



Reducing the Burden of Menthol and Flavored Commercial Tobacco Products through Policy Change

REQUEST FOR PROPOSALS

August 2025

Minnesota Department of Health
Commercial Tobacco Prevention and Control
PO Box 64975
St. Paul, MN 55164-0975
651-201-3535
tobacco@state.mn.us
www.health.mn.gov/tobacco

To obtain this information in a different format, call: 651-201-3535.

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Part 1: Overview

1.1 General information

- **Title:** Reducing the Burden of Menthol and Flavored Commercial Tobacco through Policy Change – Request for Proposals (RFP)
- **URL:** <https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp.html>
- **Information Presentation:** A pre-recorded informational presentation about this RFP will be available on the RFP webpage by Friday, August 15, 2025.
- **Notice of Intent Deadline:** Friday, August 22, 2025, by 5 p.m. Central Time (strongly encouraged but not required)
- **Application Deadline:** Tuesday, September 29, 2025, by 4 p.m. Central Time

1.2 Description

The Minnesota Department of Health (MDH) requests proposals to advance local and Tribal policies prohibiting the sale of flavored commercial tobacco products, including menthol, to prevent initiation among young people, promote cessation among adults, and advance health equity by reducing commercial tobacco-related health disparities.

Commercial tobacco products are tobacco products manufactured and sold by the tobacco industry, like cigarettes, e-cigarettes, cigars, and chew. Commercial tobacco is different from traditional or sacred tobacco, also known as Canjsasa, Asemaa, or Kinnikinnick, and which are used by American Indian communities for sacred purposes.¹

Increasing the number of local or Tribal policies that prohibit the sale of all flavored commercial tobacco products and increasing the number of Minnesotans living in communities with flavored commercial tobacco policies will improve public health and reduce the burden of commercial tobacco use in Minnesota.

This work aligns with the goals of the Centers for Disease Control and Prevention’s National and State Tobacco Control Program, which are to:

- Prevent initiation of commercial tobacco use among youth and young adults.
- Eliminate exposure to secondhand smoke.
- Promote quitting of commercial tobacco use among adults and youth.
- Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.

Funding for this opportunity is made possible through Minnesota’s settlement agreement with JUUL Labs, Inc. To learn more about the settlement and community input on the allocation of these funds, visit www.health.mn.gov/juul.

¹ Learn more about traditional tobacco and American Indian Communities in Minnesota at <https://www.health.state.mn.us/communities/tobacco/traditional/index.html>.

Historic progress in Minnesota

Thanks to effective, evidence-based policies passed in the last few decades, Minnesota's smoking rates are the lowest ever recorded. In 2023, 12.2% of Minnesota adults smoked, down from 19.1% in 2011.² Among youth, 4.5% of high school students reported smoking in 2023, a steep decline from 9.6% in 2017.³ A variety of state and local policy, practices, systems, and environmental changes have increased commercial tobacco-free environments, raised the price of commercial tobacco, and reduced access to commercial tobacco products – all of which have contributed to the decrease in cigarette smoking in Minnesota.

More work to do

Despite this historic progress, commercial tobacco use remains the leading cause of preventable disease, disability, and death in the United States and in Minnesota. Every year, 6,530 adults in Minnesota die prematurely due to smoking.⁴ Nearly 30 percent of all cancer deaths in Minnesota are caused by smoking.⁵ The health harms from smoking increase the need for healthcare services and cause people to miss work, contributing to significant economic loss in Minnesota.

The introduction of e-cigarettes, or vapes, led to a dramatic surge in youth commercial tobacco use across the country and in Minnesota. For over 10 years, e-cigarettes have been the most used form of commercial tobacco among youth in Minnesota. The good news is that the number of youth who used e-cigarettes in 2024 is approximately one-third of what it was at its peak in 2019, when over five million U.S. youth reported current e-cigarette use. Data show that in 2023, 13.9% of high school students had used e-cigarettes in the past 30 days, down from 19.3% in 2020.³

