



# Healthy Housing Grant 2026–2029

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health

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[Minnesota Department of Health Lead Program](#)

[\(https://www.health.state.mn.us/communities/environment/lead\)](https://www.health.state.mn.us/communities/environment/lead)

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To obtain this information in a different format, call: 651-201-4892.

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Request for Proposals for the Minnesota Department of Health (MDH) Healthy Housing Grant
- **Minnesota Department of Health (MDH) Program Website:** [MDH Lead Grants \(www.health.state.mn.us/communities/environment/lead/prof/leadgrants.html\)](http://www.health.state.mn.us/communities/environment/lead/prof/leadgrants.html)
- **Application Deadline:** Tuesday, June 30, 2026

### 1.2 Program Description

#### Grant Program Description

The Minnesota Department of Health Lead and Healthy Homes Program (LHHP) is announcing the availability of Healthy Housing Grants for the 2026–2029 period. The Healthy Housing Grants are intended to provide funding to perform activities related to housing-based health threats, including:

- Implementing and maintaining primary prevention programs to reduce housing-based health threats that include the following:
- Providing educational materials to the general public and to property owners, contractors, code officials, and other persons and organizations engaged in housing and health issues,
- Promoting awareness of community, legal, and housing resources,
- Promoting the use of hazard reduction measures in new housing construction and housing rehabilitation programs,
- Providing training on identifying and addressing housing-based health threats,
- Providing technical assistance on the implementation of mitigation measures,
- Promoting the adoption of evidence-based best practices for mitigation of housing-based health threats,
- Developing work practices for addressing specific housing-based health threats,
- Identifying, characterizing, and mitigating hazards in housing that contribute to adverse health outcomes,
- Ensuring screening services and other secondary prevention measures are provided to individuals at high risk for housing-related health threats,
- Promoting compliance with Department of health guidelines and other best practices, as identified by the commissioner, for preventing or reducing housing-based health threats,
- Establishing local or regional collaborative groups to ensure that resources for addressing housing-based health threats are coordinated, and
- Developing model programs for addressing housing-based health threats.

#### Program Goals and Priorities

These grants are intended to support implementation of healthy housing programs to local boards of health, community action agencies, and nonprofit organizations with expertise in

providing outreach, education, and training on healthy housing subjects and in providing comprehensive healthy housing assessments and interventions.

### **Statutory Authority**

This grant program is authorized under [Minn. Stat. § 144.9513](https://www.revisor.mn.gov/statutes/cite/144.9513) (<https://www.revisor.mn.gov/statutes/cite/144.9513>). The Minnesota Department of Health Lead and Healthy Homes Program (LHHP) administers this grant.

## **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.

### **Amount of Funding for Distribution**

The total amount of the grant funding for the entire grant period (July 2026–June 2029) is \$720,000. This will be distributed to grantees at amounts up to \$40,000 per grantee per year, for three years. The grant funds are dependent upon the appropriation of funds by the state legislature to the Department of Health. Any awarding of final grant agreements as a result of this RFP process is subject to final approval by the Commissioner of Health.

Note regarding the availability of funds: Money from the first fiscal year (July 2026–June 2027) may be spent in both the first and second fiscal year (July 2027–June 2028), but not in the third fiscal year (July 2028–June 2029). Money from the second fiscal year (July 2027–June 2028) may be spent in both the second and third fiscal year (July 2028–June 2029). Grantees should plan to spend all grant funds by the last day of the grant on June 29, 2029.

### **Funding Source**

Funds are provided through the Minnesota state legislature authorized under [Minn. Stat. § 144.9513](https://www.revisor.mn.gov/statutes/cite/144.9513) (<https://www.revisor.mn.gov/statutes/cite/144.9513>).

### **Duration of Funding**

Funds awarded under this RFP will be available through June 29, 2029, contingent on continued appropriations by the legislature and satisfactory grantee performance.

### **Allocation of Grant Funds**

The number of applicants funded will be dependent on the quantity and quality of the applications, the total amount of funding requested, the geographic areas covered by applicants, and the areas of work proposed by applicants with qualifying scores.

Funding	Estimate
Estimated Amount to Grant	\$720,000
Estimated Number of Awards	6–12
Estimated Award Maximum	\$120,000 (\$40,000 per year)
Estimated Award Minimum	\$40,000 (\$13,333 per year)

## Match Requirement

No specific dollar amounts are required for in-kind or matching funds. However, projects that leverage matching funds will be given priority.

## Project Dates

Steps in the Application Process:

- Last day to submit RFP questions: Friday, June 26, 2026
- Application due date: Tuesday, June 30, 2026
- Estimated date applicants to receive award and denial notices: Friday, July 31, 2026
- Estimated grant project start date: Monday, August 17, 2026
- Grant project end date: Friday, June 29, 2029

## 1.4 Eligible Applicants

Eligible applicants are community health boards, tribal public health agencies, local community action agencies (designated and recognized under [Minn. Stat. § 142F.301](https://www.revisor.mn.gov/statutes/2025/cite/142F.301) (<https://www.revisor.mn.gov/statutes/2025/cite/142F.301>)), and nonprofit organizations with expertise in providing outreach, education, and training on healthy housing subjects and in providing comprehensive healthy housing assessments and interventions. Nonprofit organizations must have current 501(c)3 status from the IRS.

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

## Collaboration

Grant applications that propose collaborations among multiple organizations will be accepted. The duties of each organization must be clearly laid out in the application, and a single fiscal agent must be identified to submit quarterly invoices and progress reports. Invoices need to account for all expenses and identify each expense for each operating agency that is party to the joint agreement.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to Katie Haugen at [Katie.haugen@state.mn.us](mailto:Katie.haugen@state.mn.us). All answers will be posted within two business days at [MDH](#)

### [Healthy Housing Grants](https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html)

<https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html>.

Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on Friday, June 26, 2026.

