



Eliminating Health Disparities Initiative

GRANT REQUEST FOR PROPOSAL (RFP)

IMPORTANT DATES

October 22, 2026	Request for Proposals (RFP) released
November 30, 2026	Last day to submit RFP questions (until 11:59 pm)
December 18, 2026	Proposals due (until 11:59 pm)
July 1, 2027	Grants begin

Visit the [EHDI RFP webpage](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026)
(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026) for more information.

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10/22/2026

To obtain this information in a different format, call: 651-201-5813.

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Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.

Tribal-State Relations Statement

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

The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

RFP Part 1: Overview

1.1 General Information

- **Announcement Title:** Eliminating Health Disparities Initiative
- **Minnesota Department of Health (MDH) Program website:** www.health.state.mn.us/communities/equity/ehdi/index.html
- **Application Deadline:** December 18, 2026 (until 11:59 p.m. CT)
- **EHDI RFP webpage:** www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026

1.2 Program Description

The Minnesota Legislature created the EHDI grant program in 2001 ([Minn. Stat. §145.928](http://www.revisor.mn.gov/statutes/cite/145.928) (<https://www.revisor.mn.gov/statutes/cite/145.928>)). The Minnesota Department of Health (MDH) is requesting proposals to address and improve the health of populations experiencing health disparities, in eight priority health areas:

1. Breast and cervical cancer
2. Cardiovascular disease
3. Diabetes
4. Immunizations for adults and children
5. Infant mortality and prenatal care access and utilization - *Must be targeted at reducing disparities in infant mortality rates pursuant to Minnesota Statutes, section 145.928, subd. 7.*
6. Sexually transmitted infections (STIs), including HIV/AIDS
7. Teen pregnancy prevention (in service of preventing infant mortality)
8. Unintentional Injuries and Violence

Visit the [EHDI program website](http://www.health.state.mn.us/communities/equity/ehdi/index.html) (<https://www.health.state.mn.us/communities/equity/ehdi/index.html>) to learn more about the EHDI grant program, including topics within each priority health area.

Promising strategies and research-based projects

The EHDI law states that projects may be based on promising strategies or research-based strategies:

- **Promising strategies** include practices that come from the focus community that may be based on practice-based evidence (PBE) and/or experiences of the focus communities. PBE includes a range of approaches that are developed over time through practice and experience. PBE approaches are often embedded in the culture, are accepted as effective by local communities, and support community healing from a cultural framework.
- **Research-based strategies** include projects that can be tied to and/or include elements that draw from published literature, including both qualitative and quantitative studies.

EHDI grantees are not required to use evidence-based practices. Projects that are research-based and projects that are promising strategies will be given equal weight in the review process based on potential value and measurable outcomes. It is possible for projects to be both research-based and based on promising strategies; the program does not view these two broad categories as mutually exclusive. It is important for EHDI-funded projects to be grounded in community knowledge and wisdom, as defined by each project's focus community(s). This includes valuing cultural ways of healing, and recognizing health as physical, mental, emotional, and social wellbeing.

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.

Funding	Estimate
Estimated Amount to Grant	\$5,142,000 annually
Estimated Number of Awards	20-30
Estimated Range of Awards	\$170,000 - \$258,000 annually

The estimated amount to grant is contingent upon availability of funds.

The estimated range of awards depends on the strength and scope of proposals. Final annual award amounts may be less than, or more than, the estimated range listed.

EHDl grant funding comes from two sources:

- **State general funds (\$3.142 million)**, which funds seven of the eight priority health areas.
- **Federal Temporary Assistance for Needy Families (TANF) funds (\$2 million)**. Allocated for EHDl to address one priority health area: teen pregnancy prevention (in service of preventing infant mortality). “In accordance with the third purpose of TANF, ensure that TANF funds are used to prevent and reduce the incidence of teen pregnancies in Minnesota, thus reducing infant mortality rates and out-of-wedlock pregnancies according to 45 C.F.R. § 260.20(c); the third purpose of TANF.” There are federal requirements related to participation in TANF-funded activities, in accordance with 45 C.F.R. § 260.20(c). If selected for TANF funding, grantees will work with MDH staff to ensure eligibility requirements.

MDH anticipates awarding funding in all eight of the priority health areas, but funding will not necessarily be equally distributed among the health areas.

Match Requirement

There is no match requirement.

Project Dates

The *estimated* grant start date is July 1, 2027, and the projected end date is June 30, 2031. The grant period will be **four years**, contingent on satisfactory grantee performance and funding availability.

Work on the grant may start on or after the effective date listed on the grant agreement once the agreement has been *fully executed* (or agreed upon and signed by representatives from both the funded organization and MDH). From that date until the end date, the funded organization may *incur eligible expenditures* (or spend grant dollars) for approved types of spending described in the grant agreement and budget.

1.4 Eligible Applicants

Eligible applicants may include, but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, Tribal governments, community health boards, and community clinics. (Community clinics are defined by the Minnesota Association of Community Health Centers as “... nonprofit clinics located in medically underserved areas – both rural and urban – throughout Minnesota. They share a mission of making comprehensive primary care accessible to anyone regardless of ability to pay.”)

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status. Organizations or groups that do not have state or federal recognition may apply *with a fiscal agent*. A **fiscal agent** is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds, and has authority to sign the grant agreement. A fiscal agent is often a different organization than the operating organization (which performs the work). In a multi-organization collaboration, however, one organization must be designated as the fiscal agent.

Applicants must be located in — and conduct grant activities in — the state of Minnesota, but fiscal agents may be located outside of Minnesota. Eligible applicants who wish to work together but have not formed a legal partnership may designate one organization as a fiscal agent.

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 status, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Multi-organization collaboration is welcomed and encouraged. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and deciding how resources are distributed among partner organizations. Depending on the number of collaborating organizations and the scope of their project, multi-organization collaborations may choose to request a higher award amount (toward the top of the estimated award range listed in the Funding table, above) than single-organization applicants.

MDH recognizes the sovereignty of Tribal nations. We will only fund non-Tribal-led projects in Tribal nations if the applicant has full support of the Tribal government. If a non-Tribal applicant proposes to work with a Tribal government or on Tribal land, the applicant must be prepared to provide written verification that the Tribal government approves of the project before a grant agreement can be made final. Written verification will be requested at the time an award is offered.

Multiple Applications and Number of Priority Health Areas

An applicant may submit more than one application. Applicants should submit separate applications for each unrelated project.

Applicants may submit proposals for projects that address a single priority health area (PHA) or address multiple PHAs (with a maximum of three PHAs in a proposal). The number of PHAs chosen by an applicant has no impact on the application’s score, nor does it make the application more or less competitive. If a single project addresses multiple PHAs, the applicant should only submit one application.

Applicants may apply for both state general funds and federal TANF funds for a single project if the project addresses a PHA funded by state general funds (seven of the eight PHAs) *and* teen pregnancy prevention (in service of preventing infant mortality).