While these declines are encouraging, data also show that youth who use e-cigarettes are experiencing increased signs of nicotine dependence. Nearly 50% of current students who e-cigarettes are frequent users, a significant increase from 2020 (33.6%).³ Also concerning is the use of flavored commercial tobacco products. Three in four students (76.3%) who have ever tried a commercial tobacco product initiated with a flavored product.³ And among students that currently use e-cigarettes, 93.3% reported having used a flavored e-cigarette in the past 30 days.³

We're also seeing declines in quit attempts among adults who currently smoke. In 2023, only 34.5% of Minnesotans adults who smoke reported a quit attempt in the past year, compared to 57.5% in 2011.² These data suggest that Minnesotans who smoke need additional support to try to stop smoking and be successful.

Persistent disparities and inequities

Despite overall declines, disparities and inequities in commercial tobacco use and exposure persist. Many communities continue to have higher rates of commercial tobacco use, secondhand smoke exposure, and related health harms. This spans several sociodemographic characteristics, including race,

² Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System (BRFSS) data, 2011–2023. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Retrieved from <https://www.cdc.gov/brfss/>.

³ Minnesota Department of Health. (2024). *Teens and commercial tobacco in Minnesota: Highlights from the 2023 Minnesota Youth Tobacco Survey*. Minnesota Center for Health Statistics. Retrieved from <https://www.health.state.mn.us/data/mchs/surveys/tobacco/docs/teenscommercialtobacco2023.pdf>.

⁴ Center for Research on Health Economics. (2024). *2023 cost of smoking*. Retrieved from <https://www.centerforrhe.com/wp-content/uploads/2024/01/2023-Cost-of-Smoking.pdf>.

⁵ Campaign for Tobacco-Free Kids. (n.d.). *The toll of tobacco in Minnesota*. Retrieved from <https://www.tobaccofreekids.org/problem/toll-us/minnesota>.

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ethnicity, sexual orientation, gender identity, income, education, age, geography, and mental health status. These disparities result from several factors, one of which is unequal protection from policies that limit exposure or access to commercial tobacco.

Menthol cigarettes and other flavored commercial tobacco products pose a unique public health threat because they make it easier for youth to start, intensify addiction, and make it harder for people to quit. Additionally, through predatory marketing by tobacco companies, some communities have significantly higher use of menthol commercial tobacco products, particularly African Americans who smoke menthol cigarettes at higher rates than their white peers.^{6, 7, 8} This targeting and unequal protection from menthol contribute to the disparities in harm from commercial tobacco use.⁸

If menthol cigarettes were no longer available, an estimated 8,100 additional adults in Minnesota who smoke would quit smoking.⁹

Flavored restrictions reduce youth use and advance health equity

There is growing evidence that comprehensive policies prohibiting the sale all flavored commercial tobacco products, including menthol, are effective in reducing youth use of commercial tobacco products, increasing smoking cessation, and advancing health equity.

A recent national study found that youth and young adults who lived in an area covered by a flavored commercial tobacco restriction had lower odds of any commercial tobacco use and current flavored products use compared to those who lived in an area with no flavor restrictions.¹⁰

Further, the 2024 Surgeon General's Report, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities* documents the health consequences of commercial tobacco use and the persistence of disparities in commercial tobacco product use. The report finds that flavored tobacco products play a key role in driving these disparities, concluding that, "there is strong evidence regarding the role of flavored tobacco products in creating and sustaining tobacco use and the efficacy of policies that prohibit the sale of flavored products."¹¹

Specifically, the report found that "Sales restrictions on flavored products in the United States and Canada have been shown to reduce (1) sales of tobacco products, (2) the odds of youth trying flavored tobacco products, (3) the odds of youth ever using tobacco products, and (4) youth current use of tobacco products, particularly when the restrictions apply to all flavors in all tobacco products."¹¹

⁶ Levy, D. T., Meza, R., Yuan, Z., Li, Y., Cadham, C., Sanchez-Romero, L. M., ... Warner, K. E. (2021). Public health impact of a US ban on menthol in cigarettes and cigars: A simulation study. *Tobacco Control*. Published online September 2, 2021. Retrieved from <https://tobaccocontrol.bmj.com/content/32/e1/e37>.