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 MDH, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

## 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.

These grants are intended to support implementation of healthy housing programs that serve multiple communities. Applicants are encouraged to consider projects that will serve diverse populations, including but not limited to:

- Racial and ethnic communities, including American Indians
- Communities representing geographic diversity within and across Minnesota, including greater Minnesota and urban areas
- People with disability status
- Veterans
- LGBTQIA communities
- People who speak languages other than English
- People living in poverty or experiencing other socioeconomic disparities
- Infants and children
- Elderly adults
- Other populations that experience inequities and/or disparities in the grantees' service areas

Grantees should be able to describe how their performance in serving the diverse populations identified in their grant application could be measured.

## 2.2 Eligible Projects

### Scope of Work

The scope of work will vary depending on the areas of work selected. Two award types are available: General Healthy Housing and Healthy Housing Mini-Grant Administration Grant. The maximum funding allowable for the General Healthy Housing grant is \$40,000 per year, or \$120,000 total per grantee. The maximum funding allowable for the Healthy Housing Mini-Grant Administration grant is \$20,000 per year, or \$60,000 total.

Applicants for the General Healthy Housing Grant should address at least two of the work areas 1 through 7 listed below in their proposed scope of work. Priority will be given to applicants who include Healthy Homes Assessments and Interventions as an area of work. Applicants proposing Healthy Homes Assessments and Interventions as an area of work should provide an approximate number of homes the grantee plans to assess during each year of the grant period as well as an estimated average cost of each home assessment and intervention.

The Healthy Housing Mini-Grant Administration area of work is intended to fund the administration and provision of mini-grants. Only one Mini-Grant Administration Award will be awarded. The grantee is expected to administer competitive mini-grants of \$2,000–\$4,000 each. Individual mini-grants must address at least one of the seven areas of work 1 through 7 listed below. Applicants for the Healthy Housing Mini-Grant Administration Grant must demonstrate capacity to develop, advertise, award, manage, and evaluate multiple competitive mini-grant awards of \$2,000–\$4,000 each annually (10–15 awards over the two-year project period).

### Areas of Work

This Healthy Housing Grant includes eight approved areas of work (seven areas of work for the General Healthy Housing Grant, plus the eighth area of work of Healthy Housing Mini-Grants Administration). The seven areas of work for the General Healthy Housing Grant are:

1. Healthy Homes Assessments and Interventions
2. Primary Prevention
3. Training and Technical Assistance
4. Developing Evidence-Based Best Practices
5. Community Engagement and Education
6. Coordination with Health Care/ Secondary Prevention
7. Strategic Planning/ Capacity Building

These tasks are considered to be eligible areas for work to be done as part of the healthy housing grant, and are further described below. In addition to the eight areas of work, key personnel are encouraged to attend training opportunities relevant to their Healthy Homes grant activities. Costs associated with training are allowable expenses, provided the training is approved by MDH in advance of staff attending the training.

Training relevant to the Healthy Housing Grant activities may include, but are not limited to:

- Healthy Housing Assessment classes/ [Essentials for Healthy Homes Practitioner Course](https://healthyhousingsolutions.com/services/development-of-technical-training-courses-) (<https://healthyhousingsolutions.com/services/development-of-technical-training-courses->

and-curricula/hhtc/course-catalog/essentials-for-healthy-homes-practitioner-course/), offered by Sustainable Resources Center, Inc. (<https://www.src-mn.org/>), Healthy Indoors Training & Consulting LLC (<https://www.healthyindoorstraining.com/>), or another organization trained by the National Center for Healthy Housing to offer the curriculum

- Trainings listed on the MDH Asthma Training Resources (<https://www.health.state.mn.us/diseases/asthma/trainingresources.html>) webpage,
- Other trainings approved by MDH in advance of staff attending the training.

## 1. Healthy Homes Assessments and Interventions

- Assessments should use a comprehensive system for identifying housing-based health threats and preparing recommendations for mitigation, such as the healthy homes checklist (Attachment C) or another checklist or assessment tool approved by MDH prior to use.
- Once health and safety issues have been identified, the grantee must provide appropriate educational materials, identify resources (carbon monoxide detectors, fire alarms, radon testing equipment, mattress covers, etc.) or programs (e.g., tobacco cessation) in the community that would benefit the household in addressing the safety and health concerns.
- Data from the assessment must be summarized and reported to MDH through routine quarterly reports.
- Feedback on factors facilitating and/or barring the completion of healthy homes assessments and interventions must be provided to MDH at least annually.
- A follow-up visit or check-in must be made with the families who received education and services to assess effectiveness and durability of interventions.
- The intervention supplies listed below are allowable expenses which may be included in the budget. They should be provided to, and where necessary installed for, the homeowner at the discretion of the Home Health Assessor if the visual assessment indicates need. Their proper use and maintenance, and the hazard they address, should be fully explained to the resident. The grantee shall not exceed \$750 per house unless prior approval is obtained from MDH. Grantees are encouraged to utilize materials that may be available at a discount through other publicly funded programs where appropriate.

### Intervention Supplies and Home Repairs

Intervention supplies and home repairs may include any supplies or activities on the below list. Intervention supplies must be purchased at or below current market rate cost. For supplies or repairs not on this list that are below \$750.00, the grantee must ask MDH for approval before use the first time the item is purchased or work is done. For supplies or repairs greater than or equal to \$750.00 per home, the grantee must MDH for prior approval before every time the item is purchased or the work is done.

