phone numbers, and other contact information is correct. MDH strongly encourages applicants to initiate direct deposit. To access SWIFT visit: [SWIFT Vendor Resources \(https://mn.gov/mmb/accounting/swift/vendor-resources/\)](https://mn.gov/mmb/accounting/swift/vendor-resources/)
- Appendix B: Grant Applicant Face Sheet – Current grantees: the information you put on the Face Sheet must match what is in SWIFT.
- Appendix C: Project Narrative
- Appendix D: Work Plan
- Appendix E: Budget Details and Justification
- Appendix G: Applicant Conflict of Interest Disclosure Form
- Appendix H: Due Diligence Review Form

Applications are due by **4:30 p.m., Friday, May 22, 2026**. Submit the application in Foundant. The application must be limited to Word, Excel, and/or PDF files.

Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Appendix B: Grant Applicant Face Sheet

The following information must be entered into Foundant. By submitting the following information, respondent acknowledges the following:

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the agency.

General Applicant Information

- Applicant's Legal Name (do not use a "doing business as" name):
 - *This should be the same name used when a federal tax identification number was obtained.*
- Applicant's Business Address (street, city, state, zip code):
- Applicant's Minnesota Tax Identification Number:
- Applicant's Federal Tax Identification Number:
- SWIFT Vendor ID number (if you have one):

Director of Applicant Agency

- Name:
- Business Address (street, city, state, zip code):
- Phone Number:
- Email:

Financial Contact, or Fiscal Agent, for this grant

- Name of Financial Contact for this grant:
- Name of Fiscal Agent for this grant, if applicable:
- Phone Number:
- Email:

Contact Person for the grant

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email:

Requested Funding

Total Amount on Proposed Budget: \$

Signature of Authorized Agent for Applicant _____

Appendix C: Project Narrative

The project narrative information must be entered into Foundant.

Section I – Organizational Information and Capacity *(10,000 characters maximum; 40 Points)*

1. Background Information on the Applicant Organization

- a. Briefly summarize your organization's history, administrative structure, current mission, vision, and goals, and explain how they align with the goals of this RFP.

2. Agency Capacity

- a. Describe the organization's relevant experience and history providing culturally appropriate, evidence-based or -informed services to American Indian and/or Black/African families in Minnesota, or in collaborating with them on projects that seek to improve the health and well-being of community members, including maternal and infant health outcomes.
- b. Describe the organization's capacity and experience providing services to populations experiencing health inequities such as those who communicate in a language other than English, racial and ethnic communities, including American Indians, Black/African American, those in poverty, fathers, LGBTQIA+ clients, individuals with disabilities, and those in rural areas.
- c. Describe programs and services currently being offered by the organization, and its history to successfully implement, and manage one or more of the following in partnership with communities: community coalitions, collaboratives, task forces, boards, steering committees, working groups, action teams, and community-based health projects aimed at improving maternal and infant health outcomes in communities.
- d. Describe your organization's experience with selecting subcontractors and managing subcontracts, and disseminating and tracking incentives, stipends, and transportation vouchers. Using incentives as part of this grant program is not required. However, when incentives are included in workplans or budgets, their use must be approved by MDH before they are purchased. Grantees approved to use incentives must comply with MDH incentive requirements outlined in the grant agreement. See Appendix J.

3. Organizational Skills, Knowledge, and Experience

- a. Describe the professional expertise, education, certification, licenses, and other applicable trainings received by key staff who will be providing or managing services under this contract. Include information about their relevant training, skills, knowledge, and expertise in project management, strategic planning, and in creating and implementing committee workplans, as well as action and implementation plans.
- b. Describe strategies that the organization currently use to recruit, retain, and engage community members, leaders, and organizations, including fathers, and individual from rural areas and ethnic communities to serve on committees, or join collaboratives, or coalitions. Also include information on any relevant experience the organization may have in recruiting individuals who have

connections, influence, and resources or the ability to obtain needed resources to support the implementation of community projects.

- c. Describe your organization's experience with developing and/or implementing strategic action plans in partnership with communities. Briefly explain the steps your organization took to implement the strategic action plan, if applicable.