⁷ Issabakhsh, M., Meza, R., Li, Y., Yuan, Z., Sanchez-Romero, L. M., & Levy, D. T. (2022). Public health impact of a US menthol cigarette ban on the non-Hispanic black population: A simulation study. *Tobacco Control*. Published online June 14, 2022. Retrieved from <https://tobaccocontrol.bmj.com/content/tobaccocontrol/33/1/126.full.pdf>.

⁸ Minnesota Department of Health. (2024). *The Hidden Harms of Menthol: Ending the Legal Sales of Menthol Commercial Tobacco Products would Advance Health Equity in Minnesota*. Retrieved from https://www.health.state.mn.us/communities/tobacco/data/docs/briefs/03-21-2024_menthol.pdf.

⁹ Centers for Disease Control and Prevention. (n.d.). State menthol fact sheets: Minnesota. Retrieved from https://www.cdc.gov/tobacco/basic_information/menthol/state-menthol-fact-sheets.html#MN.

¹⁰ Patel, M., et al. (2024). Examining the relationship of flavored tobacco product policy restrictions and flavored tobacco product use, among adolescents and young adults in the US. *Preventive Medicine*, 107947.

¹¹ U.S. Department of Health and Human Services. (2024). *Eliminating tobacco-related disease and death: Addressing disparities*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

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The report also found that flavor restrictions can reduce disparities, concluding that, “Given the disproportionate burden of menthol cigarette use among some population groups, removing menthol cigarettes from the marketplace should also reduce disparities in tobacco initiation, nicotine dependence, cessation success, and tobacco-related health outcomes, especially if policies are comprehensive and equitably implemented.”¹¹

To date, two states and over 200 local communities across the country, including several in Minnesota, prohibit or restrict the sale of menthol cigarettes along with other flavored commercial tobacco products.¹²

Moving forward

The goal of this funding opportunity is to advance local and Tribal policies prohibiting the sale of menthol and all flavored commercial tobacco products to prevent initiation among young people, promote cessation among adults, and advance health equity by reducing commercial tobacco-related health disparities.

Increasing the number of local and Tribal policies that prohibit the sale of all flavored commercial tobacco products and increasing the number of Minnesotans living in communities with flavored commercial tobacco policies will benefit public health and reduce the burden of commercial tobacco use in Minnesota.

Learn more about the harms of commercial tobacco use in Minnesota at health.mn.gov/tobacco.

1.3 Funding amounts

MDH anticipates awarding two grants for this funding opportunity.

Total estimated funds available	\$350,000 annually
Estimated individual award amount	\$100,000 – \$175,000 annually

There will be no match requirement for these awards.

1.4 Project dates

Grants are anticipated to start February 1, 2026, and anticipated to end on January 31, 2029.

1.5 Eligibility

Eligible applicants include organizations located within the state of Minnesota, including Tribal governments, not-for-profit organizations, community-based organizations, and community health boards (CHBs). For-profit entities are not eligible for this funding.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number. Organizations without recognition as a formal organization or entity may apply with a fiscal agent. No grants will be awarded to individuals or informal groups of individuals.

¹² Campaign for Tobacco-Free Kids. (n.d.). *The toll of tobacco on the United States economy*. Retrieved from <https://assets.tobaccofreekids.org/factsheets/0398.pdf>.

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Applicants must be located in, and conduct this work within, 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 must designate one organization as a fiscal agent.

Priority will be given to applicants:

- Who have established authentic, trusted relationships within the local jurisdictions where policy change is planned.
- Who can demonstrate a high level of community readiness for policy change.
- With a successful track record of building community coalitions, educating local decision makers, and advancing local or Tribal policies.

Organizations with current grant funding

Eligible organizations currently receiving grant funds from MDH may apply for this funding opportunity. If they're currently receiving grant funds from MDH to work on local policy interventions, they must indicate how the new funding will enhance their current work (e.g. expand efforts to additional jurisdictions).

MDH may prioritize community-based organizations that have not historically had access to state grant funding. MDH may also consider the total funds an organization is receiving from MDH for commercial tobacco prevention and control work. These grant funds may not be used to duplicate existing efforts funded through MDH or other sources, meaning these grant funds must be used for new or different activities not otherwise being funded.