Approved Intervention Supplies under \$750:

- Batteries
- Smoke detectors
- Carbon monoxide monitor

- Fire extinguishers
- Surge protectors
- Repair of gas lines/leaks
- Radon test kits (short-term or long-term)
- Private well testing
- Hygrometer (digital)
- Dehumidifiers
- Downspouts
- Child safety supplies such as childproof locks, electrical outlet covers, baby gates, etc.
- Locked containers for medications or other hazards (when childproof locks are not an adequate solution)
- Non-toxic cleaning supplies
- Night lights
- Furnace filters
- Non-skid pads for rugs
- Anti-slip decals or mats for the bathroom, bathtub, or shower
- Replacement of unsafe or broken bedding or beds
- Sheet/pillow covers
- Mattress and furniture encasement
- Track mats for exterior doors
- Window or door insulation kits
- Supplies for Integrated Pest Management, including pest deterrents and traps
- Food and pet food containers with sealable covers
- Trash cans with sealable covers
- Vacuum (retail high efficiency particulate air (HEPA))
- A portable HEPA (high efficiency particulate air) air cleaner and/or supplies to build a simple Corsi-Rosenthal Box (<https://corsirosenthalfoundation.org/instructions/>) using a box fan, duct tape, and filters (for sensitive groups in areas affected by wildfire smoke or individuals with chronic respiratory conditions)
- Dumpster rental for addressing hoarding situations
- Any additional supplies to address specific hazards should be discussed with MDH

Approved Home Repairs under \$750:

- Installation or repair of grab bars and other safety measures to reduce trip and fall hazards
- Installation or repair of items needed for individuals with disabilities (for example, ADA-compliant toilets or toilet height extenders)
- Repair or replacement of *broken* home appliances that impact health (*broken* hot water heater, washer/dryer, fridge, furnace, toilet, sink, shower or bath)
- Repair or replacement of *broken* flooring or railings that could pose fall hazards
- Removal of carpet believed to be contributing to ongoing mold or respiratory issues
- Installation or repair of gutters
- Repair of plumbing leaks
- Installation or repair of bathroom ventilation fans to reduce moisture and mold
- Hiring pest companies for major pest mitigation using integrated pest management

- Any additional home repairs to address specific hazards, including those over \$750, should be discussed with MDH prior to any work being done

## 2. Primary Prevention

- Primary prevention is defined as actions preventing exposure to housing-based health threats before seeing critical symptoms or a diagnosis.
- Primary prevention activities may include, but are not limited to:
- Providing education materials to the general public and to property owners, contractors, code officials, health care providers, public health professionals, health educators, nonprofit organizations, and other persons and organizations engaged in housing and health issues;
- Promoting the use of hazard reduction measures in new housing construction and housing rehabilitation programs. Health issues include but are not limited to:
  - Lung cancer due to radon exposure
  - Respiratory illness due to moisture related hazards
  - Poisonings from carbon monoxide or lead exposure
  - Injury due to fires;
- Promoting awareness of community, legal, and housing resources; and
- Educating landlords/managers on the cost and health benefits of having a smoke free facility
- Specific housing-based health threats to be addressed, methods for implementation, and target populations for primary prevention programs should be clearly identified in the application.

## 3. Training and Technical Assistance

- Training and technical assistance may be provided to a wide range of interested parties, including the general public, contractors, public health workers, health care providers, housing professionals, and other as appropriate. Subject matter differs from community engagement and education in being more technical and targeted towards professional audiences.
- Training courses to be provided, target audiences, and demonstration of qualifications to provide technical assistance should be clearly identified in the application.

## 4. Developing Evidence-based Best Practices

- While effective interventions exist for a number of housing-based health threats (e.g. lead, asthma, radon, safety, pests, hoarding) additional work is needed to ensure that resources are used to the greatest health benefit. Assessment tools must be reliable, easily administered, and based on validated methods that accurately identify hazards. Intervention protocols should have the backing of research that demonstrates their effectiveness in eliminating or reducing hazardous conditions with resulting improvements in health outcomes (e.g., improved blood lead levels, improved asthma control) or decreases in the risk of illness or injury.
- Applications should identify specific housing-based health threats to be examined, an

overview of methods for gathering data in support of hypotheses, and steps for analyzing and evaluating results.

5. Community Engagement and Education

- Activities may include, but are not limited to:
  - Having a booth / table at community outreach events educating the public on the healthy homes concepts and providing educational materials.
  - Working within schools within your community to insert healthy homes concepts into the classroom so children are able to bring messages and actions home.
  - Planning and implementing a lead screening event or healthy homes presentation.
  - Offering online community forums, educational sessions, or courses.
  - Utilizing social media, newsletters, and other print or online materials or mediums to engage and educate the community.
- Efforts in communities should, to the greatest extent practical, attempt to educate more people and organizations about health equity, and to encourage specific steps to advance health equity across Minnesota (see [MDH Health Equity \(https://www.health.state.mn.us/communities/equity/index.html\)](https://www.health.state.mn.us/communities/equity/index.html) for more information).

6. Coordination with Health Care/Secondary Prevention

- Statute defines secondary prevention as an “intervention to mitigate health effects on people with housing-based health threats.” In addition to providing health screening services, grantees may engage health care providers to assess and implement methods for coordinating responses to medical issues stemming from a housing-based health threat. Examples include, but are not limited to:
  - Conducting blood lead testing on individuals at risk for lead exposure;
  - Coordinating with health care providers to assess and mitigate housing-based health threats impacting individual patients;
  - Performing any other activity to promote better understanding and cooperation between health care providers and environmental health professionals.

7. Strategic Planning/Capacity Building

- Establish, improve, or maintain a healthy homes network within an area that meets routinely virtually or in person and consists of professional staff working for health and housing organizations in the area; residents; voluntary and professional organizations representing businesses or health care providers; and community and faith-based organizations. Preference will be given to applicants who demonstrate collaboration with ongoing healthy homes activities (e.g., HUD grants)
- Goals of the network may include, but are not limited to:
  - Collaborating on Resources: Identifying opportunities within an area for training, education, advocacy, and primary prevention for housing-based health hazards. Building local capacity to improve children’s home environments through multi-sector collaboration.

- Demonstrating the impact of community based multi-sector collaborations that are focused on addressing unhealthy conditions in homes.
- Documenting successful strategies and practices for assessing and mitigating housing- based health hazards; Identifying barriers to and opportunities for changing policies and systems impacting home health.
- Helping to find and secure resources to pay for more costly renovations and hazard reduction measures (e.g., radon, moisture).