1.5 Questions and Answers

We request that all questions regarding this RFP be submitted through the online question submission form located on the [EHDI RFP webpage \(http://www.health.state.mn.gov/communities/equity/funding/ehdi/rfp2026/index.html\)](http://www.health.state.mn.gov/communities/equity/funding/ehdi/rfp2026/index.html). If for any reason you need to submit a question through an alternative format, please call 651-201-5813 for assistance.

MDH staff will strive to post all questions and answers within ten business days. Visit the EHDI RFP webpage to view the questions and answers.

November 30, 2026 (until 11:59 pm) is the last day to submit RFP questions. To ensure all applicants have access to the same information, questions submitted after this date will not be answered nor posted to the website.

To ensure the proper and fair evaluation of all applications, communications regarding this RFP — including verbal, telephone, written or via internet — initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

MDH staff may not advise any applicants or grantees on their application, review drafts of proposals, or communicate about the RFP itself. Applicants may communicate with MDH staff — including priority health area (PHA) specialists — regarding requests for data, information on health promotion or prevention practices and benchmarks, and other content-related questions.

RFP Information Meeting

MDH will provide RFP information through two pre-recorded videos: a general information session and a skill-building session. **Though not required, prospective applicants are encouraged to watch the recorded videos, which are posted on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026/index.html\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026/index.html).**

Information sessions include:

- **General information session:** An overview of the key components of the EHDI RFP, including the application.
- **Making the Case for Your Project: Achieving Best Fit and Moving Upstream:** Having a strong and convincing rationale is essential in any grant proposal. It conveys why your project matters, why your approach makes sense, and why it is worth the investment. To create meaningful impact, your approach, strategies, and activities must align and fit the health disparity you propose to address. The level at which you want to influence change is another important decision to make. This webinar will cover how to achieve the best fit for your project and what it takes to move it upstream.

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 08-02 Rating Criteria for Competitive Grant Review \(https://mn.gov/grants/assets/POL_08-02_RatingCriteriaforCompetitiveGrantReview_2017-09-15_tcm1093-749640.pdf\)](https://mn.gov/grants/assets/POL_08-02_RatingCriteriaforCompetitiveGrantReview_2017-09-15_tcm1093-749640.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve:

- Populations experiencing health disparities in eight eligible priority health areas: breast and cervical cancer, cardiovascular disease, diabetes, immunizations for adults and children, infant mortality and prenatal care access and utilization, sexually transmitted infections including HIV/AIDS, unintentional injuries and violence, and teen pregnancy prevention (in service of preventing infant mortality).

Grant outcomes will include:

- Addressing and improving the health of populations experiencing health disparities in the eight eligible priority health areas.

Other Competitive Priorities

Community Engagement and Collaboration

Community engagement is a process through which community members are involved in issue identification, problem-solving, and decision-making. Effective leadership is adaptive, collaborative, and inclusive. Grantees are asked to authentically engage and work in partnership with community members experiencing inequities in their selected priority health area(s) to ensure activities and strategies are co-created, appropriate, and welcomed by the community.

We encourage EHDl projects to be designed to complement and build on other related activities or initiatives in the community, and to pursue their project goals in partnership with relevant interest holders, which may include other community organizations, local public health, other government agencies, or health systems. Grantees are also encouraged to form and/or strengthen cross-sector partnerships, as appropriate, in a manner that is ongoing throughout the grant period.

Evaluation

Evaluation is a priority for several reasons:

- It helps grantees know how they can improve their project.
- It helps grantees know if they are making progress toward their objectives and helps them report back to community partners and interest holders.
- It helps MDH report to the state legislature, both to justify the use of public funds and to show the impact the funds make in the community.

- It helps document and spread the innovative projects and strategies grantees develop to address health issues in their community based on cultural knowledge and wisdom.
- When grantees evaluate their own programs, with MDH assistance, they build their own evaluation capacity for future projects and initiatives.

Grantees may use EHDI funds for internal staff time and work, or to subcontract with external evaluation partners. Grantees may utilize indirect funds to support internal evaluation of their EHDI activities. All evaluation expenditures must be documented. Evaluation is expected to include, but is not limited to, annual reporting via a template provided by MDH, developing data collection tools, collecting and analyzing evaluation data, and attending in-state evaluation training and technical assistance events. Grantees are expected to share evaluation results with MDH, community partners, and project interest holders.

MDH will provide technical assistance to grantees as needed to help them meet grant requirements and build their evaluation capacity.

2.2 Eligible Projects

Eligible Populations

As specified in the EHDI state statute ([Minn. Stat. §145.928 \(https://www.revisor.mn.gov/statutes/cite/145.928\)](https://www.revisor.mn.gov/statutes/cite/145.928)), this grant is primarily intended to impact health disparities experienced by populations of color and American Indians. Populations of color include, but are not limited to, African, African American, Hispanic/Latino/Latina/Latine, Asian and Pacific Islander. EHDI funds communities to develop and implement strategies focused on their communities. The EHDI statute reflects the principle of self-determination – that change must come from within communities, and build on community strengths and social and human capital.

Priority Health Areas (PHAs)

Projects must address one or more of the following PHAs (up to three PHAs in an application):

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS and sexually transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality and prenatal care access and utilization - *Must be targeted at reducing disparities in infant mortality rates pursuant to Minnesota Statutes, section 145.928, subd. 7.*
- Teen pregnancy prevention (in service of preventing infant mortality)
- Unintentional injuries and violence

The number of PHAs chosen by an applicant has no impact on the application's score, nor does it make the application more or less competitive.

Levels of Change

Levels of change represent a continuum of ways to address and improve the health of populations experiencing health disparities.

Depending on the needs of the community served, applicants may choose to work within *one or more levels of change* to address their chosen priority health area(s):

Level 1 - Health Promotion/Direct Service

Level 2 - Organizational/Institutional Change to Address Social Needs

Level 3 - Root Causes

Applicants will note the level(s) of change they wish to address within their work and evaluation (WE) plan.

For more detailed information, refer to *Attachment B: Levels of Change*, at the end of this document.

Promising strategies and research-based projects

The EHDI law states that projects may be based on promising strategies or research-based projects:

- **Promising strategies** include practices that come from the focus community that may be based on practice-based evidence (PBE) and/or experiences of the focus communities. PBE includes a range of approaches that are developed over time through practice and experience. PBE approaches are often embedded in the culture, are accepted as effective by local communities, and support community healing from a cultural framework.
- **Research-based strategies** include projects that can be tied to and/or include elements that draw from published literature, including both qualitative and quantitative studies.

EHDI grantees are not required to use evidence-based practices. Projects that are research-based and projects that are promising strategies will be given equal weight in the review process based on potential value and measurable outcomes. It is possible for projects to be both research-based and based on promising strategies; the program does not view these two broad categories as mutually exclusive. It is important for EHDI-funded projects to be grounded in community knowledge and wisdom, as defined by each project's focus community. This includes valuing cultural ways of healing and recognizing health as physical, mental, emotional, and social wellbeing.

Eligible Expenses

Funds may be used for program and personnel costs at the discretion of the applicant in order to pursue one or more of the levels of change.