Collaborations and partnerships

Collaborations between organizations or entities are welcome but not required. A single application should be submitted on behalf of all partners in the collaboration.

MDH recognizes the sovereignty of Tribal Nations. MDH will only fund non-Tribal-led projects in Tribal communities if the applicant has full support of the Tribal Government. If a non-Tribal applicant proposes to work with a Tribal Government or Tribal community, the applicant must be prepared to provide written verification that the Tribal Government approves of the project before a grant award is offered.

1.6 Questions and answers

All questions regarding this RFP must be submitted via the RFP webpage at <https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp.html>. The last day to submit questions is 9 a.m. CT on Monday, September 8, 2025.

Answers will be posted Mondays through September 15, 2025.

To ensure proper and fair evaluation of all applications, all communications related this RFP, including verbal, telephone, written, or online, initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted (as outlined above), are prohibited and may result in disqualification.

Informational Presentation

Potential applicants are strongly encouraged to view the recorded informational presentation video and/or transcript. The video and transcript will be available on the RFP webpage by Friday, August 15, 2025. The presentation will cover the RFP, attachments, scoring criteria, submitting the application on

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the website, and submitting questions. The informational presentation does not cover everything in the RFP and is not a replacement for information provided in this RFP.

Part 2: Program Details

2.1 Prioritizing health equity

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 on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

MDH is seeking, and will prioritize, applicant organizations that represent and serve populations experiencing commercial tobacco-related disparities. Applicants will identify the community to serve and demonstrate community need. Grantees will measure performance in reaching these populations in annual work plans, progress reporting, and program evaluation of grant activities.

2.2 Eligible projects

Projects must be well positioned to advance comprehensive policies prohibiting the sale of menthol and all flavored commercial tobacco products in local jurisdictions or tribal communities. Proposed project activities should include approaches that reflect the cultural values and practices of the community and leverage community strengths. Proposed project activities should prioritize approaches that reflect best practices for developing and implementing local and Tribal commercial tobacco prevention policy efforts.

MDH recognizes that communities may be at varying stages of readiness for policy action. This funding opportunity is for applicants that can demonstrate a high level of community capacity and readiness to advance comprehensive flavored tobacco restrictions. Applicants should have extensive prior experience working on commercial tobacco policy efforts, the ability to build on existing momentum, and a plan for maintaining close collaboration with partners located within the jurisdiction and community members most impacted by the policy.

Applicants must specify the local jurisdiction(s) or Tribal communities they propose to work in with this funding. MDH recognizes that policy work is dynamic, and community readiness may change during the grant period which would require adjusting the work plan. If an applicant is not located in the jurisdiction or does not have strong ties to the community, they must work closely with at least one community partner or coalition located in and represents the community to lead community engagement efforts.

Community partners should be sufficiently and appropriately compensated at a level representing the substantial work community engagement requires. It is also expected that other grantees will be invited to meaningfully collaborate and have access to learning and skill-building opportunities in these public policy processes.

Workplans and allowable activities

An equity-centered approach: Engaging community members most impacted

It's essential that the community members affected by the harms of commercial tobacco use and impacted by the policy change are intentionally engaged as partners throughout the effort (e.g., planning, decision making, coalition leadership, communications, etc.). Focus should be given to maintaining trusted relationships with community members and partners, building community leadership, leveraging existing community and cultural practices and resources, and sharing decision making.

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Applicants are required to address in their proposal how they will identify and engage community members most affected by the harms of commercial tobacco use and impacted by the policy change. Applicants must also address how they will engage existing and new partners, including those within the community who may not work in commercial tobacco prevention and control, to foster collaboration and incorporate community strengths and networks.

Developing a strong work plan is a critical component of the project application. Workplans should include allowable activities from the list below, which are proven to support successful policy efforts. These activities are considered *best practices* for developing and implementing local and Tribal policy efforts aimed at prohibiting the sale of all flavored commercial tobacco products. The term “best practices” reflects what we know now, and these practices are based on the work of individuals and organizations with extensive experience advancing local flavor policies.

