Minnesota Department of Health

# Attachment A: Grant Application 988 Minnesota lifeline Youth Peer Leader Grant

**Includes Narrative Questions, Work Plan, Budget Summary, and Detailed Budget**

The Minnesota Department of Health (MDH) is soliciting proposals for organizations engaged with youth to implement the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program with 9th-12th grade high school aged youth. MDH is seeking grant proposals for the grant period of September 1, 2025-August 30, 2026.

Please provide the following information below.

Organization Name:

Mailing Address:

Primary Contact Name:

Phone:

Email:

CEO/Director/Administrator Name:

Phone:

Email:

## Grant goals

The goal of the grant is to intentionally engage youth to increase help seeking behaviors through peer-to-peer initiatives. The 988 Minnesota Youth Peer Leader grant is a peer-to-peer engagement strategy with the following goals:

* Build youth capacity to create a supportive peer community with knowledge of the 988 Minnesota Lifeline as a resource for support.
* Empower and train youth as leaders to facilitate the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program.
* Engage youth leaders to encourage help seeking behaviors and promote connections among their peers.
* Support youth to measure impact and success of the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program utilizing evaluation resources.

## Grant outcomes will include:

* Grantee will have increased capacity to collaborate with youth to implement the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program to peers in their community.
* Grantee will recruit five to seven high school students, grades 9-12, to participate in the program.
* Grantee will build capacity of identified youth to develop an understanding of mental health and suicide prevention through an onboarding training schedule, including facilitator training to learn to share the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program presentation with peers.
* Grantee will collaborate with youth, supporting them to provide five 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program presentations to peers in their community.
* Increased connectedness between supportive adults and youth in the community.
* Increased knowledge of how and when to use the 988 Minnesota Lifeline as a mental health resource for youth.
* Increased confidence of youth to talk about and utilize the 988 Minnesota Lifeline as a resource.

## Instructions (Application guidance for preparing your projective narrative responses, work plan, and budget)

Please use Attachment C: Application Scoring Criteria Scorecard as a guide to prepare your application. This will help ensure that all components are included in your proposal. The following are the scores and weights in which applications will be evaluated based on the following criteria:

* Section 1: Organizational Capacity: 10 points
* Section 2: Project Narrative and Work Plan: 10 Points
* Section 3: Equity: 5 Points
* Section 4: Budget: 5 Points

## 988 Minnesota Lifeline - Someone to Talk to Youth Peer Leader Grant Application:

* Section 1: Organizational Capacity (250-word limit)
* Section 2: Project Narrative and Work plan (500-word limit, does not include Work plan. Work plan may be submitted as a separate attachment)
* Section 3: Equity (250-word limit)
* Section 4: Budget Summary, Detail and Justification (Form A attachment)

Parameters: one-inch margins, size 12 font, single-spaced are required. Tables and charts may be 10-inch font, single-spaced.

## Eligible activity

**988 Minnesota Youth Peer Leader Grant** – Participate in one-year project engaging youth to implement and coordinate the peer presentation “988 Minnesota Lifeline - Someone to Talk to Youth Peer Leader Program”.

## Section 1: Organizational capacity (10 Points)

1. Briefly describe the applicant organizations commitment to participate and implement the work plan for this project.
   * Describe your current staff capacity and expertise to implement the project.
   * Describe your current youth engagement practices and or plans to expand for the purposes of this project. Include any youth engagement models or strategies you use.
   * Share an example of how the applicant organization has collaborated and/or engaged with youth in the community. The example can include either an on-going relationship or a specific project.

* Describe your organization’s or communities' protocol for referring youth at risk of suicide or experiencing a mental health challenge.

## Section 2: Project narrative and work plan (10 Points)

1. It is a requirement of this grant that the priority population be high school aged youth in grades 9-12. Please share information about this priority population within your community that demonstrates need.
2. Describe the geographic area(s) in which the project activities will take place. Describe how this area was selected and what data was used for the analysis.
   1. Include qualitative or quantitative data to demonstrate the need in the selected geographic area, focusing on mental health and suicidal experiences.
   2. Describe any disparities or inequities of youth that you uncovered from your data.
3. Describe the plan to engage youth peer leaders to implement and coordinate peer-to-peer presentations. Expand on any collaborations or community partnerships that will support the implementation of the project.
4. A recommended work plan can be found in **Attachment A: Form C**. If changes to the work plan are made, please provide an overview along with justification for the changes.

