



Eliminating Health Disparities Initiative -2026Grant Application

(JULY 1, 2027 – JUNE 30, 2031)

Instructions

Please complete all fields in this application. Character limits include spaces. If you experience problems with the application or need the application in a different format, please call 651-201-5813.

Submit all application documents via email to ommh@state.mn.us with the subject line:

EHDI RFP Application – [insert applicant organization name].

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

1. Application Form (*this form*)
2. Work and Evaluation (WE) Plan
3. Budget
4. Due Diligence Review Form
5. Applicant Conflict of Interest Disclosure Form

The person who submits the application documents will receive an *automatic confirmation email* indicating that Minnesota Department of Health (MDH) has received the email. **If you do not receive this confirmation email, please inform us by contacting the email address listed above (ommh@state.mn.us) within three business days of submitting your application.** This helps ensure all submissions are received and processed in a timely manner. Please note that MDH will not be held liable if an application email is sent but not transmitted to our mailboxes, or if MDH is not contacted within the specified timeframe to inform us that an automated confirmation email was not received.

General Information

Lead Organization

Lead Organization Name: _____

Executive Director/Chief Executive Officer: _____

Address: _____

Federal Employer ID (EIN): _____

Minnesota Tax ID: _____

Fiscal Agent (If different from Lead Organization; leave blank if no fiscal agent)

Lead Organization Name: _____

Executive Director/Chief Executive Officer: _____

Address: _____

Federal Employer ID (EIN): _____

Minnesota Tax ID: _____

Project Information

Level(s) of Change: *(Check all that apply.)*

- ☐ Level 1: Health Promotion/Direct Service
- ☐ Level 2: Organizational/Institutional Change to address social needs
- ☐ Level 3: Root Causes

Primary Community Served: *(select only one)*

- ☐ African American
- ☐ African immigrant
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latine
- ☐ Other:
(describe) _____

Priority Health Area(s): *(It is not necessary to choose more than one. You may choose up to three PHAs per application.)*

- ☐ Breast and cervical cancer
- ☐ Cardiovascular disease
- ☐ Diabetes
- ☐ HIV/AIDS and STIs
- ☐ Immunizations for adults and children
- ☐ Infant mortality prevention and prenatal care access and utilization
- ☐ Teen pregnancy prevention (in service of preventing infant mortality)
- ☐ Unintentional injuries and violence

Other Communities Served: *(check all that apply)*

- ☐ African American
- ☐ African immigrant
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latine
- ☐ Other:
(describe) _____

Optional: Description of racial/ethnic population(s) served (e.g., Hmong, Somali, etc.):

Optional: Other relevant demographics of population(s) served (e.g., youth, LGBTQ+, disability, etc.):

Geographic Area(s) Served *(check all that apply):*

For reference: [Area Definitions / Minnesota Department of Employment and Economic Development \(https://mn.gov/deed/data/lmi-help/area-maps/\)](https://mn.gov/deed/data/lmi-help/area-maps/). The Geography Type = "Planning Area."

- ☐ Central Minnesota
- ☐ Metro
- ☐ Northeast Minnesota
- ☐ Northwest Minnesota
- ☐ Southeast Minnesota
- ☐ Southwest Minnesota

Brief Project Summary *(1,000 characters maximum - unscored):*

Funding Request

Funding Type	Funding Request
General Funds for 2 years	\$
TANF (teen pregnancy prevention) for 2 years	\$ 0.00
Total Request for 2 years (General+TANF)	\$ 0.00
Total Request for 4 years (General + TANF)	\$ 0.00

Authorized Contact for responding to this application — This person will receive email communications regarding receipt and completeness of this application, and will respond in a timely manner to any follow-up questions or requests related to this application and the entire process, including possible notification of an award in April 2027.

Name:

Title:

Phone:

Email:

Certification

I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the lead organization. I acknowledge if any information submitted as part of the application is later determined to be false, misleading, or fraudulent in nature, that may be grounds for termination of any grant awarded based on the application.

The name listed below should be the Lead Organization's Executive Director/Chief Executive Officer (or delegate).

Electronic or Typed Signature:

Title: Date:

Proposed EHDI Project

Organizational Values and Capacity (15 points)

1. Provide a brief overview of the lead organization's history, mission, and major programming, and how they align with and/or complement the EHDI grant program's purpose of eliminating health disparities. *(2,000 character limit)*

2. Describe how your EHDI project proposal complements and/or builds off your organization's current programming and broader work. *(2,000 character limit)*

3. Describe how your organization has, or can, foster trust and belonging with the focus community(s) served by the grant. *(2,000 character limit)*

Project Narrative (15 points)

4. Describe the extent of the disparity or disparities in the focus community(s) for the identified priority health area(s). *(1,500 character limit)*

5. a. Describe how the proposed activities incorporate or value cultural knowledge and wisdom, and build on community resilience. *(1,500 character limit)*

- b. Include why you believe the strategies and activities will be effective in the focus community(s) served. This may include connection with the backgrounds and experiences of the population(s) served, organizational experience, research, etc. (All ways of knowing are given equal weight in application scoring.) *(1,500 character limit)*

Community Engagement and Collaboration (25 points)

6. Describe how your proposed strategies and activities were co-created with the community(s) served, and/or how the community served will be involved in the co-creation of project strategies and activities moving forward. Co-creation involves listening deeply, sharing power, and community-driven decision making. *(2,000 character limit)*

7. Describe how your proposed project fills an unmet need or gap in the field as related to other activities, projects, or services (led by other organizations/agencies) occurring in the community/communities served. Include how you will align your project with the other activities, projects, or services in meaningful and mutually beneficial ways. *(1,500 character limit)*

8. Describe how you will collaborate with interest holders - such as other community organizations, local public health, and other government agencies or health systems - to contribute to building systems that heal, not harm. *(1,500 character limit)*

Evaluation and Impact (15 points)

9. Who will be responsible for evaluating your EHDI project (this could include the staff and/or contractors), how will they be involved, and what is their experience with evaluation? *(1,500 character limit)*

10. Describe the outcomes you expect to achieve at the end of the four-year grant period (in other words, what changes among the focus community(s) do you hope to achieve) in order to reduce the disparities in your chosen priority health area(s). *(1,500 character limit)*

11. Describe how the focus community(s) served by this grant will be involved in the evaluation of the project. This may include one or more phases of the project evaluation. *(1,500 character limit)*