Allowable uses of grant funds may include, but are not limited to:

- **Project planning**, including community assessment or data collection activities to inform project development (e.g., mapping community assets and needs; engaging stakeholders in developing creative, sustainable solutions).
- **Project implementation**, including program operations, staff salaries and benefits, etc.
- **Building networks and collaborations**, including supporting the organization's leaders to engage with other partners in collective efforts to inform policy, system, and environmental conditions that increase health opportunities for the focus community. For example, participating in advisory groups or building cross-sector partnerships to address and improve the health of populations experiencing health disparities related to one or more priority health areas.
- **Developing and training community leaders**, including staff development related to the project in order to build a community's capacity to address and improve the health of populations experiencing health disparities related to one or more priority health areas.

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 or personal debts, late payment fees, finance charges, or contingency funds.
- Alcohol, cannabis products, or any illegal substance.
- Any cost that is not directly related to the EHD grant.
- Any expenses that do not directly contribute to the activities or deliverables approved in the work and evaluation (WE) plan.
- Any individual piece of equipment that costs more than \$5,000.
- Capital improvements (significant changes or additions to property that enhance its overall value, prolong its life, or adapt it to new uses).
- Cash assistance paid directly to individuals to meet their personal or family needs.
- Conducting compliance checks.
- Contingencies.
- Contributions or donations.
- Costs incurred prior to the grant start date or after the grant end date (unless otherwise indicated).
- Direct client emergency assistance such as rent, deposit, food, transportation costs, or identification documents.
- Fines and penalties.
- Fundraising.
- Gifts or bonuses for staff.
- Goods or services for staff personal use.
- Grant writing.
- Interest.
- Lobbying.
- Losses on agreements or contracts.
- Political campaigns on behalf of, or in opposition to, any candidate for public office.
- Purchase of vehicle(s) for program use or expenses related to a vehicle's license tabs, maintenance, etc. (the IRS mileage rate includes depreciation, maintenance and repairs, tires, gasoline, oil, insurance, and license and registration fees).
- Research.
- Sponsorships of events, training, or advertisements that are not directly related to the EHD grant.
- Staff meals (except during approved travel).
- Supplanting of funds from other sources.
- Treatment of a disease or disability.

TANF Restrictions

The restrictions listed below pertain only to TANF funds, utilized for the priority health area of teen pregnancy prevention (in service of preventing infant mortality). There are federal requirements related to participation in TANF-funded activities, in accordance with 45 C.F.R. § 260.20(c); "the third purpose of

TANF.” If selected for TANF funding, grantees will work with MDH staff to ensure eligibility requirements. Grantees who are awarded TANF funding may **not** use TANF funds for:

- Providing individual services to teens (funds must be used to support group-based activities).
- Providing medical services.
- Providing reimbursement for childcare or transportation to participants. (Grantees may provide childcare or transportation for a group of participants, but they may not directly reimburse individual participants for their childcare and/or transportation costs.)
- Hosting celebration events.

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. Grantees should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement. We recommend that the grantee provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place 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.

A sample grant agreement for community organizations is available for review in several languages:

- **[Grant Agreement – Sample English \(PDF\)](https://www.health.state.mn.us/about/grants/grantagreement.pdf)**
(<https://www.health.state.mn.us/about/grants/grantagreement.pdf>)
- **[Grant Agreement - Sample Spanish \(PDF\)](https://www.health.state.mn.us/about/grants/grantagreementspa.pdf)**
(<https://www.health.state.mn.us/about/grants/grantagreementspa.pdf>)
- **[Grant Agreement - Sample Hmong \(PDF\)](https://www.health.state.mn.us/about/grants/grantagreementhmn.pdf)**
(<https://www.health.state.mn.us/about/grants/grantagreementhmn.pdf>)
- **[Grant Agreement - Sample Somali \(PDF\)](https://www.health.state.mn.us/about/grants/grantagreementsom.pdf)**
(<https://www.health.state.mn.us/about/grants/grantagreementsom.pdf>)

Much of the language reflected in the sample agreement is required by statute. Note that different templates are utilized for different grantee types.

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:

Due Date	Report Type
January 31, 2028	Year 1 Progress Report

Due Date	Report Type
July 31, 2028	Year 1 Annual Report
January 31, 2029	Year 2 Progress Report
July 15, 2029	Year 2 Annual Report
January 31, 2030	Year 3 Progress Report
July 31, 2030	Year 3 Annual Report
January 31, 2031	Year 4 Progress Report
July 15, 2031	Final/Year 4 Annual Report

Note that Annual Reports are due earlier at the end of each biennium (July 15 as opposed to July 30).

Grant Monitoring

Minn. Stat. §16B.97 (<https://www.revisor.mn.gov/statutes/cite/16B.97>) and the [State Policy on Grant Monitoring \(PDF\)](https://mn.state.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) (https://mn.state.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) 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 visits schedule will be arranged by the MDH Grant Manager in coordination with the EHDI grantee.

According to state policy, the purpose of a **monitoring visit** (often called a *site visit*) is to review and ensure progress against the grant's goals, address any problems or issues before the end of the grant period, and build rapport between MDH and the grantee. Monitoring visits are an opportunity for MDH to meet grantee staff, learn more about grantee successes and challenges, and see grantee work in action.

The purpose of the **financial reconciliation** is to ensure that grant projects are in compliance with all state and federal laws and that expenses are allowable, appropriate, and reasonable for the grant program, and are adequately verifiable by supporting documentation. The reconciliation involves a review of expenses included on a selected invoice and the relevant supporting documentation. Grantees will be notified at least 30 days prior to a financial reconciliation to allow sufficient time to gather and submit documentation. Please note that a financial reconciliation is *not* an audit.

Technical Assistance

MDH staff, as well as priority health area specialists from across the agency, will be available to provide guidance and assistance for grantees on topics including budgeting, invoicing, data collection, compliance activities, evaluation, and other effective practices. Grantees are also encouraged to seek support and learn from their fellow EHDI grantees.

Grant Payments

Per [Policy Number 08-08: Policy on Grant Payments \(PDF\)](https://mn.gov/admin/assets/OGM%20Policy%2008-08%20Grant%20Payments_tcm36-707169.pdf) (https://mn.gov/admin/assets/OGM%20Policy%2008-08%20Grant%20Payments_tcm36-707169.pdf),

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 schedule: Grantees will submit monthly invoices for payment using the template provided by MDH. Invoices for each month's expenses must be submitted by the end of the following month. For example, an invoice for April expenses may be submitted as early as May 1, and not later than May 31. *The notable exception to this invoice schedule is for June invoices; June invoices will be due by July 15.*

Key Tasks and Deliverables

With support and technical assistance from MDH, grantees will be required to:

