

## Appendix A - 2025 Community Public Water System Fluoridation Equipment Competitive Grant Application

**Notice:** This application must be completed and signed in order to score your grant request.

**Public Water System** (name of primary applicant): \_\_\_\_\_

Public Water System Fiscal Agent: \_\_\_\_\_

PWSID No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Name of the Grant Contact: \_\_\_\_\_

Phone No. and Extension: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person Authorized to Sign Grant Agreement on Behalf of the Public Water System:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Total Cost of Project** (Amount Requested: \$ \_\_\_\_\_)

Total Grant Amount Being Requested (**\$3,000 maximum**): \$ \_\_\_\_\_

### **Work Item (s) to be performed under this grant**

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. **Work Item 1** – describe the work that will be performed:

1a. PWS is ready and able to complete project by August 15, 2026:      Yes      No

1b. **Amount Requested** for performing this work: \$ \_\_\_\_\_

1c. Fluoridation process equipment type:      New      Replacement

1d. Ion-selective analysis device type:      New      Replacement

1e. PWS adds a phosphate compound to treated water:      Yes      No

1f. PWS customers include:

Daycare            Yes    No

School attended by children            Yes    No

1g. Product(s) produced or anticipated **outcomes** of performing this work item:

2. **Work Item 2** – describe the work that will be performed:

2a. PWS is ready and able to complete project by August 15, 2026:            Yes    No

2b. **Amount Requested** for performing this work: \$ \_\_\_\_\_

2c. Fluoridation process equipment type:            New            Replacement

2d. Ion-selective analysis device type:            New            Replacement

2e. PWS adds a phosphate compound to treated water:            Yes    No

2f. PWS customers include:

Daycare            Yes    No

School attended by children            Yes    No

2e. Product(s) produced or anticipated **outcomes** of performing this work item:

### Checklist

I have filled out all the fields in my application.

I have signed my application.

I have provided a detailed budget for each work item.

I have filled out all the fields in the Applicant Conflict of Interest.

### Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge, and I submit this application on behalf of the applicant public water system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement, and grantee receives a signed copy of the grant agreement.

Completed applications must be emailed to: [HEALTH.drinkingwater@state.mn.us](mailto:HEALTH.drinkingwater@state.mn.us) .

## Appendix B - Definitions

**Public Water System** means the name that is used by the Minnesota Department of Health to identify the public water supplier and that is associated with a public water system identification number.

**Name of the Grant Contact** means the name of the individual who will be responsible for managing the grant.

**Telephone Number** means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:30 a.m. to 4:30 p.m.).

**E-mail** means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

**Mailing Address** means the official mailing address of the public water system that shall be used for correspondence with MDH.

**Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Public Water System** means a person who has authority to administer a financial agreement between the public water supplier and the Minnesota Department of Health.

**Total Grant Amount Being Requested** means the sum of the costs of the work items that are identified in the grant application (1b + 2b + 3b)

**Work Item** is the community fluoridation activity or activities that are to be performed under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

**Amount requested for performing this work** means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

**Fluoridation Process Equipment type** is the indicator of a need for new treatment process equipment or a need for upgraded, improved, or more efficient process equipment

**Product(s) produced or anticipated outcomes of performing this work** means the tangible results of performing the work that is funded by this grant.

## Appendix C - Estimates for Fluoridation Equipment Costs

It is helpful to estimate and detail the expected costs associated with process equipment. General cost estimate information is available in the form of excerpts from “Water Fluoridation: A Manual for Engineers and Technicians” (CDC), available upon request. MDH plan review fee will be waived.

Recipients of funds intended for fluoridation process equipment must submit and receive approval of plans and specifications from the MDH Drinking Water Protection Section Administrative Unit prior to installation.

Fluoridation process equipment will include but will not be limited to (not all items may be applicable or necessary).

Equipment	Costs
Chemical feed pump(s)	\$
Chemical supply scale(s)	\$
Bulk storage tank	\$
Day storage tank	\$
Chemical spill containment	\$
Chemical transfer pump	\$
Chemical feed tubing, pipe(s), and/or injector(s)	\$
Electrical wiring	\$
Miscellaneous costs	\$
<b>Total Estimated Costs</b>	\$

