Minnesota Regional Data Model Request for Applications (RFA)

This application itself will reside in REDCap; you can find information about this funding opportunity and the application questions below for your reference and planning purposes.

Important dates

6 March 2026	Optional Office Hours for Q&A from 12:00 p.m. – 1:00 p.m.
1 April 2026	Optional Office Hours for Q&A from 2:00 – 3:00 p.m.
6 April 2026	Last day to submit email questions about the first round RFA.
8 April 2026	Last Q&A update posted.
10 April 2026	Proposals due (until 11:59 p.m.) for projects beginning July 1, 2026.
30 June 2026	Proposals due (until 11:59 p.m.) for projects to begin October 1, 2026
30 September 2026	Proposals due (until 11:59 p.m.) for projects to begin January 1, 2027
31 December 2026	Proposals due (until 11:59 p.m.) for projects to begin April 1, 2027

Purpose

The purpose of these funds is to increase capacity to meet the Assessment and Surveillance Foundational Public Health Responsibilities by sharing staffing, knowledge, and skills across jurisdictions through planning, implementing, evaluating, and sustaining regional data models.

Background

In its 2021 session, the Minnesota Legislature passed a budget that included $6 million annually for the Commissioner of Health to provide funding for community health boards and tribal governments to build foundational public health capacity across the state and pilot new organizational models.

The Minnesota Department of Health (MDH) consulted with the State Community Health Services Advisory Committee (SCHSAC) in the fall of 2021 and winter of 2022 before releasing the first round of grants. In 2023, SCHSAC, informed by the Joint Leadership Team, approved recommendations for the second round of grant funding. And in 2025, SCHSAC approved the recommendation to earmark a portion of State Infrastructure funding for Regional Data Models.

Regional Data Models have been developed and piloted since the inception of this grant and have shown success in increasing a region's capacity to meet the assessment and surveillance capabilities of the Foundational Public Health Responsibilities. MDH is interested in funding and sustaining regional data models to ensure data capacity statewide.

Funding availability

Up to $1.6 million of the annual State Infrastructure Funding can be allocated to Regional Data Models each year. Up to 8 regions across the state can be funded, and each region can receive up to $200,000 per year. Applications submitted by April 10th will begin around July 1, 2026. Subsequent applications will be reviewed and contracts awarded so that grant periods align with the state fiscal year whenever possible.

For the purposes of this application, "region" is defined as multiple Community Health Boards and/or Tribes that work together across jurisdictions. MDH will not determine geographical boundaries for a region and encourage participating parties to work together to identify best fit for the group's collective needs and capacity. Applicants may choose to work within a predetermined region such as Local Public Health Association or State Community Health Services Advisory Committee regions but are not limited to these boundaries and are encouraged to think about new configurations that meet their needs.

Eligibility and other requirements

Eligible entities

Community health boards (CHBs) and Tribes are eligible to apply.

Scope

Funds will support projects that implement or sustain a regional data model. A Regional Data Model creates a shared infrastructure to support data access, collection, use, management, and sharing. Data Models go beyond datasets and dashboards – they provide the staffing, knowledge, expertise skills, and the necessary infrastructure to increase an entire region's ability to utilize data.

The way a Region's Data Model is organized will be unique to the needs of the participating jurisdictions. A region may decide a hub-and-spoke model would best serve its needs, or a shared services model would be better. Successful Regional Data Models have included the following core elements:

- Focused on creating or increasing capacity to meet Assessment and Surveillance Foundational Public Health Responsibilities (FPHR) through regional staffing, knowledge, skills, and resources.
- Creates infrastructure for regional sharing and collaboration where each CHB and/or Tribe benefits and has a voice.
- Is responsive to the regions' unique context, needs, and relationships.
- Builds or complements ongoing, successful partnerships, while leveraging regional strengths and assets to eliminate disparities in regional data capacity.

Application requirements

A group of community health boards and/or Tribes should collaborate to complete this application to access funding to support a regional data model. Only one form should be completed per region.

- You will need to determine the project's fiscal host by time of contract negotiation.

