

# **2026 HIV Prevention Funding**

**GRANT REQUEST FOR PROPOSAL (RFP)**

## **2026 HIV Prevention Funding**

Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164-0975  
[health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

*To obtain this information in a different format, call: 651-201-5000.*

# Contents

RFP Part 1: Overview .....	1
1.1 General Information .....	1
1.2 Program Description .....	1
1.3 Funding and Project Dates .....	2
1.4 Eligible Applicants .....	3
1.5 Questions and Answers .....	4
RFP Part 2: Program Details .....	5
2.1 Priorities .....	5
2.2 Eligible Projects .....	8
2.3 Grant Management Responsibilities .....	20
2.4 Grant Provisions .....	21
2.5 Review and Selection Process .....	24
RFP Part 3: Application and Submission Instructions .....	26
Notice of Intent .....	26
3.1 Application Deadline .....	26
3.2 Application Submission Instructions .....	26
3.3 Application Instructions .....	27

# RFP Part 1: Overview

## 1.1 General Information

- **Announcement title:** HIV Prevention Projects
- **Minnesota Department of Health (MDH) program website:** [MDH STI and HIV Request for Proposals \(https://www.health.state.mn.us/diseases/stds/rfp/index.html\)](https://www.health.state.mn.us/diseases/stds/rfp/index.html)
- **Due date for optional Notice of Intent (NOI):** Friday, Feb. 20, 2026
- **Publish/post RFP:** Friday, Feb. 13, 2026
- **Application deadline:** Friday, March 20, 2026.
- **Informational webinar:** Tuesday, Feb. 17, 2026, 10 a.m.

## 1.2 Program Description

### Grant Program Description

MDH announces the availability of grant funding to support development and implementation of Human Immunodeficiency Virus (HIV) prevention projects in one or both of the following areas: Early Intervention Services (EIS) program and HIV testing and Pre-Exposure Prophylaxis (PrEP) program for persons at heightened vulnerability and disproportionately affected by HIV and Acquired Immunodeficiency Syndrome (AIDS).

### Program Goals

MDH is seeking applications through this request for proposals (RFP) to support the development and implementation of innovative program activities that increase people's knowledge of their HIV status, reduce HIV transmission, prevent new HIV infections, strengthen linkage to care and improve viral suppression. Collectively, these activities advance the goals of the National HIV/AIDS strategy for the United States (NHAS), Ending the HIV Epidemic (EHE) initiative – (diagnose, treat, prevent and respond), the Centers for Disease Control and Prevention (CDC)'s high impact HIV prevention (HIP) approach, which emphasizes a comprehensive whole-person approach, and the legislatively mandated END HIV Minnesota (MN) initiative. The End HIV MN initiative aims to eliminate new HIV infections and improve health outcomes for people living with HIV in Minnesota, with a goal to reduce new HIV infections in Minnesota by at least 75% in 2035 by prioritizing communities most affected by HIV.

### Statutory Authority

This funding opportunity is authorized by the [Minn. Stat. § 145.924\(b\)](https://www.revisor.mn.gov/statutes/cite/145.924) ([www.revisor.mn.gov/statutes/cite/145.924](https://www.revisor.mn.gov/statutes/cite/145.924)) that allows MDH to use state funds to support HIV prevention activities. Funds are granted through a competitive process to agencies accomplished in providing services to Minnesota populations that continue to experience the heightened vulnerability to HIV and AIDS.

### Problem

HIV remains a serious and persistent public health problem in Minnesota and across the United States. Although Minnesota has made steady promising progress in HIV treatment and prevention, the number of new HIV diagnoses remain high. CDC surveillance data show that while deaths among persons living with HIV have declined, the number of people living with HIV has increased – likely reflecting the impact of successful HIV prevention and treatment efforts. In 2022, the CDC estimated that 1.2 million persons in the US were living with HIV, diagnosed and undiagnosed, of which approximately one in eight individuals with HIV are unaware of their status [1]. According to CDC, approximately 40% of new HIV infections are attributed to individuals who do not know they have HIV. [1,2]. Unless effectively treated to achieve viral suppression, HIV can be transmitted to others and leads to premature death. In contrast, people with HIV who use antiretroviral therapy (ART) and maintain an undetectable viral load can expect a nearly normal life expectancy and have effectively no risk of transmitting HIV to others through sex [3].