- Work with MDH to revise and finalize the two-year work and evaluation (WE) plan and budget before the grant start date. The first two years of the grant are: July 1, 2027 – June 30, 2028 and July 1, 2028 – June 30, 2029.
- Assign one staff person to serve as the **primary liaison** between MDH and the grantee organization. The primary liaison is a staff person with at least 0.5 FTE dedicated to the EHDI project, and listed in the EHDI budget as a paid or in-kind staff person. This person may *not* be a subcontractor. The primary liaison is responsible for coordinating grant-related duties and collaborating and communicating with MDH staff in a timely manner to foster the successful completion of approved grant activities. **These required grant duties include, but are not limited to, coordinating the key tasks and deliverables listed below:**
 - Communicate questions or challenges related to the grant with MDH staff in a timely manner. MDH wants to support your success, and we are happy to discuss your challenges and possible solutions.
 - Support required financial processes for the agency related to the EHDI grant. This includes, but is not limited to, verifying the timely and accurate submission of monthly invoices, providing oversight to ensure the agency spends the approved budget completely and appropriately on a state fiscal year basis, and responding to requests by MDH for financial reconciliations.
 - Share applicable grant-related updates, deadlines, and compliance requirements with relevant agency staff supporting the EHDI grant.
 - Ensure the work and evaluation (WE) plan and budget are accurate and up to date. Notify MDH with any updates or to discuss a revision.
 - Inform MDH in a timely manner of changes to the primary liaison or any staff listed in the budget.
 - Submit semiannual progress reports and annual evaluation reports on EHDI grant activities and outcomes.
 - Participate in required quarterly grantee meetings and other occasional grantee training and technical assistance activities as requested by MDH.
 - Contribute to the development of and participate in evaluation activities, which may include a shared measurement system among grantees.
 - Develop a budget and work and evaluation (WE) plan for the second half of the grant period (July 1, 2029 - June 30, 2031), and work with MDH to revise the WE plan and budget as needed before June 30, 2029. The EHDI Grant Manager will communicate the specific due date with grantees.

- o Provide updates and/or grant summary information upon request to be included in EHDI and other MDH reports.
- o Share project progress and evaluation results with community interest holders on a regular basis.

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](https://www.revisor.mn.gov/statutes/cite/363A) (<https://www.revisor.mn.gov/statutes/cite/363A>); See e.g. [Minn. Stat. § 363A.02](https://www.revisor.mn.gov/statutes/cite/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/) (<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](https://www.revisor.mn.gov/rules/5000.3550) (<https://www.revisor.mn.gov/rules/5000.3550/>).

Audits

Per [Minn. Stat. § 16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98) (<https://www.revisor.mn.gov/statutes/?id=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 \(https://www.revisor.mn.gov/statutes/?id=16B.98\)](https://www.revisor.mn.gov/statutes/?id=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 (located on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Please note that Community Health Boards and Tribal Nations do *not* need to submit this form as part of their application. (The entities complete a Conflict of Interest Disclosure form on an annual basis.)

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.

Note that a disclosure will not automatically result in removal of the applicant/recipient.

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 \(https://www.revisor.mn.gov/statutes/cite/13.599\)](https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/13.37) (<https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/13.599) (<https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/13.37) (<https://www.revisor.mn.gov/statutes/cite/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](https://www.revisor.mn.gov/statutes/cite/13/full) (<https://www.revisor.mn.gov/statutes/cite/13/full>)) 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

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) (<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) (<https://www.revisor.mn.gov/statutes/cite/177.41>), et. seq.

(a) 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 take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
 - Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List ([Equity in Procurement \(TG/ED/VO\) Directory / Minnesota Office of State Procurement \(https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/\)](https://mn.gov/admin/osp/government/procuregoodsandgeneralservices/tgedvo-directory/)),
 - Metropolitan Council's Targeted Vendor list: [Minnesota Unified Certification Program \(https://mnucp.metc.state.mn.us/\)](https://mnucp.metc.state.mn.us/), or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: [Central Certification Program \(https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program\)](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/central-cert-certification-program).
- v. 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.
- vi. 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.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
 - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. 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.
- ix. Grantee must not contract with vendors who are suspended or debarred in Minnesota: 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/).

Lobbying vs. Advocacy

Grant funds may not be used for lobbying, which is often understood as advocating for a specific public policy after it has been formally introduced to a legislative body. However, *grantees may generally*

consider using grant funds to educate stakeholders about the importance of policies generally as a public health strategy. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific stakeholders and the general community. Lobbying restrictions do not apply to informal or private policies. [Informal or private policies, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies in support of their identified priority health area(s).] Grantees are responsible for ensuring their own compliance with applicable laws.

Grantees may make educational materials related to their PHA(s) available to the public and governmental bodies, officials and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or Tribal government related to their selected PHA(s), in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content and community specialists. This may include community members, MDH staff, agency partners, and other state agency staff. 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; there is no appeal or reconsideration.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

Review committee members will be divided into teams of approximately 4 to 6 reviewers. Each reviewer will review and score the applications assigned to their team individually using a provided score sheet (refer to *Attachment A: Application Evaluation Criteria*). Reviewers will score each application on a 100-point scale.

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

MDH will make final decisions on all applications and will balance factors including, but not limited to:

- Review team scores
- Coverage of the priority health areas
- Coverage of populations experiencing health disparities
- Total funding available

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of \$50,000 and higher to a potential applicant in order to comply with the [Policy 08-06: Preaward Risk Assessment of Potential Grantees \(PDF\)](https://mn.gov/grants/assets/POL_08-06_PreawardRiskAssessmentofPotentialGrantees_2025-07-01_tcm1093-762012.pdf) (https://mn.gov/grants/assets/POL_08-06_PreawardRiskAssessmentofPotentialGrantees_2025-07-01_tcm1093-762012.pdf).

Notification

MDH anticipates notifying all applicants of funding decisions via email mid-April 2027. All notices of award and non-award will be sent via email to the person on the application listed as the “Authorized Contact for responding to this application.”

Awarded applicants who are not current vendors in the State’s SWIFT (State Wide Integrated Financial Tools) system will need to become vendors before a grant agreement can be made final. Instructions on how to become a vendor will be sent to awarded applicants when they are notified of the award.

There may be negotiations to finalize an applicant’s work and evaluation (WE) plan and/or budget before a grant agreement can be made final (“executed”). Once a WE plan and budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds. The effective date of the agreement will be July 1, 2027, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2031, contingent on satisfactory grantee performance and funding availability.

2.6 Background Information

In 2001, Minnesota passed landmark legislation to address the persistent and growing problem of disparities in health status between the white population and populations of color and American Indians. Although Minnesota is often recognized as one of the healthiest states in America, it harbors some of the greatest disparities in health between racial/ethnic groups. For current data, refer to [Health](#)

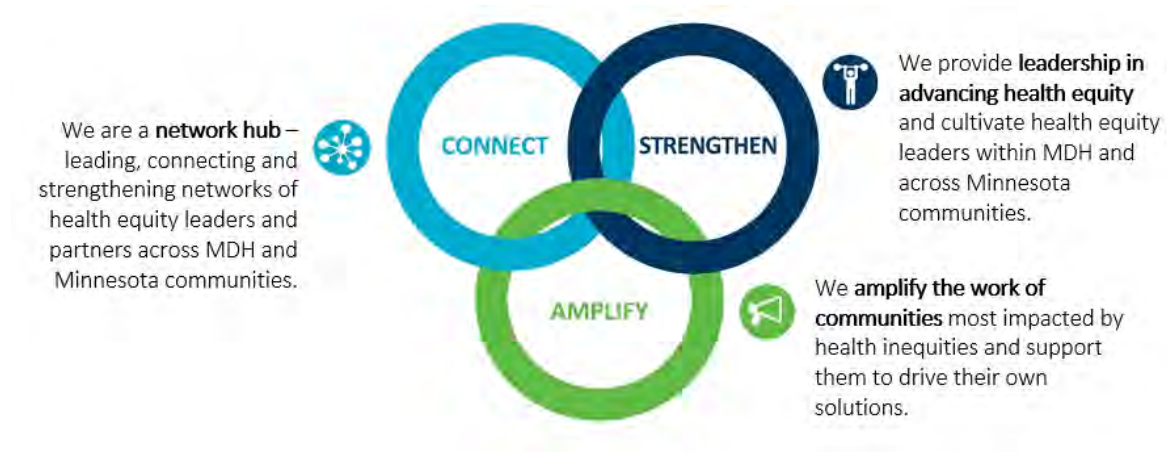
Status Among Minnesota Adults, 2024

(<https://www.health.state.mn.us/data/mchs/pubs/healthstatusbrfss24.pdf>).