As more local communities across the state and country enact flavored commercial tobacco policies, our understanding of what works best for supporting successful efforts will evolve and continue to strengthen our collective best practices.

Applicants may engage in activities listed below. The order of activities in this list does not represent priority or preference. Most activities will occur throughout your efforts, although some may be more appropriate earlier or later in your workplan.

- Educate and engage community members
- Build and strengthen local coalitions and develop advocates
- Engage, train and empower youth to play a leadership role from the beginning of the effort
- Use tested and compelling messages in campaign communications
- If needed, develop or refine messages to ensure local and cultural relevance and effectiveness
- Educate local elected officials and cultivate champions who serve on the local decision-making body
- Recruit and train diverse spokespeople willing to share their personal experiences
- Localize the problem by collecting and sharing local quantitative and qualitative data (e.g., results of store audits, maps illustrating tobacco retailer density, public opinion polls, informal surveys, testimonials)
- Identify opportunities to link the problem of flavored commercial tobacco with the jurisdiction’s stated priorities or goals for the community
- Secure endorsements from individuals and organizations (e.g., resolutions of support, letters of support) to garner support for the policy
- Know and follow the specific policy-making process and protocols of the jurisdiction by reading the rules, tracking the calendar, attending meetings, and talking with staff and residents who have firsthand experience working in that community
- Develop strong policy language in partnership with MDH’s identified Technical Assistance Provider and other key partners, such as the county or city attorney
- Counter misinformation and false claims by individuals and organizations that oppose the policy,
- Include information about cessation resources and services into education activities at every stage of the effort
- Celebrate key milestones, recognize staff and volunteers, publicly thank champions

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- Support the policy implementation process
- Use a wide variety of formal and informal community engagement and communication methods to reach target audiences, such as:
 - Conversations with community members (e.g., one-on-one meetings)
 - Presentations, community meetings, and community events
 - Earned media (e.g., letters to the editor, editorials, radio or television interviews)
 - Paid media (e.g., radio ads, print ads, paid social media)
 - Social media
 - Digital storytelling, photovoice, podcasts, or other participatory media
 - Oral traditions or storytelling
 - Commercial tobacco education programs, including language revitalization efforts where lessons focus on traditional tobacco or providing culture-based education

Lobbying vs. educating

Funds may not be used for lobbying, which MDH defines as advocating for a specific public policy after it has been formally introduced to a legislative body.

Grantees may use grant funds to educate partners, decision makers, and community members about the importance of policies as a public health strategy. Education may include 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, also known as *voluntary policies*, such as those listed in the community-based strategy options. For example, advocating for a voluntary smoke-free housing policy with a property management company is not considered lobbying.

Evaluation

Evaluation is a critical tool for assessing the design, implementation, and outcomes of a program or project. Its primary goal is to integrate meaningful learning into the initiative, ensuring the achievement of intended outcomes. By providing data-driven insights, evaluation supports informed decision-making, enhances program performance, and strengthens accountability to interested partners or parties.

Evaluation activities will be led by MDH evaluation staff in collaboration with selected funded applicants. To maximize impact, evaluation must be developed during the planning phase and embedded within the work plan. Key priorities for the evaluation process include fostering authentic community engagement, cultivating a culture of learning, and upholding transparency and ethical standards.

Grantees will:

- **Dedicate at least 5-10% of the budget for evaluation.** Evaluation funds are intended to cover all evaluation expenses (e.g., equipment or materials, trainings, transportation for evaluation activities, data collection incentives, consultant time) as well as staff time for MDH-required reporting and planning and implementation of the evaluation project (e.g., data collection and analysis, disseminating results). Funded applicants may work with in-house evaluation staff or contract with an evaluation consultant and are encouraged to contract with those within the community.