Section II – Linkages and Collaborations *(7,000 characters maximum;15 Points)*

1. Briefly explain the organization's experience in creating, maintaining, and communicating with large networks of stakeholders and partners to provide updates on a committee, collaborative, or coalition's progress and achievements. Include information on the modes of communication used to share information.
2. Describe organization's past and current history collaborating with community groups, public health agencies, Tribal health departments, health care providers, or organizations that seek to improve the health and well-being of American Indians and Black/African Americans in Minnesota.
3. Provide the names of organizations that the organization has collaborated with and discuss the scope of your partnership or collaboration and the outcome(s) of the partnership.

Section III – Proposed Additional Activities *(7,000 characters maximum;15 Points)*

1. Describe the strategies that your organization will use to recruit a racially, geographically, and socioeconomically diverse group of individuals to join the CATs, who your organization would consider recruiting, and the criteria (if any) that your organization will use to decide on membership to the group.
2. Discuss the approach your organization will use in partnership with the CATs to develop the strategic action plan that prioritizes culturally appropriate strategies for implementation to reduce the incidence of sleep-related infant deaths in Minnesota's American Indian and Black/African American populations. Include information about resources or tools or persons the organization will contract with to assist with this process.
3. Explain any likely barriers or challenges your organization anticipates encountering while implementing the grant and how your organization plans to overcome them.

Appendix D: Work Plan Template (20 Points)

The workplan template is available as a separate **Appendix D** word document. It can be found on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage. **Please complete your work plan for one year using this document and upload it into Foundant.**

The workplan must include the following information:

- Description of each activity.
- Timeline for each activity.
- Key staff and partners involved for each activity.
- Estimated number of people reached through each activity.

Appendix E: Budget Details and Justification (10 Points)

Introduction

You will need to account for all your grant program costs under the following six different line items: 1) salary and fringe, 2) contractual services, 3) travel, 4) supplies, 5) other, and 6) indirect costs. The following paragraphs provide detailed information on what costs can go into these line items. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in delayed agreement if your application is selected for funding.

All costs under this grant must be prorated to reflect fair share of the expense to this program. For example, if a computer is purchased for one staff person who works 0.5 Full Time Equivalent (FTE) on this grant and 0.5 FTE on another program, the cost for that computer should be split 50-50 by the grant and the other program.

The applicant must appropriate a total of \$20,000 under the budget category, "Other," for the CATs to use to implement priority activities to reduce sleep-related infant deaths in their respective community. These funds, which shall be divided equally between the American Indian and Black/African American CATs, must be managed and monitored by the grantee to ensure that they are being spent pursuant to applicable state and federal laws.

If the grant agreement(s) are not fully executed in a timely manner, the award funded may be pro-rated to reflect the actual time frame the grant is in effect.

It is strongly suggested that applicants incorporate into their budgets the costs of appropriate financial staff to provide financial oversight to the grant. This could be through contracting with an individual or organization or a direct hire.

The budget narratives should provide a brief and sufficient explanation of how funds will be used over the grant period.

The budget template is available as a separate **Appendix E** Microsoft Excel spreadsheet. It can be found on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage. **Please complete your budget and upload it into Foundant.**

The Budget Template and Justification is a scored section for a total of 10 out of 100 points.

Salary and Fringe:

Grant funds can be used for salary and fringe benefits for staff members directly involved in applicant's proposed activities. For each proposed funded position, please list:

- Title
- Position description and staff name (if known)
- FTE on this grant (see example below).

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- Salary
- % Fringe (if applicable)
- Total amount applicant expects to pay the position for the year

Any salaries from administrative support, accounting, human resources, or IT support, MUST be supported by some type of time tracking in order to be included in the Salary and Fringe line. Salary and fringe expenses not supported by time reporting documentation may be included in the indirect line if these unsupported salaries and fringe were included on the Indirect Cost Questionnaire form and approved by MDH. Any salary and fringe expenses not supported, not included on the Indirect Cost Questionnaire, and not approved by MDH are unallowable and may not be charged to this grant.

FTE: The percentage of time a person will work on this grant project.

