

Swab Team Services Grant Application

APRIL 2025

To apply for the swab team services grant, submit a document containing all of the items below. Read the entire request for proposals (RFP) before completing this application.

Contact Information

- Organization's legal name
- Contact name and title
- Mailing address
- Street address (if different)
- Phone number
- Email address

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 how your organization is rooted in and/or well suited to work with the populations(s) you propose to serve

Project Overview

There are three areas of work for the Swab Team Services grant: Education/Outreach, Blood Lead Testing, and Swab Team work. Describe which work areas are included in the proposal. This overview should cover the entire 2-year grant period.

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.

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 30, 2027).

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 include a robust description how the proposed project will address health equity. Examples could include geographic targeting of services, involving staff with strong cultural or linguistic capacities, involvement of the community being served, collaboration with other organizations that address health equity, or activities that remove barriers to participation for underserved communities.

If the project will provide AmeriCorps positions, describe how they will be utilized to implement this program.

If the proposal includes lead hazard control work, describe the blood lead screening protocol that will be implemented for workers and affirm that all participating lead supervisors or certified firms are credentialed and that all swab team workers are licensed as lead abatement workers by MDH under *Minnesota Statutes* 144.9505 and Minnesota Rules, part 4761.2240.

Budget Summary

Include a table with the following projected costs. This budget should cover the entire grant period (through June 30, 2027).

SWAB TEAM GRANT APPLICATION

Line Item	Swab Grant Funding Requested	Matching Funds	Total Proposed
Salary and Fringe Benefits	\$	\$	\$
Contractual Services	\$	\$	\$
Travel	\$	\$	\$
Supplies and Expenses	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$
Indirect Costs	\$ (Capped at 10% of direct costs unless otherwise stated)	\$	\$
Total	\$	\$	\$

Project Budget Narrative

Include a detailed description of the totals in the table above. Ensure that all funds requested from the swab 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.

Applicants should describe how travel costs are calculated, including the mileage reimbursement amount and the formula for reimbursement of expenses (per diem rate or actual expenses up to a cap).

Applicants wishing to include insurance costs should identify those costs in the budget narrative. Insurance costs are considered direct costs and should be categorized under “Other”.

Applicants wishing to purchase incentives should identify those costs and describe how the incentives will be distributed. Incentives should be classified under “Supplies and Expenses”.

For further information on how to classify administrative, direct, and indirect expenses, applicants should refer to Section 2.3 of the RFP.

Affirmations

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 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

Optional Sections

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)

Application Checklist

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

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To obtain this information in a different format, call: 651-201-4919.