The statute that created the EHDI program recognized that the efforts to address health disparities at that time were inadequate, and traditional public health programs were not always effective. The passing of the EHDI legislation was a collaborative effort between MDH and many communities. In early 2001, communities rallied in support of EHDI, bringing together hundreds of people on the steps of the Capitol. Meanwhile, community members reached out to their respective legislators, urging passage of the bill.

For more than a decade, the EHDI grants were administered through the MDH Office of Minority and Multicultural Health. In December 2013, the Commissioner of Health established the MDH Center for Health Equity with the intent of bringing an overt and explicit focus to the efforts of MDH to advance health equity in Minnesota. In 2023, the Health Equity Strategy and Innovation Division was created.

The EHDI grant program embodies the mission of the Health Equity Strategy and Innovation Division: “To connect, strengthen, and amplify health equity efforts within MDH and across the state of Minnesota.”



RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All application materials *must* be received by MDH no later than 11:59 p.m. Central Time on December 18, 2026.

Application materials may only be submitted by email.

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: 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 (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 (within three business days) to inform us that an automated confirmation email was not received.

3.2 Application Submission Instructions

Application materials may only be submitted via email to: ommh@state.mn.us

In the subject line, please note: *EHDI RFP Application – [insert applicant organization name]*.

3.3 Application Instructions

You must submit the following in order for the application to be considered complete:

1. Application Form
2. Work and Evaluation (WE) Plan
3. Budget
4. Due Diligence Review Form (Community Health Boards and Tribal Nations do not need to submit this form as part of their application.)
5. Applicant Conflict of Interest Disclosure Form

Incomplete applications will be rejected and not evaluated.

All application materials are available on the [EHDI RFP webpage](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026) (www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).

Please 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.

Part 1: Application Form

Applicants must submit a completed Application Form, which can be found on the [EHDI RFP webpage](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026) (www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026). Applicants must have Adobe Acrobat Reader to complete the form, which can be downloaded for free from the [Adobe Acrobat](https://get.adobe.com/reader/) (<https://get.adobe.com/reader/>) website. Please complete all fields in the application. Character limits are enforced automatically and include spaces. To bold, italicize or underline in the application form, the following keyboard shortcuts can be used:

Style	Keyboard Shortcut (Mac)	Keyboard Shortcut (PC)
Bold	Command + B	Ctrl + B
Italics	Command + I	Ctrl + I
Underline	Command + U	Ctrl + U

Applicants who are unable to use the PDF application form on the website may craft their application question responses in another written format that does not exceed the stated character limits.

Part 2: Work and Evaluation (WE) Plan

Applicants must submit a WE Plan that provides an overview of what the applicant plans to accomplish and evaluate during the **first two years of the grant (July 1, 2027 – June 30, 2029)**. Applicants are **strongly encouraged** to use the Microsoft Word template provided on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Morehead, and Owatonna – provide free access to Microsoft Word. Applicants who are unable to use the Microsoft Word template provided on the website may submit their work plan in another format.

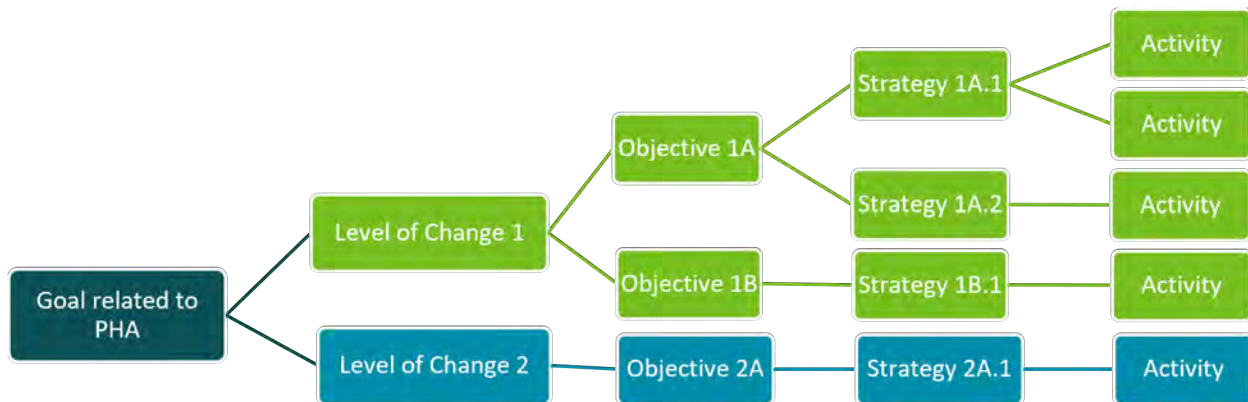
To ensure that all applicants' WE Plans have a similar format and length for the review process, **we request that applicants use 11-point Calibri font in the WE Plan tables.**

Applicants may find it useful to identify their level(s) of change and craft their objectives, strategies, and activities in the WE Plan before completing the Application Form. Please note that the WE Plan is only for two years, while the Project Narrative in the application form should provide a high-level description of your entire four-year project. **The figure below may be helpful in conceptualizing how the different components of the WE Plan (objectives, strategies, etc.) work together.** Please note that your project may vary significantly from the figure below depending on how many level(s) of change, objectives, and strategies you have identified. Most applicants will have more activities than are pictured here.

Sample EHDI Project Framework 1



Sample EHDI Project Framework 2



Project Objectives

Under each level of change in your project, list the **project objectives** that you plan to achieve. Although this WE Plan only is for two years, your objectives may be for the entire four-year period, if applicable. The following tips may be helpful as you craft your objectives:

- Think about objectives as major steps a program will take to attain its goal of reducing disparities in the identified priority health area(s).
- Make your objectives “SMART”:
 - ✓ **Specific:** concrete and well-defined
 - ✓ **Measurable:** can determine what changed and how much it changed
 - ✓ **Achievable:** feasible to put into action
 - ✓ **Realistic:** considers constraints such as resources, personnel, cost, and time frame
 - ✓ **Time-Bound:** time frame for the objective; short-term to intermediate-term objectives must be achievable within a four-year time frame (**July 1, 2027 to June 30, 2031**), the duration of the grant
- Make your objectives begin with action verbs (e.g., Increase, Decrease, Develop, Create).
- Your objectives are where programmatic and evaluation outcome measures and indicators will likely come from.