Each position that will work on this grant should show the following information:

EXAMPLE:

Public Health Nurse: \$30.40/hourly rate

x 2,080/annual hours (or whatever your agency annual standard is)

\$63,232 annual salary

Multiply the annual salary by your agency's total fringe rate. Your agency's total fringe rate is the sum of what your agency includes to calculate the rate. For example, if your agency uses FICA (6.2%), Medicare (1.45%), Retirement (3.0%), and insurance (12.35%) in the calculation, the sum of these rates is 23.0%. The rates used in this example are hypothetical.

\$63,232 annual salary

x 23% fringe rate (use your agency fringe rate, 23% is just an example)

\$14,543 fringe amount

Now add the annual salary and the fringe amount together:

\$63,232 annual salary

+ \$14,543 fringe

\$77,775/annual salary and fringe total

Multiply the annual salary and fringe total by the FTE being charged to this grant:

\$77,775 annual salary and fringe total

x .50 FTE assigned to grant

\$38,888 to be charged to grant for this position.

Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees. Applicants will be responsible for monitoring any subcontractors to ensure they are following all State, Federal, and programmatic regulations including proper accounting methods.

Applicant responses must include:

- Description of services to be contracted.
- Anticipated contractor/consultant's name (if known) or selection process to be used.
- Length of time the services will be provided.
- Total amount to be paid to the contractor.

Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. List any minimum travel requirements of the grant such as attending a statewide training/conference, etc. If project staff will travel during the course of their jobs or for attendance at educational events, itemize the costs, frequency, and the nature of the travel. Grant funds cannot be used for out-of-state travel without prior written approval from MDH. Minnesota will be considered the home state for determining whether travel is out of state.

Non-tribal applicants:

Budget for travel costs (mileage, lodging, and meals) using the rates listed in the [State of Minnesota Commissioner's Plan \(https://mn.gov/mmb-stat/000/az/labor-relations/unrepresented-plan/unrepresented-plan.pdf\)](https://mn.gov/mmb-stat/000/az/labor-relations/unrepresented-plan/unrepresented-plan.pdf)

Hotel and motel expenses should be reasonable and consistent with the facilities available. Grantees are expected to exercise good judgement when incurring lodging expenses.

Mileage will be reimbursed at the current IRS rate at the time of travel.

Tribal Nation applicants:

Budget for travel costs (mileage, lodging, and meals) using the rates provided by the [General Services \(https://www.gsa.gov/travel/plan-book/per-diem-rates\)](https://www.gsa.gov/travel/plan-book/per-diem-rates)

Current lodging amounts and meal reimbursement rates vary depending on where the travel occurs in Minnesota.

Consult the breakdown of the [General Services Administration \(GSA\) Meals and Incidental Expense Rates \(https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown\)](https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown) for current rates for Tribal Nations.

Mileage will be reimbursed at the current IRS rate at the time of travel.

Supplies

Defined as all tangible personal property other than those described in the definition of Equipment equal to or less than \$10,000. Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; and training materials. Include the costs expected to be incurred to ensure that community representatives, partners, or clients who are included in the applicant's process or program can participate fully. Examples of these costs are fees paid to translators or interpreters.

Equipment

Defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds \$10,000. Grant funds may not be used to purchase any individual piece of equipment that costs more than \$10,000, or for major capital improvements to property.

Other

Include in this section any expenses the applicant expects to have for items that do not fit in any other category. Some examples include but are not limited to staff training and incentives. Grant funds cannot be used for capital purchases, permanent improvements; cash assistance paid directly to individuals; or any cost not directly related to the grant. Expenses in the "Other" line should represent the appropriate fair share to the grant.

Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. These costs are often allocated across an entire agency and may include administrative, executive and/or supervisory salaries and fringe, rent, facilities maintenance, insurance premiums, etc.

The following are examples that could be included in indirect costs:

- Your department pays a general percentage to the city/county attorney's office or the sheriff's department and these costs cannot be specifically attributed to an individual grant.
- Your Community Health Board (CHB) or department pays a fee or percentage to the county/city human resources department and these costs are not tied to a specific grant.
- The CHBs accounting system does not allow community health services (CHS) administrator's time to be directly attributed to specific grant activities.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines of Salaries and Fringe, Supplies, Contractual Services, or Other. They should not be included in the Indirect line.