## Section 3: Equity (5 Points)

1. Describe your plan for how this program will be implemented among youth who are most vulnerable to mental health challenges and suicidal experiences. How do you intend to engage youth with lived experiences?
2. Describe how the applicant organization will ensure that the youth peer leaders will reflect the demographics of the community.

## Section 4: Budget summary and budget detail and justification (5 Points)

Complete the following form:

1. **Attachment A, Form A** -The budget detail and justification for the grant period.

## Attachment A: Form A - Budget detail and justification

Instructions: Applicants are required to submit a budget. The budget detail and justification should include all anticipated expenses in the first year of the grant period. Each budget category should be completed. If you do not anticipate expenses in one or more budget categories, please list the total amount as $0.00. Awarded grant recipients will be required to submit an annual budget.

Grant application information

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Budget Period:** | September 1, 2025 – August 30, 2026 |
| **Annual Award Amount:** | $10,000 |
| **Budget Contact Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

For MDH use only

|  |  |
| --- | --- |
| **Revision #:** | Click or tap here to enter text. |

Salary and fringe

*For each funded position, list the title, position justification including expected rate of pay, full-time equivalent, and fringe percent. Additional rows can be added or deleted, if needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Position Justification** | **FTE** | **Fringe %** | **Total (dollars)** |
| Coordinator | ​​Salary to attend 2-day onboarding, MDH meetings, and support youth peer leaders​ | FTE | Fringe | $ 4,000 |
| Adult Support Leader | Salary to attend 2-day onboarding, supporting the coordinator and youth peer leaders | FTE | Fringe | $ 1,687 |
| Position Title | Click or tap here to enter text. | FTE | Fringe | $ Enter amount |
| **Annual Salary and Fringe Total:** | | | | $ 5687 | |

Contractual services

*List the services you expect to contract out, the contractor’s or consultant’s name, whether the contractor is non-profit or for-profit, the length of time the services will be provided and the total amount you expect to pay. Supplies and travel should be included, if applicable. Itemize equipment rented or leased for the project. Additional rows can be added or deleted, if needed.*

|  |  |  |
| --- | --- | --- |
| **Contractor** | **Description of Service** | **Total (dollars)** |
| Youth Presenters | 5-7 youth who will provide peer-to-peer 988 presentations. Pay for training time (x3) and facilitating community presentations (x5). | $ 2500 |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| **Annual Contractual Services Total:** | | $ 2500 |

Travel

*Explain your expected instate travel costs, including mileage, hotel, and meals. If program staff will travel, itemize the costs, frequency, and the nature of the travel. Please add $200 for annual grantee conference.  Additional rows can be added or deleted, as needed.*

|  |  |
| --- | --- |
| **Description of Travel** | **Total (dollars)** |
| In-State Mileage for 2-day onboarding | $ 250 |
| Hotel for 2-day onboarding for 2 adult leaders for 1 night | $ 400 |
| Meals (lunch, dinner, breakfast, and lunch for 2-day) | $ 112 |
| **Annual Travel Total:** | $ 762 | |

## Supplies and expenses

*Briefly explain the expected costs for items and services you will purchase to run your program. Include telephone expenses that are part of your proposal. Estimate postage if it is part of the project. List any printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the course of the project, equipment and items such as additional rent for program space, participant transportation, participant training and other direct costs as needed. Additional rows can be added or deleted, if needed.*

|  |  |
| --- | --- |
| **Description of Supplies and Expenses** | **Total (dollars)** |
| Printing materials for youth presentations | $ 150 |
| Click or tap here to enter text. | $ Enter amount |
| **Annual Supplies and Expenses Total:** | $ 150 | |

Subtotal

*Enter the subtotal of expenses from all budget categories.*

|  |  |
| --- | --- |
| **Salary and Fringe:** | $ 5687 |
| **Contractual Services:** | $ 2500 |
| **Travel:** | $ 762 |
| **Supplies and Expenses:** | $ 150 |
| **Subtotal:** | $ 9099 |