A common format for objectives is as follows: By (when, date), (percent or number of change from a stated base) of (what population) will (indicator – do what, change how).

For example: *By June 2029, 80 percent of American Indian women or birthing parents in Hennepin County will initiate prenatal care in the first trimester, an increase from 79 percent (2023 baseline).*

Refer to the example “SMART” objectives included in the “Priority Health Areas” document located on the [EHDI program website \(https://www.health.state.mn.us/communities/equity/ehdi/index.html\)](https://www.health.state.mn.us/communities/equity/ehdi/index.html).

For additional examples of “SMART” objectives, please refer to the sample WE plan on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).

Project Strategies

For each objective identified, applicants must specify strategies. **Strategies are general approaches that will be taken in order to achieve an objective.** Sometimes people think of strategies as the “how” of your project (while your activities are the “what”).

For example: Host “Talking Circles” to offer prenatal education and support in a group setting.

Project Activities – Work and Evaluation (WE) Plan Tables

The work and evaluation plan tables must include all planning and implementation activities you plan to undertake **during the first two years of the grant** as they relate to:

- Activities to address and improve the health of populations experiencing health disparities
- Community engagement and collaboration
- Partnership development and coordination

Applicants may add and/or delete headings, tables, and rows as needed. We have provided examples for each EHDI level of change in the WE Plan examples listed on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).

For application review and selection purposes, applicants do not need to list every activity in detail. If MDH requests additional information, applicants who are awarded a grant may be asked to provide additional details during negotiations, before a grant agreement is signed.

Learn More

- Refer to Work and Evaluation (WE) Plan examples on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).
- Find detailed information regarding levels of change in *Attachment B: Levels of Change* at the end of this RFP document.
- Learn about the EHDI grant program and the topics included in each priority health area on the [EHDI program website \(https://www.health.state.mn.us/communities/equity/ehdi/index.html\)](https://www.health.state.mn.us/communities/equity/ehdi/index.html) (refer to the “Priority Health Areas” document).

Note that applicants are *not* restricted to the any of the examples provided; *applicants are encouraged to propose their own practices based on community needs and/or adapt and build upon the practices listed to meet community needs.*

Part 3: Budget

Applicants must submit a budget that provides an overview of how funds will be used during the **first two years of the grant (July 1, 2027 – June 30, 2029)**. Applicants are **strongly encouraged** to use the **Microsoft Excel template provided on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026)**.

Most Minnesota libraries – including all metro county libraries and libraries in Rochester, Duluth, Mille Lacs, Moorhead, and Owatonna – provide free access to Microsoft Excel. Applicants who are unable to use the Microsoft Excel template provided on the website may submit their budget in another format that provides the same information below.

There are four tabs/sheets in the Excel budget template:

1. Instructions – how to complete the EHDI budget template
2. Indirect Guidance - MDH Policy and Guidance on Indirect Costs
3. Two Year Budget (Years 1 and 2 combined) - **applicants must complete this sheet**
4. Budget Summary (auto-fills once applicant completes Tab 3)

Applicants must request one annual amount of funding that does not vary from year to year. For example, if an applicant requests \$100,000 annually and is fully funded, that applicant would receive \$400,000 over the course of the four-year grant cycle. In this particular example, the applicant's two-year budget (July 1, 2027 – June 30, 2029) would total \$200,000.

Budget Descriptions

Descriptions within the budget should provide a brief but sufficient explanation of how funds will be used. The budget must be consistent with the stated objectives, planned activities, and time frame of the project, as reflected in the work and evaluation (WE) plan. Where possible, the method for computing estimates should be explained by including quantities, unit costs, and other similar numeric details sufficient for the calculation to be duplicated.

Please round expenditures to the nearest dollar and enter the total for each line item at the top of each section.

Applicants should organize their expenditures into the following categories:

I. Salary and Fringe Benefits

For each proposed staff person who will work directly on the grant, applicants must list the following:

- a. Position title and name of the staff person, if known
- b. Full-Time Equivalent (FTE)
- c. Salary charged to grant
- d. Fringe benefit rate

The staff included in this section of the budget narrative should be the same as the staff included in the work and evaluation (WE) plan.

As noted in this RFP, under the heading, "2.5 Grant Management Responsibilities," section, "Key Tasks and Deliverables to be reflected in the Grant Agreement," applicants are asked to: **Assign one staff person to serve as the primary liaison between MDH and the grantee organization.** The primary liaison is a staff person with at least 0.5 FTE dedicated to the EHDl project, and listed in the EHDl budget as a paid or in-kind staff person. This person may *not* be a subcontractor. The primary liaison is responsible for coordinating grant-related duties, and collaborating and communicating with MDH staff in a timely manner to foster the successful completion of approved grant activities.

II. Contractual Services

For any proposed subcontractors, applicants must list the following:

- a. Name of contractor, if known, or selection process to be used
- b. Scope of work the contractor will provide
- c. Length of time the services will be provided
- d. Total amount you expect to pay the contractor

Grant funds may be used for small contracts – such as facilitators, speakers or trainers – as well as for large contracts if other organizations will be engaged to implement specific parts of proposed activities.

III. Travel

List the expected travel costs for staff working on the grant, including mileage, parking, lodging and meals. This line item may also include pre-paid transit fares (e.g., bus tokens) or other travel

for participants (please note TANF restrictions under the “Ineligible Expenses” section of this RFP). Grant funds may be used for related professional development and training, but funds cannot be used for out-of-state travel without prior written approval from MDH.

Below is an overview of the [Nonrepresented Employees Compensation Plan](#), which outlines limits for allowable travel expenses. Use the following reimbursement rates to estimate travel expenses.

Reimbursement Rates

Expense	Rate (non-Tribes)	Rate (Tribes)
Mileage	Current IRS rate (\$0.76/mile as of July 13, 2026)	Current IRS rate (\$0.76/mile as of July 1, 2026)
Parking	Actual parking fees	Actual parking fees
Breakfast	\$11.00 maximum	Refer to current GSA Rate (https://www.gsa.gov/travel/plan-book/per-diem-rates)
Lunch	\$13.00 maximum	Refer to current GSA Rate (https://www.gsa.gov/travel/plan-book/per-diem-rates)
Dinner	\$19.00 maximum	Refer to current GSA Rate (https://www.gsa.gov/travel/plan-book/per-diem-rates)
Lodging	Actual cost (charges should be reasonable and consistent with the facilities available)	Refer to current GSARate (https://www.gsa.gov/travel/plan-book/per-diem-rates)

IV. Supplies

These costs may include - but are not limited to - office supplies, postage or mailing, duplication or copies, phone service and equipment, and computer or internet expenses related to approved participant program activities or items approved for staff being paid as part of the grant program.

V. Other

Describe any other expected grant-related costs that do not fit any other line item. Expenses in this line must be directly related to the program activities and linked to an activity in the WE Plan. Examples include staff training, media expenses, childcare for participants during programming/events, participant incentives or stipends, and food or snacks for participant program activities.