## 8. Healthy Housing Mini-Grants Administration

- Awardee will develop, advertise, award, manage, and evaluate multiple competitive mini-grant awards of \$2,000–\$4,000 each annually (10–15 awards over the two-year project period). Each of the 10–15 mini-grants must address one of the seven areas of work listed above (numbers 1–7). Applicants for the mini-grant administration award may apply for other awards for which they are eligible.

All of these eight areas of work may be completed in person or by utilizing video and audio technology, online learning and meeting platforms, websites and social media sites, traditional print materials, or other suggested methods. General safety procedures or policies from your organization should be followed, especially when completing work in person. If there are any pandemic-related guidance or requirements in place from the Minnesota Department of Health, they should be followed as well. Flexibility in processes is encouraged to be able to adapt to changing needs and situations.

### **Tasks and Deliverables**

Applications should include proposed project outcomes and a project plan narrative of how those outcomes will be achieved.

### **Grant Outcome Expectations and Reporting Requirements**

Grantees are expected to complete quarterly progress reports that summarize progress towards the grantees proposed project outcomes as well as factors that facilitated or were barriers to progress. These reports are due 15 days after the end of the quarter (April 15, July 15, October 15, and January 15). If home assessments are conducted, these must be submitted and summarized in the quarterly reports in a format approved by MDH that meets the evaluation needs of both the grantee and MDH.

Invoices are due at least quarterly, following the same due dates as the quarterly progress reports. Invoices must include an expense report accounting for costs as well as an invoice narrative.

### **Project Timeframe**

Grants are expected to begin around mid-August of 2026 and continue until June 29, 2029, contingent on grantees meeting outcome and reporting expectations and continued appropriations from the legislature.

## Disclosure of 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 your proposed budget summary. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

Applicant responses must include:

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

## Eligible Costs

Reimbursable costs associated with providing the services as stated above are as follows:

- Labor costs which include salary and fringe benefits
- Supply and equipment costs
- Trainings related to Healthy Housing topics
- Personal Protective Equipment (PPE) for staff performing grant activities
- Rent or lease agreements
- Mileage for required trainings or meetings pertaining to the grant
- Administrative costs of the grantee to conduct the administrative activities of the grant
  - If you need additional tools to effectively administer programs remotely, those could be part of allowable costs.

## 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
- Financial incentives for Healthy Housing participation (such as gift cards)

## 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. Grantee should read the grant agreement, sign, and once signed, 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 MDH's Authorized Representative has notified the Grantee that work may start.

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 of the terms in the grant agreement have been met. The reporting schedule will be on a quarterly basis for the written progress reports for the Healthy Housing Grants.

## Grant Monitoring

Minn. Stat. § 16B.97 (<https://www.revisor.mn.gov/statutes/?id=16B.97>) and Policy on Grant Monitoring ([https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)) 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 for the Healthy Housing Grants will be one monitoring visit during the grant period.

## Technical Assistance

Grantees may request technical assistance from MDH staff throughout the grant period.

## 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 at least quarterly. It may take several weeks to review the invoice and for payment to be issued by MDH. Grantees should plan accordingly for this delay in payment.

MDH will not directly pay a third party (contractor) for work under the grant agreement. The grantee has the obligation to pay any third party (contractor) hired to complete work under the grant agreement before or immediately after receiving payment from MDH.

Grantees shall invoice MDH at least quarterly using the template provided by MDH. Invoices must be accompanied by detailed expense reports and progress reports. MDH will review requests within 30 days of receipt.

Grantees may adjust their budgets for each expense category by up to 10% of the category total. Budget adjustments in any category of more than 10% require prior written approval from MDH.

## **Indirect and Administrative Costs**

Applicants with a federally negotiated indirect cost rate may bill the agency for indirect costs in an amount up to but not exceeding that rate, as applied to the grant's total direct costs.

Applicants must provide MDH with documentation of the federally negotiated indirect cost rate.

Applicants without a current federally negotiated indirect cost rate may budget for indirect costs in an amount up to but not exceeding a rate of 15%, as applied to the application's total direct costs. Applicants without a federally negotiated indirect cost rate must submit a list of expenses that will be covered by the indirect portion of the budget so that MDH can ensure the expenses are not also listed in other directly billed budget line item categories.

Additionally, MDH requires that:

- Administrative costs directly attributable to the grant program must be included as part of the appropriate budget line item and not included as part of an organization's indirect costs; and
- Costs must be consistently categorized as either indirect or direct costs throughout the entire grant period.

Administrative Costs are defined as expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These items should be included in the applicant's budget as specific line items. To be included as direct costs, these expenses must be attributable and appropriately tracked to specific awards.

Direct Costs are expenses that can be directly attributed to a specific grant program.

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 multiple programs.

Administrative costs incurred as part of the grant program should be reasonable to provide necessary program support and directly billed to the appropriate budget line item (i.e. salaries and fringe for accounting support, human resources or administrative staff and general office supplies and expenses) and not included as part of an organization's indirect costs.

Grantees are responsible for maintaining records (including but not limited to time certifications or time studies, payroll and purchase records) that verify all expenses, whether categorized as direct or indirect.

Invoices to MDH for grant funds that include only indirect costs will not be paid (direct costs must also be included).

## 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 E) 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
- 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 transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

### **Public Data and Trade Secret Materials**

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

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

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37](#), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise

protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599](#), subd. 3(a)).

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

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

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

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

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

## 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 \(https://www.revisor.mn.gov/statutes/cite/471.345\)](#). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41 \(https://www.revisor.mn.gov/statutes/cite/177.41\)](#), 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 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.
- v. 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.
- vi. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
  - o Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  - o There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- vii. 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.
- viii. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: [Suspended/Debarred Vendors / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/suspended-debarred/\)](https://mn.gov/admin/osp/government/suspended-debarred/)

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing content or community specialists. The review panel will consist of MDH employees, including staff from LHHP and at least one other program. All reviewers will complete and sign conflict of interest disclosure forms. 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 100 point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

Applications will be scored based on the quality and feasibility of the responses. Assessment criteria are provided in the healthy housing grant application document. Applications must contain all required elements and achieve a minimum average score of 60 out of 100 to be considered for funding.