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- Develop and implement an overall formative and outcome evaluation plan that will provide evidence of progress achieved throughout the funding period, measuring success against program goals. This should align with the workplan and should include the following:
 - A SMART/IE (Specific, Measurable, Achievable, Relevant, and Time-Bound / Impact and Equity) goal.
 - Key evaluation objectives to understand the challenges, effectiveness and overall impact of the project. This should include at least one community-driven or culturally relevant aspect of the work e.g. grassroots advocacy, community or youth engagement and culturally tailored strategies. This evaluation component will promote the community-driven, culturally focused aspects of grantees' work and provide grantees with valuable data and materials that could be useful in future activities (e.g., grant applications, presentations, or meetings with decision makers or community partners).
 - Evaluation methods and methodologies that incorporate qualitative and quantitative data.
 - A logic model that includes inputs, activities, outputs and outcomes (short, medium, and long term) for each project.
 - Key indicators and metrics based upon types of activities (policy adoption, compliance and enforcement and public awareness etc.)
 - A data collection timeline.
- **Participate in a bimonthly evaluation learning cohort and quarterly project check-ins.**
- **Report and submit the following deliverables:**
 - A baseline report (an assessment of conditions before policy adoption)
 - Interim reports (periodic updates on progress, milestones and challenges) will be required. Templates will be provided by MDH. This will include responding to requests from MDH through surveys and other methods.
 - Policy language with supporting evidence and community endorsements. If a policy is not passed, include an opposition or counter strategy analysis.
 - Final evaluation report (a comprehensive assessment of policy implementation and impact, including learning and recommendations)
 - Dissemination of evaluation findings and lessons learned to interested parties. The final product can be in any format (a slide deck, report, video, etc.)

To ensure appropriate evaluation design, applicants may propose an evaluation framework that aligns with the unique cultural values, traditions, and perspectives of the communities they serve. Culturally centered evaluation frameworks include but are not limited to: Culturally Responsive Evaluation (CRE), Indigenous Evaluation (CRIED), and Culturally Responsive and Equitable Evaluation (CREE). The proposed evaluation framework must showcase how the community is a thought leader in the evaluation process from development to dissemination. Further, this work should be driven by evidence and community-based practices that have shown to be effective in producing meaningful change.

MDH will provide a variety of supports to grantees, including ongoing evaluation capacity building, help with planning design and data collection methods, and assistance with generating research questions. For help with designing data collection instruments and data collection and analysis, grantees can contract with an evaluation consultant or use internal organization staff with this expertise.

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Staffing

Grant staffing should be adequate to ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. Annual budget amounts are intended to support adequate staffing. Staffing plans should include a project coordinator as a main point of contact who leads the grant work. Staffing plans may include a small team of key staff who work closely together to coordinate activities.

Staffing for public policy strategies must be at a level sufficient to lead and maintain substantial collaboration and partnership with community members and partners; **a project coordinator of at least .50 FTE is required.**

Commercial tobacco-free organizational commitment

Applicants are required to make an organizational commitment to addressing the harms of commercial tobacco through organizational policy change.

Applicants must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or traditional tobacco used for ceremonial purposes) and may not accept funding from tobacco companies nor their subsidiaries or parent companies during the grant period.

Creating commercial tobacco-free environments and not accepting tobacco industry funds contribute to changing community social norms, supporting cessation support, and rejecting tobacco industry influences.

Applicants without a commercial tobacco-free grounds policy must indicate they will work toward adopting a policy during the grant period. Applicants must acknowledge their commitment as part of their application.

Ineligible expenses

The following ineligible expenses are not allowable using grant funds:

- Conduct tobacco retailer compliance checks or retailer education checks on behalf of enforcement authority. Educational checks may be allowed, but grantees must seek prior approval before conducting other types of educational checks with youth.
- Direct cessation services, medical care, or clinical care (e.g., conducting individual, face-to-face counseling, or creating a cessation group)
- Over-the-counter (e.g., nicotine replacement therapies) or prescription medications for cessation
- Purchase of signs, ashtrays, benches, or other materials and equipment for designated commercial tobacco use areas
- Purchase of vaping detectors or e-cigarette (vape) disposal boxes
- Bad debts, late payment fees, finance charges, or contingency funds
- Costs not directly related to the grant
- Costs incurred prior to the grant award
- Capital improvements or alterations
- Cash assistance paid directly to individuals to meet their personal or family needs
- Fundraising