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The following are examples of administrative costs that should be included in direct lines of the budget and/or invoice:

- The CHS administrator's time that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- A portion of secretarial/administrative support, accounting, human resources or IT support staff expenses that can be tracked through time studies to a specific grant (include in the Salary/Fringe line).
- Printing and supplies that your accounting system is able to track (for example through copy codes) to a specific grant (include in the Supply line).

Any salary costs included in the Salary and Fringe line of the budget and/or invoice must be if supported by proper time documentation. The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 15%.

If the applicant will be using a federally Negotiated Indirect Cost Rate Agreement (NICRA), you will need to upload a copy of your current NICRA documentation.

Appendix F: Application Scoresheet

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Rating Levels

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good or 4	Substantial response, meets in all aspects and in some cases exceeds the minimum requirements; no significant weaknesses.
Good or 3	Generally, meets minimum requirements; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirement; needs major revision to make it acceptable.

Rating Levels – Scored up to 100 points

Proposal Components	Possible Points
Appendix C: Section I – Organizational Information and Capacity	40
Appendix C: Section II – Linkages and Collaborations	15
Appendix C: Section III – Proposed Additional Activities	15
Appendix D: Section IV— Workplan	20
Appendix E: Section V – Budget	10
Total Score	100 Points

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Scoring Sections

APPENDIX C: SECTION I. ORGANIZATIONAL INFORMATION AND CAPACITY (40 POINTS)

	Criteria	Score (1-5 points)
1.1.a	The applicant briefly summarizes the organization's history, administrative structure, current mission, vision, and goals, and explains how they align with this request for proposal (RFP).	
1.2.a	The applicant describes the organization's relevant experience and history providing culturally appropriate, evidence-based or -informed services to American Indian and/or Black/African American families in Minnesota, or in collaborating with them on projects that seek to improve maternal and infant health outcomes in these populations.	
1.2.b	The applicant describes the organization's capacity and experience providing services to populations experiencing health inequities such as those who communicate in a language other than English, racial and ethnic communities, including American Indians, Black/African American, those in poverty, fathers, LGBTQIA+ clients, individuals with disabilities, and those in rural areas.	
1.2.c	The applicant describes programs and services currently being offered by the organization, and its history to successfully create, implement, and manage one or more of the following in partnership with communities: community coalitions, collaboratives, task forces, boards, steering committees, working groups, action teams, or community-based health projects aimed at improving maternal and infant health outcomes in communities.	
1.2.d	The applicant describes the organization's experience with selecting and managing subcontracts, and disseminating and tracking incentives, stipends, and transportation vouchers.	
1.3.a	The applicant describes the professional expertise, education, certification, licenses, and other applicable trainings received by key staff who will be providing or managing services under this contract. Include information on their relevant training, skills, knowledge, and expertise in project management, strategic planning, and in creating and implementing committee workplans, workplans, as well as action and implementation plans.	

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1.3.b	The applicant describes strategies that the organization currently uses to recruit, retain, and engage fathers, individuals from rural areas and ethnic communities to serve on committees and working groups, or join collaboratives, or coalitions. The applicant also includes information on any relevant experience the organization may have in recruiting individuals who have connections, influence, and resources or the ability to obtain needed resources to support the implementation of community projects.	
1.3.c	The applicant describes their organization's experience with developing and/or implementing strategic action plans in partnership with communities. They explained steps their organization took to implement the strategic action plan, if applicable.	
	Total Score	

APPENDIX C: SECTION II. LINKAGES AND COLLABORATION (15 POINTS)

	Criteria	Score (1-5 points)
2.1	The applicant briefly explains the organization's experience in creating, maintaining, and communicating with large networks of stakeholders and partners to provide updates on projects, committees, or a coalition's progress and achievements. Include information on the modes of communication used to share information.	
2.2	The applicant describes whether the organization has experience collaborating with community groups, public health agencies, Tribal health departments, health care providers, or organizations that seek to improve the health and well-being of American Indians and Black/African Americans in Minnesota.	
2.3	The applicant provides the names of organizations that they have collaborated with and discusses the scope of their partnership or collaboration and the outcome(s) of the partnership.	
	Total Score	