Incentives and stipends are considered “Other” expenses. Grantees must closely track the use of any approved incentives and/or stipends and will be asked to provide an ongoing report of their use and quantity. MDH differentiates incentives from stipends as follows:

Incentives: Items purchased with grant funds; used to encourage participation in the specific grant program in order for the grantee to adequately fulfill the goals and objectives of the grant program. Incentives may be in various forms, including but not limited to pre-paid gift cards and other reasonable items that can be associated with the programmatic goals and objectives of the grant.

This could also include promotional items of small nominal value that promote awareness or knowledge of the organization and the grant program. This may include free give-away items that the general public would be invited to take at an information table or event (for example: cups or magnets with the organization’s logo).

Stipends: Payment given to an individual who provides work or service for the grant itself, without being a grantee employee. For example, a stipend given to advisory board members who spend two hours/month per year helping develop and/or guide the program. Another example would be a peer mentor who goes out into the community to teach others about HIV/AIDS transmission and protection.

VI. Indirect Costs

MDH policy caps indirect costs at either a grantee's federally negotiated rate, or at 15 percent, as applied to a grant's *total direct costs*. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. If awarded a grant, a copy of the agreement will be requested before a grant agreement is signed.

If applicants do not have a federally negotiated rate, please list what is covered in your organization's indirect cost pool. **For more information on how to calculate indirect costs and what may be included as indirect costs, please refer to the budget template and the "Indirect" tab.**

Indirect costs on invoices to MDH for grant funds must be proportional to direct costs on the invoice; invoices that include only indirect costs will not be paid (direct costs must also be included). Expenses must be categorized as either direct or indirect consistently throughout the life of the grant. Grantees must maintain records that verify all grant expenses, including those categorized as indirect costs.

Part 4: Due Diligence

The Due Diligence Review Form can be found on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026).

Per MDH policy, the Due Diligence Form is only required for nonprofit applicants. Community Health Boards and Tribal Nations do not need to submit this form as part of their application, as MDH requests this documentation on an annual basis.

Please note that the Due Diligence Review Form score is not part of the 100 total points used to select grantees, and it is for internal use only. The score helps MDH better understand the capacity of applicants, and identify opportunities for technical assistance to those that receive grant funds.

Part 5: Applicant Conflict of Interest Disclosure Form

The Applicant Conflict of Interest Disclosure Form can be found on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026). **Applicants must complete the Applicant Conflict of Disclosure form and submit it as part of the completed application.** Failure to complete and submit this form will result in disqualification from the review process.

RFP Part 4: Attachments

- Attachment A: Application Evaluation Criteria
- Attachment B: Levels of Change

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications for the EHDI grant program. Scores will be used to develop final recommendations for MDH staff who will make the final selections. Scores are based on 100 possible total points. Optional: Applicants are encouraged to score their own application using this document before submitting their application. This step is not required but may help ensure applications address the criteria that evaluators will use to score applications.

Rating Levels

Rating	Description
Excellent (5)	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses.
Very Good (4)	Substantial response; meets in all aspects - and in some cases exceeds - the minimum requirements; no significant weaknesses.
Good (3)	Generally meets minimum requirements; significant weaknesses, but correctable.
Marginal (2)	Lack of essential information; low probability of success; significant weaknesses.
Unsatisfactory (1 or 0)	Fails to meet minimum requirements; needs major revision to make it acceptable.

Scoring Sections

I. Organizational Values and Capacity (15 points)

Criteria	Score (0-5)
1. The lead organization's history, mission and major programming are aligned with and/or complement EHDI grant program's purpose of eliminating health disparities.	
2. The EHDI proposal complements and/or builds off the organization's current programming and broader work.	
3. The organization demonstrates that it has, or can, foster trust and belonging with the focus community(s) served by the grant.	
Total score points for this section:	

II. Project Narrative (15 points)

Criteria	Score (0-5)
4. The applicant shows an understanding of the extent of the disparity or disparities in the focus community(s) for the identified priority health area(s).	
5. a. The proposed activities incorporate or value cultural knowledge and wisdom, and build on community resilience.	
b. The applicant provides a convincing rationale that the strategies and activities will be effective in the focus community(s). Rationale may include connection with the backgrounds and experiences of the population(s) served, organizational experiences, research, etc. (All ways of knowing should be given equal weight in application scoring.)	

Criteria	Score (0-5)
Total score points for this section:	

III. Community Engagement and Collaboration (25 points)

Criteria	Score (0-5)
6. The applicant's strategies and activities were co-created with the community(s) served, and/or the applicant shows how the community served will be involved in the co-creation of the project strategies and activities moving forward. Co-creation involves listening deeply, sharing power, and community-driven decision making (<i>multiply points by 2</i>).	x 2 = ____
7. The applicant shows an understanding of related activities, projects, or services in the community/communities served, and shows how their proposed project fills an unmet need or gap in the field. The applicant explains how they will align their project with the other activities, projects, or services in meaningful and mutually beneficial ways.	
8. The applicant describes how they will collaborate with interest holders - such as other community organizations, local public health, other government agencies, or health systems - to contribute to building systems that heal, not harm (<i>multiply points by 2</i>).	x 2 = ____
Total score points for this section:	

IV. Evaluation and Impact (15 points)

Criteria	Score (0-5)
9. The applicant describes who will be responsible for evaluating the EHDI project (this could include the staff and/or contractors), how they will be involved, and their experience with evaluation.	
10. The applicant describes the outcomes they expect to achieve at the end of the four-year grant period (in other words, the changes among the focus community[s] they hope to achieve) in order to reduce the disparities in their chosen priority health area(s).	
11. The applicant describes 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.	
Total score points for this section:	

V. Work and Evaluation (WE) Plan (20 points)

Criteria	Score (0-5)
12. The project objectives listed in the WE Plan are clear, measurable, and appropriate for the focus community(s).	
13. The activities listed in the WE Plan are clear and comprehensive, and will achieve the identified objectives and strategies. Each activity includes the staff responsible; activity partners; expected timeline; activity output, evaluation metric, and evaluation indicator.	x 2 = ____
14. Overall, the WE Plan provides a clear picture of the scope and timeline of the proposed project.	

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Criteria	Score (0-5)
Total score points for this section:	

VI. Budget (10 points)

Criteria	Score (0-5)
15. The amount of funds requested in the budget appear reasonable and justified for the proposed scope of activities, level(s) of change, and depth of partnerships for the first two years of the grant.	
16. Expenses listed in the budget are clearly described, and directly reflect the activities outlined in the WE Plan, for the first two years of the grant.	
Total score points for this section:	

Attachment B: Levels of Change

Note: Applicants will identify the level(s) of change they wish to address within their work and evaluation (WE) plan - one of the required documents that must be submitted in order for an application to be considered complete. (All application materials are available on the [EHDI RFP webpage \(www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026\)](http://www.health.state.mn.us/communities/equity/funding/ehdi/rfp2026)).