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- Lobbyists
- Political contributions
- Research¹³
- Taxes, except sales tax on goods and services

2.3 Grant management

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. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement. **No work on grant activities can begin until a fully executed grant agreement is in place.**

See Attachment F for a sample grant agreement. Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. **Only those exceptions indicated in an application will be available for discussion or negotiation.**

The funded applicant will be legally responsible for assuring implementation of the workplan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

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 the terms in the grant agreement have been met.¹⁴

Reporting activities include:

- Monthly check-in calls with MDH grant manager
- Monthly activity and policy reporting
- Providing updates as needed for MDH's reporting to the CDC, the biennial Legislative Report, and other reports identified by MDH.
- Evaluation requirements, see Page 9.

¹³ Research includes activities that have the purpose of producing public health knowledge that is relevant across settings and populations and is not simply aimed at informing the program or population being studied.

¹⁴ Minnesota Department of Administration. (2024). *Policy 08-09: Policy on Grant Progress Reports*. Minnesota Department of Administration. Retrieved from https://mn.gov/admin/assets/grants_policy_08-09_tcm36-207116.pdf.

Grant monitoring

Throughout the grant period MDH will monitor grantees' progress and performance and requires the following.^{15, 16}

- Annual monitoring visits during the grant period on all grants over \$250,000
- Financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

Technical assistance

MDH will provide technical assistance and training to grantees through additional grants or contracts as needed and identified by the grantees throughout the grant period. Grantees will participate in MDH sponsored technical assistance trainings, meetings, and calls.

MDH will also work to foster peer-to-peer learning and resource sharing among the grantees. MDH recognizes the importance of peer learning and collaboration. Grantees may be eligible in the future to receive additional funding for mentoring after grants are awarded. MDH will work with grantees to identify mentoring opportunities, criteria, roles, and expectations. Applicants should not include any reference to potential mentoring nor their mentoring capacity in their application. Any funding for mentoring will be added later based on the availability of funds and the needs of awarded grantees.

Grant payments

Payments will be made by reimbursement, as required by state policy.^{Error! Bookmark not defined.} 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.

Invoices will be due by the last day of the month for the preceding month. The State has up to 30 days to pay an invoice. A standard invoice template will be provided to grantees.

2.4 Grant provisions

Affirmative action and non-discrimination

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](#); See e.g. Minn. Stat. § 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/>). 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,

¹⁵ Minnesota Revisor of Statutes. (n.d.). *Section 16B.97: Grants management*. Retrieved from and this <https://www.revisor.mn.gov/statutes/?id=16B.97>.

¹⁶ Minnesota Department of Administration. (n.d.). *Grants management policy 08-10: Grant monitoring*. Retrieved from https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf.

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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](#).

Audits

Per [Minn. Stat. § 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](#) 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 (Attachment G) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice
- A grantee 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.
 - 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.

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- 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.

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](#), 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](#), 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](#), 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](#), 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

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information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes](#)) 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.

Subcontracting

If the lead organization decides to subcontract or subgrant with funds, they must adhere to the following guidelines.

Disclosure of contractual services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

The use of contractual services is subject to State review. Subcontract information to be provided annually must include:

- Description of services to be contracted for;
- Anticipated contractor or consultant's name (if known) or selection process to be used;
- Length of time the services will be provided; and
- Total amount to be paid to contractor.

Grantee responsibilities for subcontracts

- The Grantee is responsible for holding any subcontracting entities to the same standards required of the grantee.
- The Grantee remains solely responsible for the satisfactory performance of all grant duties and ensures that all costs billed against the grant are allowable costs.
- The Grantee must follow its standard procurement practices prior to entering into subcontracts.
- Subcontractors may not be selected if listed on the state or federal prohibited vendors list found at <http://www.mmd.admin.state.mn.us/debarredreport.asp>.
- The Grantee is responsible for all required reports, supporting documentation, deliverables or other items as required by the grant contract.
- The Grantee is responsible for ensuring that any subcontracting entities comply with the Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) as it applies to all data created, gathered, generated or acquired under your grant agreement.