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APPENDIX C: SECTION III. PROPOSED ADDITIONAL ACTIVITIES (15 POINTS)

	Criteria	Score (1-5 points)
3.1	The applicant describes strategies the organization will use to recruit a racially, geographically, and socioeconomically diverse group of individuals to join the CAT, who their agency would consider recruiting, and the criteria (if any) that their agency will use to decide on membership to the group.	
3.2	The applicant discusses the approach the organization will use in partnership with the CATs to develop the strategic action plan that prioritizes culturally appropriate strategies for implementation to reduce the incidence of sleep-related infant deaths in Minnesota's American Indian and Black/African populations. Include information about resources, tools, persons, the agency will contract with to assist with this process.	
3.3	The applicant explains any likely barriers or challenges they anticipate encountering while implementing the grant and how the agency plans to overcome them.	
	Total Score	

APPENDIX D: SECTION IV. WORK PLAN (20 POINTS)

	Criteria	Score (1-5 Points)
4.1	The work plan provides overall a clear picture of the scope and timeline of the proposed project.	
4.2	The activities are clear and comprehensive and will achieve the identified objectives and strategies.	
4.3	The work plan outlines each activity that includes the staff involved; external partners involved; expected timeline; an estimate of the number of people reached by the activity; and outputs.	
4.4	The work plan's project goals and objectives are tangible, measurable, and achievable; must connect to the project narrative. Objectives should address the key activities and strategies of the category, in a feasible timeframe.	
	Total Score	

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APPENDIX E: SECTION V. BUDGET (10 POINTS)

	Criteria	Score (1-5 Points)
5.1	The requested level of funding is reasonable and justified for the proposed scope of activities, level(s) of change and depth of partnerships.	
5.2	The budget narrative includes a clear and reasonable description of how funds will be used. The expenditures in the budget narrative support activities outlined in the work plan, including meeting grant requirements, supporting community partners, and evaluating the project activities and outcomes.	
	Total Score	

Appendix G: Applicant Conflict of Interest Disclosure Form

Please complete the [Conflict of Interest Disclosure Form](#) and upload it into [Foundant](#).

Appendix H: Due Diligence Review Form

Please complete the [Due Diligence Review Form](#) and upload it into [Foundant](#).

Appendix I: Standard Grant Agreement and Template

Refer to the Standard Grant Agreement and Template document on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage. **Do not submit this document with your application.**

Appendix J: Incentive Guidelines for MDH Grantees

Using incentives as part of this grant program is not required. However, when incentives are included in workplans or budgets, their use must be approved by MDH before they are purchased. Grantees approved to use incentives must comply with MDH incentive requirements outlined in the grant agreement. Refer to the document on Incentive Requirements and Definitions on the MDH's [Grant to Prevent Sleep-Related Infant Deaths in Minnesota's American Indian and Black/African American Populations](#) webpage.

Appendix K: References

¹Moon RY, Carlin RF, Hand I, AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics*. 2022 (1): e20222057990.

²SUID and SDY Case Registry. Injury and Violence Prevention Section. Minnesota Department of Health.

³Bishop-Royse J, Lange-Maia B, Murray L, Shah RC, & DeMaio F. Structural racism, socio-economic marginalization, and infant mortality. *Public Health*. 2021 Jan; 190:55-61. doi: 10.1016/j.puhe.2020.10.027. Epub 2020 Dec 18. PMID: 33348089.

⁴Jang CJ, & Lee HC (2022). A Review of Racial Disparities in Infant Mortality in the US. *Children*, 9(2), 257. <https://doi.org/10.3390/children9020257>.

⁵Torres JMC, Kelley-Stiles T, & Stockton, J. D. (2020). [Racism and inequity in Birth Outcomes for Black and Native American Families: A Review of the Literature](#). Michigan Public Health institute, Okemos: MI.

⁶Hill L, Rao H, Artiga S, and Ranji U. (2025). [Racial Disparities in Maternal and Infant Health: Current Status and Key Issues](#). *Racial Equity and Healthy Policy*. Kaiser Family Foundation.