Applications do not need to address all aspects of the grant scope of work. However, LHHP will attempt to fund a combination of applicants that address all areas of work. LHHP will also attempt to assure coverage of services provided by these grants extends to areas throughout the state including the metro and non-metro regions.

The scoring factors and weight that applications will be judged are based on the score sheet found in Attachment E: Application Evaluation Criteria. Sections in the application will be given the following weights:

- Contact Information: Required, not scored
- Background Information on Organization: 10 Points
- Project Overview: 10 Points
- Project Outcomes: 10 Points
- Project Plan Narrative: 35 Points
- Budget Summary: 5 Points
- Project Budget Narrative: 30 Points
- Affirmations: Required, not scored
- Other Sections: Must be included if applicable, not scored

## **Grantee Past Performance and Due Diligence Review Process**

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

## Notification

MDH anticipates notifying all applicants via email of funding decisions by end of July 2026.

## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

All applications **must** be received by MDH no later than 4:30 p.m. Central Time, on Tuesday, June 30, 2026.

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

**Acknowledgement of application receipt.** MDH will “reply all” to the email address that submitted the application to acknowledge receipt of your application within 1-2 business days of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact Stephanie Yendell, [stephanie.yendell@state.mn.us](mailto:stephanie.yendell@state.mn.us), 651-201-4894, after that time frame for further instructions.

### 3.2 Application Submission Instructions

Applications must be submitted by email to Katie Haugen ([katie.haugen@state.mn.us](mailto:katie.haugen@state.mn.us)). For email submissions, PDF is the preferred format for applications and supporting material. Applications saved as Microsoft Word (.doc or .docx) documents will also be accepted.

Applications and supporting documents may be saved as a single document or submitted as separate attachments.

### 3.3 Application Instructions

You must submit the following in order for the application to be considered complete: the Healthy Housing Grant Application, the Due Diligence Review Form, and the Applicant Conflict of Interest Disclosure Form, and any attachments or supporting documentation for these three documents. These requirements are identified below in Attachment A: Application Checklist.

Incomplete applications will be rejected and not evaluated.

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.**

## 3.4 Grantee Responsibilities if Awarded

### Grantee Responsibilities for Subcontractors

The Grantee is responsible for holding any subcontracting entities to the same standards required of the grantee. The Grantee remains solely responsible for satisfactory performance of all grant duties and ensures that all costs billed against the grant are allowable costs.

The Grantee must follow its standard procurement practices prior to entering into subcontracts. Specific procurement rules must be followed for subcontracts in excess of \$150,000. Subcontractors may not be selected if listed on the state or federal prohibited vendors list on the [Minnesota Department of Administration: Suspended/ Debarred Vendor Report \(https://mn.gov/admin/osp/government/suspended-debarred/\)](https://mn.gov/admin/osp/government/suspended-debarred/).

The Grantee is responsible for all required reports, supporting documentation, deliverables, or other items as required by the grant contract. The Grantee is responsible for ensuring that any subcontracting entities comply with the Minnesota Government Data Practices Act (*Minnesota Statutes* Chapter 13) as it applies to all data created, gathered, generated, or acquired under the grant agreement.

## RFP Part 4: Attachments

- Attachment A: Application Checklist
- Attachment B: Healthy Housing Grant Application
- Attachment C: Example of MN Healthy Homes Assessment Tool
- Attachment D: Due Diligence Review Form
- Attachment E: Applicant Conflict of Interest Disclosure Form
- Attachment F: Application Evaluation Criteria

## Attachment A: Application Checklist

For your convenience in submitting a grant application, the Healthy Housing Grant Application, the Due Diligence Review Form, and the Applicant Conflict of Interest Disclosure Form are all available as separate documents on the [MDH Healthy Housing Grants \(https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html\)](https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html) webpage. These are the documents that will need to be submitted as part of an application.

- Completed application
  - Complete application narrative
  - Ensure that required affirmations are included in narrative
  - Include organizational chart
  - Complete optional sections if applicable
- Completed due diligence form
  - Include required supporting documentation, as noted on due diligence form
- Completed applicant conflict of disclosure form
- Ensure that application is submitted electronically to be received by the deadline

## Attachment B: 2026–2029 Healthy Housing Grant Application



# 2026–2029 Healthy Housing Grant Application

MAY 2026

### Contact Information

Organization's legal name \_\_\_\_\_

Contact name(s) and title(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Street address (if different) \_\_\_\_\_

Tax ID number \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email address(es) \_\_\_\_\_

### Background Information on Organization

1. Briefly summarize your organization's history.
2. Briefly describe the administrative structure of your organization.
3. Attach an organizational chart. Be sure it includes all staff (or vacancies) that will be implementing this grant.
4. Briefly explain what current programs and services your organization provides.
5. Describe your organization's qualifications and experience to be able to complete the objectives of this grant program.
6. Describe healthy homes training of your organization's members.
7. Describe which, if any, organization members will attend relevant training opportunities if awarded grant funding.

### Project Overview

There are two types of Healthy Housing grants available: the General Healthy Housing Grant and the Healthy Housing Mini-Grant Administration Grant. The General grant should include at least two of the areas of work numbers 1–7 in the RFP.

The Mini-Grant Administration grant recipient will administer multiple mini-grants of \$2,000–\$4,000 each annually (10–15 awards over the two-year project period) to recipients who will each address one of areas of work numbers 1–7 in the RFP.

Areas of work are described in further detail in the RFP and include the following: Healthy Homes Assessments and Interventions, Primary Prevention, Training and Technical Assistance, Developing Evidence-based Best Practices, Community Engagement and Education, Coordination with Health Care/Secondary Prevention, Strategic Planning/Capacity Building, and Healthy Housing Mini-Grant Administration.