2.5 Review and selection process

Funding will be allocated through a competitive process with review by a team representing content specialists and community leaders with relevant knowledge and experiences with commercial tobacco prevention and control, community-driven initiatives, and community engagement. The review team will evaluate all eligible and complete applications received by the deadline.

MDH will review all team recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.**

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Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where applications 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

The Review team will consist of approximately 4 to 5 reviewers. Each reviewer will review and score the applications using a provided score sheet (refer to Attachment E for the scoring criteria). Reviewers will be scoring each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The review team 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 during the review meeting. At the end of the meeting, team members will submit final scores and make recommendations for funding to MDH based on scoring criteria and discussions.

MDH will make final decisions on all applications and will balance the recommendations by the review teams with other factors including, but not limited to:

- Review team scores
- Geographic distribution
- Community distribution and needs
- Strategy category distribution
- Priority organizations, including those that have not historically had access to state grant funding, as well as consideration of the total funds an organization is receiving from MDH
- Applicant's history as a state grantee and capacity to perform the work
- Total funding available

The scoring factors and weights are based on the scoring criteria in Attachment E. Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applicants address the criteria evaluators will use to score applications. This is for the benefit of the applicant. **Do not include a sample score sheet with your application.**

Past performance and due diligence

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

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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 [Policy on Pre-Award Risk Assessment for Potential Grantees](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions by November 20, 2025. All notices of award and non-award will be sent via email to the contact person listed on the application.

Part 3: Application and Submission

3.1 Notice of intent

Applicants are encouraged to submit an optional, non-binding Notice of Intent by August 22, 2025 via the RFP webpage at <https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp.html>.

While prospective applicants are strongly encouraged to submit a Notice of Intent, it is not a requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a Notice of Intent. Likewise, an applicant is not obligated to submit an application just because they submitted a Notice of Intent.

3.2 Application deadline

Applications must be received by MDH no later than 4 p.m. CT, on September 29, 2025. **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

MDH will respond to the email address that submitted the application to acknowledge receipt of your application within three business days of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it may mean MDH did not receive your application. Please email tobacco@state.mn.us after that time frame for further instructions.

3.3 Submission instructions

Application materials and submission instructions can be found on the RFP webpage at <https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp.html>.

Applicants must complete and submit the online application form that includes the application questions, and uploading the completed work plan, budget, and Due Diligence Review and Conflict of Interest Disclosure forms.

Applications submitted by any other means will not be accepted.

3.4 Application instructions

Complete the following:

- Online Grant Application
- Attachment B: Work Plan Template
- Attachment C: Budget Template
- Attachment D: Due Diligence Review Form
- Attachment G: Conflict of Interest Disclosure

Attachments should be uploaded with your online grant application. All applications will be reviewed after the RFP deadline. MDH will reach out for any missing or incorrectly uploaded documents, and

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applicant will have two business days to resubmit the missing documents. This does not apply to incomplete responses to application questions, work plans or budget documents.

Applications must include all required application materials. Do not email nor 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 applying, 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 4: Attachments

To complete and submit with your Online Grant Application:

- Attachment B: [Work Plan Template](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-b.docx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-b.docx>)
- Attachment C: [Budget Template](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-c.xlsx)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-c.xlsx>)
- Attachment D: [Due Diligence Review Form](https://www.health.state.mn.us/about/grants/duediligence.pdf)
(<https://www.health.state.mn.us/about/grants/duediligence.pdf>)
- Attachment G: [Conflict of Interest Disclosure](https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
(<https://www.health.state.mn.us/about/grants/coiapplicant.pdf>)

For reference:

- Attachment A: [Grant Application Questions](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-a.pdf)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-a.pdf>)
- Attachment E: [Scoring Criteria](https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-e.pdf)
(<https://www.health.state.mn.us/communities/tobacco/initiatives/policyrfp/docs/attachment-e.pdf>)
- Attachment F: [Sample Grant Agreement](https://www.health.state.mn.us/about/grants/resources.html)
(<https://www.health.state.mn.us/about/grants/resources.html>)