- Minnesota Department of Health will not create or enforce any predetermined regional boundaries. You are encouraged to assess the needs and interest among the participating entities and your communities. Participating CHBs and Tribes and a Regions' geographical boundaries can be adjusted over time.
- The intent of these funds is to ensure that any CHB or Tribe that wants to be a part of a regional data model, has the opportunity to do so. MDH will work with CHBs and Tribes to ensure statewide coverage as needed.
- That said, if a CHB or Tribe is part of more than one application, they will be asked to choose only one Region to be part of.

This application will ask generally about your purpose and plan for implementing a Regional Data Model. Because each region has different needs related to data capacity, the region will work with Center for Public Health Practice staff to plan and submit an initial project plan 8 weeks after effective date of contract and adapt that plan throughout the course of the project, as conditions and information change.

Other expectations

Selected grantees will be required to:
- Participate in regular check-ins with PHP staff by phone/video.
- Participate in in-person and/or virtual grantee meetings.
- Be responsive to other PHP evaluation activities to be determined (e.g., occasional written reports, interviews, focus groups, or other activities).
- Share information about their work and their lessons learned with others.
- Submit invoices quarterly.

Grant management

Each funded project will formally enter into a 5-year grant agreement. The grant agreement will address the conditions of the award, including implementation for the project.

Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

Work that begins prior to a fully signed grant agreement will not be reimbursed.

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.

Grant budgets

Applicants are required to submit a budget estimate for the first year of the project. Instructions are embedded into this REDCap form. Grant recipients will be required to submit an annual budget estimate for each year of the grant agreement. Budgets, like workplans, can be adjusted throughout the course of the project.

Grantees will need to provide information about proposed subcontracts in accordance with the Financial Guide for MDH Grants to community health boards.

Ineligible Expenses:

- Solicitating donations
- Incentives and gift cards
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Cost of membership dues for state or national affiliated organizations

Please note:

- Budget revisions are required whenever there is a change of 10% or more in any line item. Grantees do not need prior approval to move funds that are less than 10% of a budget line item.
- There is no match requirement for this funding.

Evaluation

System performance and improvements in data capacity are monitored over time through LPH Act annual reporting on assessment and surveillance performance measures. Applicants are encouraged to identify any additional measures of interest to their project and incorporate evaluation activities into their workplans.

Center for Public Health Practice staff will provide regular coaching and technical assistance to support project teams and will convene grantees to support the sharing of knowledge, skills, and lessons learned.

Selection Process

MDH staff will review applications for Regional Data Model projects. Evaluation criteria can be found on the Regional Data Models funding website.

- Applications will be accepted on a rolling basis and reviewed quarterly until 8 regions have been awarded funds, or until statewide coverage is achieved.
- To be considered in the first round of review, applications should be submitted no later than April 10, 2026. The expected start date is around July 1, 2026.
- Applications submitted by June 30, September 30, and December 31 will be considered in subsequent reviews for start dates around October 1, January 1, and April 1, respectively.

Please note:

- MDH reserves the right to withhold the distribution of funds in cases where applications submitted do not meet the necessary criteria.
- 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 outlined in this document.
- This application process does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to amend or cancel this process if it is considered to be in its best interest.

Questions should be emailed to health.ophp@state.mn.us. Responses to emailed questions will be posted on the Regional Data Models website and updated regularly.

The last day questions can be submitted for the first round of review is April 6, 2026. The final update to the online Q&A will be posted by the close of business on April 8, 2026.

Project description

General contact information

1. Who is on the project team? Identify the individual names, roles, and responsibilities.
2. I attest that the follow jurisdictions and CHS administrators and/or directors have committed to participating in the model. (Please list names and Community Health Board or Tribe)
3. Describe the current data capacity among the participating partners.
4. Describe how this project aims to support and increase data capacity.
5. Describe your regional data model.
    a. What is your current and/or proposed staffing plan?
    b. What shared infrastructure, delivery models, processes, etc. will be created or sustained?
    c. How will you ensure shared decision making and ongoing engagement among participating partners?
6. With each jurisdiction and/or partner identified, describe what you have done, or are currently doing, to secure buy-in and set a strong foundation for successful collaboration on this project.

(budget)