### Contact information of PWS owner or certified operator (please print)

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

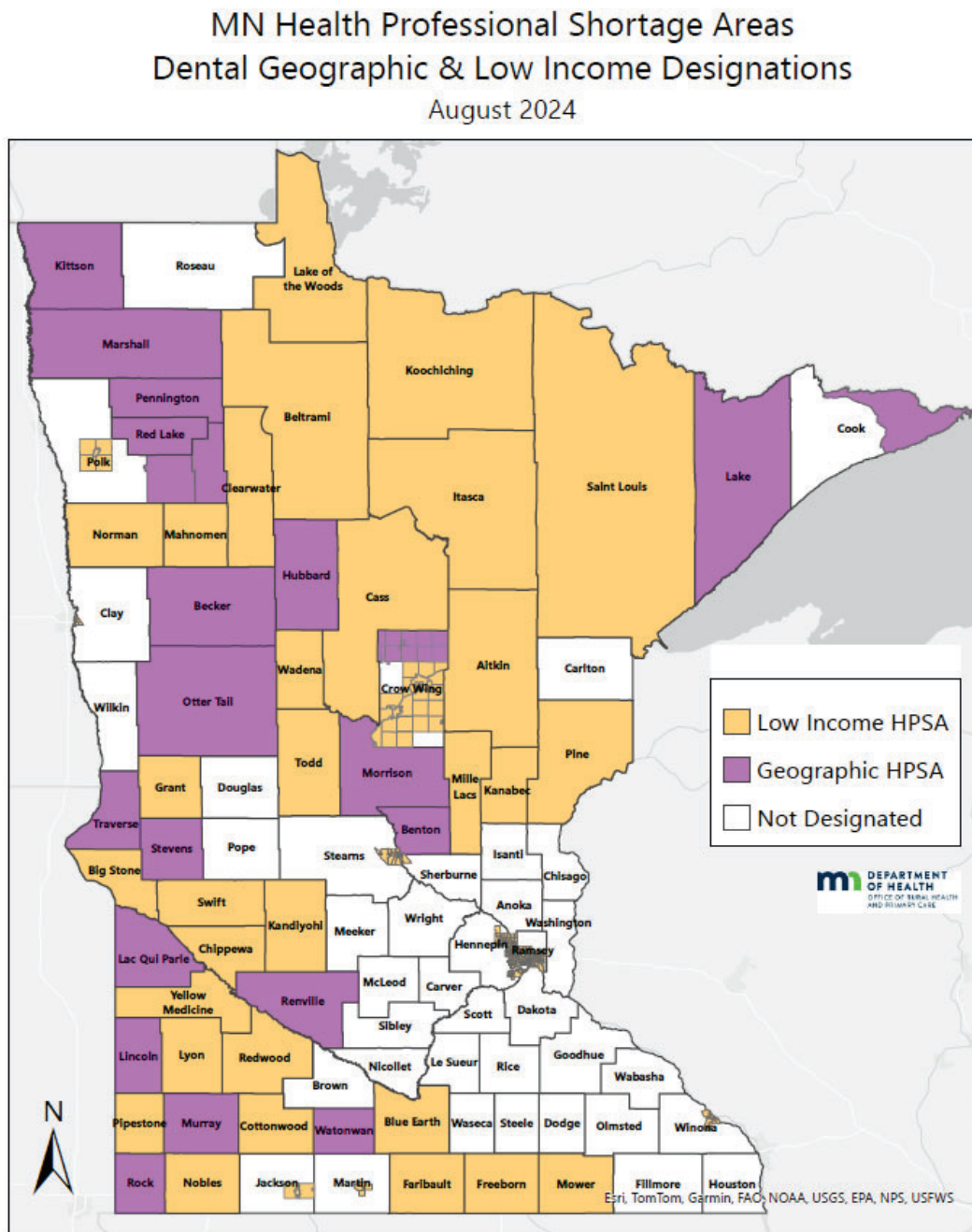
Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix D - Minnesota Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.



## Appendix E - Applicant Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98](#), subd 2-3; Minnesota Office of Grants Management (OGM) [Policy 08-01, "Conflict of Interest Policy for State Grant-Making"](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, "Conflict of Interest."](#) It is helpful if the applicant explains the reason for the conflict, but it is not required.

**A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.**

### Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you and your organization as it relates to this specific Request for Proposal (RFP), obtain applicant signature (applicant to determine appropriate signer).

### Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public (Minn. Stat. § 43A.38, subd. 5). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

#### **I. Organizational Conflict of Interest:**

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- a. Unequal Access to Information. Access to information that is classified as nonpublic data

- b. or is otherwise unavailable to the public could provide a vendor a competitive
- c. advantage in a later competition for another grant. For example, a nonprofit entity, in
- d. the course of conducting grant work for the State, may be given access to information
- e. that is not available to the public such as government plans, opinions, interpretations or
- f. positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an
- g. advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

## **II. Individual Conflict of Interest:**

An **individual conflict** of interest occurs when any of the following conditions is present:

- a. 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.
- b. 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.
- c. 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.
- d. An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the "ground rules" for this solicitation by performing work such as, but not limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.
- An employee or volunteer of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([29 CFR § 553.101\(a\)](#)).

**Certification and signature required on next page.**

### III. Certification

<b>Applicant Name</b>	
<b>RFP Title</b>	2025 Community Public Water System Fluoridation Equipment Competitive Grant Program
<b>MDH Grant Program Name</b>	MDH Oral Health Program and Drinking Water Protection Section

**By signing in the space provided below, Applicant certifies the following:**

- A. To the best of Applicant's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.
- B. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.
- C. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- D. Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict.

<b>Name of entity/individual</b>	<b>Relationship (e.g., Volunteer, Employee, Contractor, Family Relation)</b>	<b>Description of conflict (optional)</b>

*Add additional names on separate sheet as necessary.*

#### **Applicant's Signature**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is required from every grant applicant.**  
*(This form is considered public data under Minn. Stat. § 13.599)*





## MDH Program Use Only

This section to be completed by appropriate Grant Program Staff.

Applicant has no conflict(s) of interest.

Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated. Example: Applicant's application will not be reviewed by External Partners with which they have a conflict.

Applicant has disclosed conflict(s) of interest, and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

Printed Name Anita Smith	Title DWP Grant Coordinator
Signature	Date

Environmental Health Division  
Drinking Water Protection Section  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975  
Phone: 651-201-4700

*To obtain this information in a different format, call: 651-201-4700.*