Describe which work areas are included in the proposal. This overview should cover the entire two-year grant period. Mini-Grant Administration applicants are not required to indicate which areas the grantees they fund will address.

Describe the geographic area in which these services will be offered. State whether there are one or more specific target areas within this service area. Describe how these areas were selected.

Describe populations to which services will be targeted. Include key demographics and, if applicable, health characteristics (e.g., families with infants, children with uncontrolled asthma, older adults with COPD (Chronic Obstructive Pulmonary Disease), etc.). Describe how these populations were selected and a brief plan for how they will be targeted.

*Applicants will be scored on the quality of their responses; applicants wishing to address only two of the seven areas will have the same number of points available as applicants wishing to address more than two areas. Maximum points will be awarded for responses that are clear, data-driven, and demonstrate need in the area and population to be served.*

## **Project Outcomes**

Provide a bulleted list of the specific project deliverables and short-term outcomes that are expected by the end of the grant period (June 29, 2029).

*Applicants for the General Healthy Housing grant should include the number of Healthy Homes Assessments and Interventions they intend to complete during each grant year. Examples of other outcomes may include the number of community outreach events hosted or other measurable indicator of success. If applicable, include benchmarks for both the targeted geographic area and the entire service area. Short-term outcomes that are expected to be completed prior to the end of the grant period should include deadlines.*

## **Project Plan Narrative**

Provide a narrative of how the project outcomes listed above will be achieved. Include a description of how program effectiveness will be measured.

Narratives should describe how the proposed project will address health equity.

*Maximum points will be awarded for project plan narratives that are consistent with best practices, specific, measurable, attainable, and relevant.*

## Budget Summary

Include a budget summary table with the following projected costs. This budget should cover the entire grant period (through June 29, 2029).

Line Item	Healthy Housing Grant Funding Requested	Matching Funds	Total Proposed
Salary and Fringe Benefits	\$	\$	\$
Contractual Services	\$	\$	\$
Travel	\$	\$	\$
Supplies and Expenses	\$	\$	\$
Relevant Staff Training (plus travel/lodging expenses)	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$
Indirect Costs	\$ (Capped at 15% of direct costs unless otherwise stated)	\$	\$
<b>Total</b>	\$	\$	\$

## Project Budget Narrative

Include a detailed description of the totals in the table above. Ensure that all funds requested from the healthy housing grant are for activities within the scope of work (see RFP) or costs related to administration of the grant program. Identify which of the costs are administrative costs.

The project budget summary and narrative should reflect a total award amount ranging from \$40,000–\$120,000, distributed to grantees at amounts of \$13,333–\$40,000 per grantee per year, for three years.

*Maximum points will be awarded for budget narratives that clearly justify the costs in the budget summary, relate to the project plan narrative, and leverage matching funds.*

*Administrative costs should be minimized.*

## Affirmations

### Required for application to be considered. Not scored.

1. Affirm that no one under the age of 18 will perform any activities under this grant.
2. Affirm that all workers will receive monetary compensation at least equal to the prevailing wage as defined in Minnesota Statutes, section 177.42, subdivision 6, for comparable jobs in your organization or certified firm's principal business.

## **Other Sections**

### **Include these sections only if applicable**

#### **Letters of Support**

Letters of support are optional, but should be included if the application lists key partnerships essential to completion of the grant objectives. Letters of support are not needed from MDH programs.

#### **Joint Application**

If submitting a joint application, describe the organizations' relationships and how services are provided jointly. Be sure to designate a lead organization to serve as the fiscal and contractual agent.

#### **Subcontractors**

If any subcontracts are expected to occur as part of carrying out the duties of this grant program, include the following:

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

#### **Trade Secret Information**

If this application contains any trade secret information, include a written explanation of how the information meets the requirements for trade secret information (See RFP).

## Attachment C: Examples of MN Healthy Homes Assessment Tool

Grantees may use one of the two Healthy Homes Assessment tools, any updated assessment tools or checklists provided by MDH during the grant cycle, or another checklist or assessment tool approved by MDH prior to use. Screenshots of two Healthy Housing Assessment Tools are shown below and available as separate documents on the [MDH Healthy Housing Grants \(https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html\)](https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html) webpage.

The first example of a Healthy Housing Assessment tool is from MN Housing. MN Housing has a fillable form Healthy Homes Assessment Tool Checklist that is available for download and use. Individuals can access this tool by doing an internet search for “MN Housing Healthy Homes Assessment Tool Checklist,” or by clicking on the link [MN Housing Healthy Homes Assessment Tool Checklist \(https://www.mnhousing.gov/get/mhfa\\_1012213\)](https://www.mnhousing.gov/get/mhfa_1012213). Note that clicking on this link will automatically begin downloading this assessment tool.

### Healthy Homes Assessment Tool Checklist

This form is used to make detailed notes as the Housing Inspector inspects the various areas of the home and talks with homeowner/tenants. For each area the Housing Inspector will be checking for insulation, air leaks, moisture problems and the heating system components.

Household Name:		Energy Provider (s)	
Address:		Heat:	
		Electric:	
City:	Zip Code:	County:	
Housing Type: <input type="checkbox"/> Site built/Single <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family			
<input type="checkbox"/> Owner occupied		<input type="checkbox"/> Rental	
		<input type="checkbox"/> Other (explain)	
Home Phone:		Number of Occupants:	
Cell Phone:		Number under 6 yrs:	
Email:		Number over 65 yrs:	
Approx year built: <input type="checkbox"/> Pre-1940 <input type="checkbox"/> 1940-1959 <input type="checkbox"/> 1960-1977 <input type="checkbox"/> 1978-2000 <input type="checkbox"/> 2011 +			
Assessor:		Date:	