“Levels of change” represent a continuum of ways to address and improve the health of populations experiencing health disparities. Depending on their chosen priority health area(s), and the needs of the community served, applicants may choose to work within *one or more levels of change*:

Level 1 - Health Promotion/Direct Service

Level 2 - Organizational/Institutional Change to Address Social Needs

Level 3 - Root Causes

Level 1 - Health Promotion/Direct Service: Delivering health promotion and prevention projects through *direct services designed to create change at the individual level such as improving one’s knowledge, behavior, attitude, ability, or health status*. Level 1 change efforts usually involve individuals such as patients, clients, parents, health care providers, and other community members.

Examples include:

- Delivering a health promotion or prevention curriculum to prevent teen pregnancies
- Providing wrap-around services to high-risk pregnant or new moms to reduce infant mortality
- Providing exercise classes for older adults at risk of heart disease and stroke

Level 2 - Organizational/Institutional Change to Address Social Needs: Participating in, or leading efforts that contribute to *addressing people’s social needs*. Level 2 change efforts are focused on changing the conditions in which people are born, live, learn, work, play, worship, or age so they have opportunities to be healthy. These direct conditions are collectively referred to as “social determinants,” and include factors such as housing, education, jobs, transportation, food access, health care, and more. Level 2 efforts focus on changes within neighborhoods or local geography, organizations, and institutions, and usually involve actors such as schools, health care organizations, public health departments, and the like.

Examples include:

- Adopting teen-friendly policies in a clinic to prevent youth-based bias in care so teens are more likely to get HIV/STI screening and/or treatment
- Changing food purchasing policies in a school or housing complex to address food insecurity that has caused diabetes
- Implementing a new and stricter city-wide rental inspection enforcement policy to improve the quality of low-income housing that has caused lead poisoning among city children

Level 3 - Root Causes: While Level 2 changes address social determinants of health, Level 3 changes address *structural* determinants of health. Structural determinants are the wider set of forces and systems that shape the conditions of daily life. Level 3 work involves efforts to change the root causes of inequities such as governing structures and processes (e.g., government laws, regulations, or ordinances); economic and social policies (e.g., income and state tax rates, interest rates, welfare programs, Medicare or Medicaid); social hierarchies or power structures (e.g., racism, classism); and

cultural norms, values, or worldviews (a society’s shared beliefs and rules that guide how its people think and act, often passed down through generations). Examples of actors usually involved in making these decisions are state and national legislatures, school boards, and zoning authorities.

As noted in this RFP (see “Lobbying vs. Advocacy” section, below), grantees may lead or participate in advocacy work but may not engage in activities that are considered “lobbying.”

Examples include:

- Contributing to or leading the development of a coordinated policy agenda that will strengthen affordable and stable housing for pregnant people in the state to reduce infant mortality
- Changing zoning laws or economic incentives to eliminate urban food deserts and subsidize fresh produce in underserved communities
- Enacting Complete Streets laws that require all new road project designs to include opportunities for people to walk, bike, and take public transit - not just drive - to increase physical activity and reduce risks of cardiovascular disease or diabetes



What is the interplay between the three levels of change?

Social determinants of health (SDOH) are the direct, everyday conditions in which people are born, live, learn, work, play, worship, or age. Structural determinants are the root causes that create these social conditions and drive health disparities. Structural determinants, when not functioning well, can cause poor social conditions such as incomes below the poverty line, substandard housing, unemployment, low level of education, or inaccessible healthcare. Living in poor social conditions leads to poor health.

Comparison of the three levels of change

Defining Question	Level 1 Change	Level 2 Change	Level 3 Change
Simply put, what is it about?	Changing the effects of the causes	Changing the causes	Changing the causes of the causes (root causes)
What does it seek to do?	Improve an individual’s knowledge, behavior,	Improve the conditions in which an individual is born, lives,	Change the governing social and economic structures and policies

Defining Question	Level 1 Change	Level 2 Change	Level 3 Change
	attitude, confidence, health status, access to services, etc.	learns, works, plays, worships, or ages to promote health or reduce health risks	that determine the distribution of wealth, power, and opportunities that then shape the conditions in which an individual is born, lives, learns, etc.*
Where does change happen?	Individual	Local geographical area, organization, institution	State, country, society*
Who are the actors usually involved?	Patients, clients, parents, health care providers, community members	Schools, health care organizations, local public health departments	State and national legislatures; federal, state, and local governments; school boards; zoning authorities*
What are some common strategies or approaches used?	Improving knowledge, behavior, attitude, ability, or health status	Improving social conditions	Changing governing structures, processes, and systems; economic and social policies; social hierarchies or power structures; and cultural norms, values, or worldviews*

*Refer to the “Lobbying vs. Advocacy” section, below; grantees may lead or participate in advocacy work but may not engage in activities that are considered “lobbying.”

Projects addressing any of the levels of change listed above will be given equal weight in the selection process; applicants will not be given priority consideration for pursuing more than one level of change, although applicants may choose to do so. Please keep in mind that the amount of funding requested by an applicant should be appropriate for the number and extent of the levels of change pursued in a proposal. For example, a project working on health promotion/direct service *and* root causes/conditions for health may potentially request a higher award amount (toward the top of the estimated award range) than an applicant working on health promotion/direct service alone.

Lobbying vs. Advocacy

Projects within Level of Change 3 may potentially involve advocating for change in local, regional, Tribal or state policy. Because grantees will be receiving state and/or federal funding, there are certain restrictions on how grant funds may be used. This section outlines the distinction between advocacy and lobbying to help applicants understand the limitations of activity in this arena. MDH staff will also be available throughout the grant period to provide technical assistance and guidance to grantees to

support them in navigating the line between advocacy and lobbying. Grantees are responsible for ensuring their own compliance with applicable laws.

Grant funds may not be used for lobbying, which is often understood as advocating for a specific public policy after it has been formally introduced to a legislative body. However, *grantees may generally consider using grant funds to educate stakeholders about the importance of policies generally as a public health strategy*. Education includes providing facts, assessment data, reports, program descriptions and information about budget issues and population impacts without making a recommendation on a specific piece of legislation. Education may be provided to public policy makers, other decision makers, specific interest holders, and the general community. Lobbying restrictions do not apply to informal or private policies. [Informal or private policies, sometimes called “voluntary” policies, are policies passed by an organization. For example, an apartment building may establish its own smoke-free policy (one not required by law). Grantees may choose to advocate or lobby for or against these kinds of policies in support of their identified priority health area(s).] Grantees are responsible for ensuring their own compliance with applicable laws.

Grantees may make educational materials related to their PHA(s) available to the public and governmental bodies, officials, and employees. These materials may not advocate the adoption or rejection of an official action, but may contain facts, analysis, studies and research. Grantees may not use grant funds to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.

Grantees may use other funding sources to influence an official action of a governmental unit or Tribal government related to their selected priority health area(s), in accordance with federal and state law, grantee policy and funding restrictions, but they must clearly document which activities are covered by which funding source. Volunteers of a grantee who spend more than \$250 of their own funds in any year to influence state legislation or administrative rules may need to register as a lobbyist under Minnesota Statute 10A.01, subdivision 21. Information about registration is available from the state Campaign Finance and Public Disclosure Board at 1-800-657-3889.