Reducing new HIV infections requires a combination of strategies. Achieving and maintaining viral suppression among people living with HIV is essential and must be paired with approaches that specifically support HIV-negative individuals. These include practicing lower-risk behaviors, using pre-exposure prophylaxis (PrEP), accessing non-occupational post-exposure prophylaxis (PEP), and participating in comprehensive syringe services programs (SSPs). Together, these interventions are among the most effective ways to prevent new HIV infections. Behavioral strategies, such as consistent condom use and reduced number of sexual and injection-sharing partners, are also proven effective strategies to reduce risk of HIV transmission in both those with and without HIV.

As of Dec. 31, 2023, MDH estimates there were 1,200 Minnesotans living with HIV who were unaware of their status [4]. As of Dec. 31, 2024, about 9,826 diagnosed people are believed to be living with HIV/AIDS in Minnesota [5]. About 81% of them live in the 11-county metropolitan area and 19% live in Greater Minnesota. For the past 10 years, the average number of new HIV transmissions diagnosed in the state is approximately 282 persons per year [5]. Since MDH began publishing the HIV care continuum, retention in care and viral suppression rates have remained stable at around 73% and 64%, respectively. Although rates of HIV care increased significantly in 2024 (85% for retention in care and 80% for viral suppression), there is still much work to be done. Because HIV can be transmitted when viral suppression is not achieved, continued progress is essential. Every step of the HIV care continuum plays a critical role in achieving viral suppression and preventing new HIV infections. Community partners are uniquely positioned to expand the reach of HIV prevention efforts and ensure they effectively reach the populations most in need.

### 1.3 Funding and Project Dates

#### Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures once the grant agreement is fully executed **and** the grant has reached its effective date.

There is an estimated total annual award amount of **\$1,281,000** to **\$1,756,000** for a three-year period under this one-time competitive grant.

## 2026 HIV PREVENTION FUNDING

The following programs are eligible to be funded through this competitive grant:

- Early intervention services (EIS) programs for people at greatest risk (EIS programs)
- Prevention programs for HIV negative people at greatest risk (pre-exposure prophylaxis [PrEP] programs)

Funding	Estimate
Estimated amount to grant	\$1,281,000 to \$1,756,000
Estimated number of awards – (PrEP)	Three to seven
Estimated number of awards – (EIS)	Four to nine
Estimated award maximum – (PrEP)	\$180,000-\$200,000
Estimated award maximum – (EIS)	\$120,000-\$150,000

Note: Amount of funds per grant and number of awards will depend on proposals received and available funding

### Match Requirement

No match is required.

### Project Dates

The funding cycle for this project begins on July 1, 2026, and ends on June 30, 2029, with the possibility to extend funding for two additional years. Each grant agreement will be written for three years, with flat funding for each year based on availability of federal and state funds.

### 1.4 Eligible Applicants

Eligible applicants include community-based organizations, community health centers, federally qualified health centers, tribal governments, faith-based organizations, educational institutions, county governments/community health boards, and any other public or private non-profit agency.

Eligible applicants' experience may include:

- Providing HIV testing, prevention counseling and/or syringe services to individuals who are more vulnerable to HIV exposure.
- Assessing the needs of those more vulnerable to HIV exposure and providing active referrals to address those needs.
- Providing HIV prevention education, awareness and/or syringe services to the priority population(s) they serve.

Applicants must assure the funding awarded from this RFP will supplement and not supplant existing programs. As an example, an agency that receives EIS funding from the Hennepin County Ryan White Part A Program cannot propose another EIS program.

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.

## Collaboration

Applicants are encouraged to apply for funding individually or in collaboration with others to develop a comprehensive proposal. If the applicant plans to work or contract with other agencies to provide services required by the grant, they must include a Memorandum of Understanding or letter of commitment with collaborating agencies as part of the proposal.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email to [health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us). All inquiries shall include name, telephone number, email address, and the section and page number in the RFP. The subject line of the email should read "2026 HIV RFP Question." All answers will be posted within five business days [STI and HIV Request for Proposals \(RFP\) \(https://www.health.state.mn.us/diseases/stds/rfp/index.html\)](https://www.health.state.mn.us/diseases/stds/rfp/index.html).

Questions/inquiries are accepted no later than 4:30 p.m. Central Standard Time (CST), on Wednesday, March 11, 2026. MDH will respond to the person who sent the question and will post the final questions and answers on the MDH website.