Health Home Assessment Information Collection		Yes	No	Don't Know
Resident Survey	Does anyone who lives in the home smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do visitors ever smoke in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there extension cords used inside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any condensation visible? OR water/moisture problems/concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any visible mold or musty odor problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are chemicals, pesticides, cleaning supplies, or medications stored within easy reach of children? (e.g. below the sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have a problem/concern with pests in the home? (e.g. bodies, fecal pellets or gnaw marks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone in the house been scalded (burned) by water in the past 12 months? (If yes, did this require medical attention?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone less than 6 yrs, that lives in the home, been diagnosed by a health professional with asthma? (If yes, has there been symptoms in the past 12 months?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has any child been injured in the home in the past 12 months? Did they require medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have your children been tested for lead? If so, how many _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the home been tested for radon? If so, Results: _____ pCi/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTHY HOUSING GRANT 2026–2029 GRANT REQUEST FOR PROPOSAL (RFP)

Housing Inspector Healthy Homes Assessment						
	Yes	No	Don't know	Location	Recommendation	
Housing Inspector's Assessment	Is there any condensation visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any visible mold or musty odor problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Does the bathroom(s) have a working exhaust fan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Does the bathroom have non-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any water damage or water stains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there evidence of pests in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there a mitigation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any missing or non-working smoke alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there any missing or non-working CO alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there any chipping or peeling paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there any bulging/buckling in the floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is the home free from hazards that could cause injuries, such as tripping hazards, sharp edges, and missing or broken stairs or railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are the railings of a porch, deck, patio or balcony secure? Are spindles in place, in good condition, and not more than 4 inches apart? Is the railing high enough to prevent falling, a minimum of 36 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Do the stairs have proper lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are un-vented combustion appliances present? OR Dryer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is the clothes dryer drum free of lint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there extension cords used? What is there condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HEALTHY HOUSING GRANT 2026–2029 GRANT REQUEST FOR PROPOSAL (RFP)

Housing Inspector Healthy Homes Assessment - For Homes With Children						
Housing Inspector's Assessment (continued)		Yes	No	Don't know	Location	Recommendation
	Is there evidence of smoking in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are chemical(s), pesticides, cleaning supplies, or medications stored within easy reach of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there window blind cords or other strangulation hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If there are stair gates, do they work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are window guards present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there missing or broken electrical covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there child tamper-resistant outlet covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	What temperature is the water heater set at? Is it safe for children? (<120F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						Yes
Gave occupant a copy of MN Department of Health "Home Safety Checklist".					<input type="checkbox"/>	<input type="checkbox"/>
Gave occupant a copy of National Center for Healthy Housing "Healthy Homes Maintenance Checklist".					<input type="checkbox"/>	<input type="checkbox"/>
Any comments on any health and safety issues throughout the home:						

The second example of a Healthy Homes Assessment tool is shown below. This tool is also available for download and is the assessment tool example given for previous rounds of this Healthy Housing Grant.

**MINNESOTA HEALTHY HOMES ASSESSMENT TOOL**

**Housing Info** Address \_\_\_\_\_ Apt# \_\_\_\_\_ Date \_\_\_\_\_  
 City \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_ Assessor \_\_\_\_\_  
 Housing Type: (circle one) Owner-Occupied Rental-Single Rental-Duplex Rental-Multi  
 Approx. year built: (circle one) Pre-1940 1940-1959 1960-1977 1978-2000 2001+

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Number of Occupants: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Number under 6yrs: \_\_\_\_\_  
 Email: \_\_\_\_\_ Number over 65yrs: \_\_\_\_\_

**Resident Survey**

Does anyone who lives in the home smoke?	Y	N	DK
Do visitors ever smoke in your home?	Y	N	DK
Are there extension cords used, inside the home?	Y	N	DK
Is there any condensation visible? OR water/moisture problems/concerns?	Y	N	DK
Are there any visible mold or musty odor problems?	Y	N	DK
Are chemicals, pesticides, cleaning supplies, or medications stored within easy reach of children? (e.g. below the sink)	Y	N	DK
Do you have a problem/concern with pests in the home? (e.g. bodies, fecal pellets or gnaw marks)	Y	N	DK
Has anyone in the house been scalded (burned) by water in the past 12 mo? If yes, did this require medical attention	Y	N	DK
Has anyone less than 6 yrs, that lives in the home, been diagnosed by a health professional with asthma? If yes, has there been symptoms in the past 12 mo?	Y	N	DK
Has any child been injured in the home in the past 12 mo? Did they require medical attention?	Y	N	DK
Have your children been tested for lead? If so, how many _____	Y	N	DK
Has the home been tested for radon? If so, Result: _____ pCi/L	Y	N	DK

**Assessor Inspection**

Is there any condensation visible?	Y	N	DK	B1	B2	B3	LR	DR	KT	ED	ER	Actions:	
Are there any visible mold or musty odor problems?	Y	N	DK	HA	ST	P1	P2	BT	BA	ED	ER	Actions:	
Does the bathroom(s) have a working exhaust fan?	Y	N	DK							ED	ER	T	Actions:
Does the bathroom have non-slip surfaces?	Y	N	DK	Types:						ED	ER	Actions:	
Are there any water damage or water stains?	Y	N	DK	B1	B2	B3	LR	DR	KT	ED	ER	Actions:	
Is there evidence of pests in the home?	Y	N	DK	HA	ST	P1	P2	BT	BA	ED	ER	Actions:	
Is there a mitigation system?	Y	N	DK	Type:						ED	ER	T	Actions:
Are there any missing or non-working smoke alarms?	Y	N	DK	B1	B2	B3	BT	HA		ED	ER	T	Actions:
Are there any missing or non-working CO alarms?	Y	N	DK	B1	B2	B3				ED	ER	T	Actions:

**Location Key:**  
 B1 - Bedroom  
 B2 - Bedroom  
 B3 - Bedroom  
 LR - Living Room  
 DR - Dining Room  
 KT - Kitchen  
 BA - Bath  
 HA - Hallway  
 ST - Stairs  
 P1 - Porch  
 P2 - Porch  
 BT - Basement  
 OT - Outside