Administrative costs

*Administrative costs are defined as “costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function or activity but are necessary for the general operation of the organization and the conduct of activities it performs.” Examples of such expenses include accounting, administrative, and costs to operate and maintain facilities, not to exceed 10% of overall budget, unless you have an approved federal rate that is higher. Explain in just a sentence or two how you arrived at this percentage or how the calculations were derived.*

|  |  |
| --- | --- |
| **Administrative Cost:** | $ 901 |

Award funds total

|  |  |
| --- | --- |
| **Subtotal:** | $ 9099 |
| **Administrative Cost:** | $ 901 |
| **Grant Total:**  **(Subtotal + Administrative Cost)** | $ 10,000 |

## Attachment A: Form B – Sample work plan

The work plan should include all anticipated goals, strategies, and action steps the organization intends to complete in the first year of the grant period. The work plan should reflect the overarching activity that is selected by the organization. Award recipients will be required to submit an annual work plan to MDH.

Additional strategies and action steps can be added to the tables, if needed. You may delete goals, strategies and action step rows as needed.

### Workplan Timeframe:

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Project Activity:** | 988 Minnesota Lifeline – Someone To Talk To Youth Peer Leader project |
| **Population(s) Served:** | Youth |
| **Geographic Focus:** |  |

## Goal: Increase capacity for the project

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategy** | **Action Steps** | **Start Date** | **End Date** | **Staff Lead and Partners** |
| Determine project leadership | * Identify primary point of contact to recruit and support youth who will work on this project. * Identify supportive adults who can provide emotional support to students throughout the project. | August 1, 2025 | August 30, 2025 | Adult coordinator |
| Attend 2-day onboarding for adult leaders | * MDH staff will provide a 2-day onboarding to prepare adult leaders to deliver trainings and support the youth participating in the project. | September 2025 | September 2025 | Adult leaders |
| Recruit 5-7 high school students, grades 9-12 | * Identify 5-7 youth willing to participate in training sessions and facilitate a minimum of five peer-to-peer sessions. * Have youth apply to be peer leaders to ensure they are emotionally prepared to facilitate the 988 sessions. | September 1, 2025 | December 31, 2025 | Adult coordinator |
| Ensure youth participation | * Take necessary steps to connect with youth participants and ensure attendance at required trainings. * Ensure payment following required sessions. * Facilitate pre and post evaluation. | January 1, 2026 | August 30, 2026 | Adult coordinator |

## Goal: Support youth community presentations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategy** | **Action Steps** | **Start Date** | **End Date** | **Staff Lead and Partners** |
| Deliver trainings to youth to build a baseline understanding of suicide prevention and mental health. | * Adult coordinator will provide the following trainings to the youth leaders after their 2-day onboarding:   + Changing the Narrative on Mental Health and Suicide   + Safe Messaging   + Being a Community Helper * These trainings can be delivered over a few weeks or all in one session. Each training will be approximately one hour. | January 2026 | August 2026 | Adult coordinator |
| Provide the facilitator training for the 988 Minnesota Lifeline – Somone to Talk to Youth Peer Leader presentation | * Adult coordinator will provide the 4-hour facilitator training to the youth peer leaders. * Youth will be expected to attend the full session and practice their skills by doing teach backs. * Practice can be done during the initial facilitator training or as a separate session. | January 2026 | February 2026 | Adult coordinator |
| Support the youth who are facilitating peer-to-peer presentations | * Assist youth in scheduling their presentations so that the minimum of 5 is met. * Attend the first session with each youth to ensure they are comfortable facilitating the material. * Ensure each youth has the materials and technology they need for each presentation. | January 2026 | August 2026 | Adult leaders |

Minnesota Department of Health   
Suicide Prevention Unit   
625 Robert St. N   
PO Box 64975   
St. Paul, MN 55164-0975   
651-201-5400   
[health.suicideprev.mdh@state.mn.us](mailto:health.suicideprev.mdh@state.mn.us)   
[www.health.state.mn.us](http://www.health.state.mn.us/)

4/23/2025 *To obtain this information in a different format, call: 651-201-5400*