**Action Key:**  
 EO - Education Only  
 ER - Education and Rehab  
 T - Testing

**Condition Key:**  
 Go - Good  
 Avg - Average  
 Pr - Poor

HEALTHY HOUSING GRANT 2026-2029 GRANT REQUEST FOR PROPOSAL (RFP)

Assessor Inspection (continued)	Is there any chipping or peeling paint?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	T	Actions:			
	If yes, explain:																
	Is there any bulging/buckling in the floors?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Is the home free from hazards that could cause injuries, such as tripping hazards, sharp edges, and missing or broken stairs or railings?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Are the railings of a porch, deck, patio or balcony secure?	Y	N	DK	Explain:							EO	ER	Actions:			
	Are all spindles in place, in good condition, and not more than 4 inches apart?	Y	N	DK													
	Is the railing high enough to prevent falling, a minimum of 36 inches high?	Y	N	DK													
	Do the stairs have proper lighting?	Y	N	DK								EO	ER	Actions:			
	Are un-vented combustion appliances present? or Dryer? If yes, what types?	Y	N	DK	Types:							EO	ER	Actions:			
	Is the clothes dryer drum free of lint?	Y	N	DK								EO	ER	Actions:			
	Are there extension cords used? If so, what is their condition?	Y	N	DK	Ex	Avg	Pr	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:	
	For homes with children																
	Is there evidence of smoking in the home?	Y	N	DK	B1 HA	B2 OT	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Are chemical(s), pesticides, cleaning supplies, or medications stored within easy reach of children?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Are there window blind cords or other strangulation hazards?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	If there are stair gates, do they work?	Y	N	DK								EO	ER	Actions:			
	Are window guards present?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Are there missing or broken electrical covers?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	Are there child tamper-resistant outlet covers?	Y	N	DK	B1 HA	B2 ST	B3 P1	LR P2	DR BT	KT BA	EO	ER	Actions:				
	The water heater is set at what temperature? Is it safe for children? (<120 F)	_____ F			Y	N	DK								EO	ER	T

HH 2-21-2012

## Attachment D: Due Diligence Review Form

This Due Diligence Review Form is available as a separate document on the [MDH Healthy Housing Grants](https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html) (<https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html>) webpage.

## Attachment E: Applicant Conflict of Interest Disclosure Form

Applicant Conflict of Interest Disclosure Form is available as a separate document on the [MDH Healthy Housing Grants](https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html) (<https://www.health.state.mn.us/communities/environment/healthyhomes/hhgrant.html>) webpage.

## Attachment F: Application Evaluation Criteria

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 scoring sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

### Scoring Sheet for 2026–2029 Healthy Housing Grant

Applicant name:

Reviewer name:

### Rating Table

Use this numbering system to score each of the categories below.

Rating	Meaning
5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
3	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
1	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

### Contact Information

- Section is complete
- Section is incomplete

**Background Information on Organization /10**

Criterion	Score( /5)	Multiplier	Total
Organization’s history is summarized		0.2	
Administrative structure is summarized		0.2	
Organizational chart is included and clear		0.2	
Quality and relevance of current programs and services		0.4	
Organization has qualifications and experience to complete grant objectives		0.6	
Healthy Homes training of organization members is described (current and/or planned)		0.4	

Comments:

**Project Overview /10**

Criterion	Score( /5)	Multiplier	Total
Services to be provided by the grant are clear		0.5	
Services to be provided are within the scope of work		0.5	
Geographic area of services clearly described		0.2	
Populations to which services will be targeted are clearly described		0.2	
Need demonstrated in target area		0.6	

*Note: Applicants should include at least two areas of work (unless they are applying for the Healthy Housing Mini-Grant Administration Grant). Applicants wishing to address only two of the seven areas will have the same number of points available as applicants wishing to address more than two areas.*

- The grant includes at least two of the areas of work numbered 1–7 listed in the Request for Proposals (RFP) “Areas of Work” section (unless they are applying for the Healthy Housing Mini-Grant Administration Grant).
- The grant does not include at least two of the areas of work numbered 1–7 listed in the Request for Proposals (RFP) “Areas of Work” section.

Comments:

**Project Outcomes /10**

Criterion	Score( /5)	Multiplier	Total
Project outcomes are clearly defined		0.2	
Project outcomes align with the scope of work		0.6	
Project outcomes are measurable		0.6	
Project outcomes are achievable given project plan and budget		0.6	

Comments:

**Project Plan Narrative /35**

Criterion	Score( /5)	Multiplier	Total
Project plan narrative aligns with project outcomes		1.0	
Project plan provides sufficient detail to describe how project outcomes will be achieved		1.2	
Project plan is likely to achieve project outcomes; plans realistic		1.4	
Plan utilizes evidence-based strategies		1.0	
Quality of evaluation plan/measurement of program effectiveness		1.4	
Project plan addresses health equity		1.0	

Comments:

**Budget Summary /5**

Criterion	Score( /5)	Multiplier	Total
Budget summary table complete		0.5	
Indirect costs do not exceed 15% of direct costs (If applicant has a federally negotiated indirect cost rate, indirect costs do not exceed stated percentage of direct costs)		0.3	
Total request does not exceed amount available		0.2	

Comments:

**Project Budget Narrative /30**

Criterion	Score( /5)	Multiplier	Total
Sufficient detail provided to explain costs in budget summary		1.0	
Proposed costs are for activities within the scope of work		1.2	
Costs correlate with project plan narrative		1.5	
Objectives can be achieved within proposed budget		1.5	
Administrative costs are identified and minimized		0.8	
Proposal includes matched funds		0.4	

*Note: Leveraging matching funds was not a requirement, so applicants could score more than 30 points on this section*

Comments:

**Affirmations**

- Section is complete
- Section is incomplete

**Other Sections**

*Note: If the applicant indicated any amount in the “Contractual Services” line of the Budget Summary Table, the information requested in the Optional Sections: Subcontractors needs to be provided somewhere on their application.*

- Section is complete
- Section is incomplete
- Section is not applicable