All proposals are developed based solely on the information contained in this document. To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

## RFP Information Meeting

MDH staff will offer an opportunity for potential applicants to participate in a webinar where they can ask questions related to the RFP, its requirements and processes, and expectations of the applicants. Applicants are strongly encouraged, but not required, to participate in the webinar. The webinar will be recorded and available on the MDH website while the RFP is open. The webinar will be held on Tuesday, Feb. 17, 2026, at 10:00 a.m. Further details will be available soon.

## 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 on Rating Criteria for Competitive Grant Review \(PDF\)](#)

([https://mn.gov/admin/assets/08-](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)

[02%20Grants%20Policy%20Revision%20September%202017%20final\\_tcm36-312046.pdf](https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf))

establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Achieving health equity means creating the conditions in which all people can attain their highest possible level of health. For more information on health equity, please link to the [MDH Center for Health Equity](#) (<https://www.health.state.mn.us/communities/equity/index.html>).

This grant intends to serve all Minnesotans that are vulnerable to acquiring HIV as demonstrated through MDH surveillance reports, [HIV/AIDS Statistics](#) (<https://www.health.state.mn.us/diseases/hiv/stats/index.html>).

Grant outcomes will include:

- Increased HIV testing in healthcare and non-health care community settings, including HIV self-testing, to ensure all people with HIV receive a diagnosis as early as possible to increase their knowledge of HIV status and reduce late HIV diagnoses.
- Prevent new HIV transmissions by using effective interventions including PrEP, PEP and supporting other HIV prevention approaches.

Goals for proposed programming include:

- Increased local availability of and accessibility to HIV testing in health care and non-health care settings, including HIV self-testing.
- Increased identification of people with new HIV diagnoses and people with HIV who are not in care or not virally suppressed.
- Increased re-engagement to care for persons living with HIV infection who are not virally suppressed.
- Increased PrEP access and uptake among populations disproportionately affected by HIV and low PrEP use.
- Increased awareness of and access to PEP and doxycycline post exposure prophylaxis (doxy-PEP) among people at risk for HIV acquisition.
- Increased availability of and distribution of condoms
- Improved delivery and coordination of perinatal HIV services.

- In addition to the above, this grant opportunity aims to partner with organizations that have the capacity to support other essential wraparound services.

## People at Greatest Risk of HIV Infection

MDH analyzed Minnesota HIV surveillance data from 2000-2024 for both incident and prevalent cases, as well as current prevention grantees' 2023-2024 HIV testing data, and Minnesota partner services data. Based on those analyses, qualitative feedback from external community partners, END HIV MN key informant interviews, and the Minnesota Council for HIV/AIDS Care and Prevention, the populations outlined below are the most impacted by HIV in Minnesota.

In 2024, there were 311 newly diagnosed HIV infections reported to MDH, a 4% decrease from 2023 (324). While this a decrease from the previous year, it also represents a 19% increase from 2022 (261) and an 11% increase from the average over the last decade (279). Male to male sexual contact remains the leading risk factor for HIV transmission, making up 45% of new infections in 2024 and 48% of cases living with HIV.

### Black Men who are Gay/Bisexual/MSM

Black people (Black African-born and Black African American both) have the highest three-year HIV incidence rate. 81.9 per 100,000 Black African-born people were diagnosed with HIV between 2022 and 2024. 73.4 per 100,000 Black African American people were diagnosed with HIV during that time. This is in comparison to 6.3 per 100,000 white people and 5.7 per 100,000 Asian/Pacific Islanders. Black MSM (both African-born and non-African-born) continue to make up over 25% of all cases among MSM in Minnesota. Specifically, between 2022-2024, Black African-born MSM had the highest rates of being diagnosed with HIV stage-3 (AIDS) at time of diagnosis or within one year. 36% of all Black African-born MSM were diagnosed with HIV stage 3 at time of diagnosis or within one year. This compares to 21% of Hispanic MSM, 19% of Asian MSM, and 21% of White MSM.

### Black Women

Black women (African American and African-born) make up the largest proportion of cases among females. From 2017-2019, Black women made up 55% of all new diagnoses among women. And in 2022-2024, Black women made up 50% of all new cases. In 2024, the rate of diagnoses among Black women is higher than any other female racial and ethnic group. 26.3 per 100,000 Black African American and 37.2 per 100,000 Black African-born women were diagnosed with HIV in 2024. This is in comparison to 3.2 per 100,000 Asian/Pacific Islander women and 1.8 per 100,000 White women diagnosed with HIV.

### Hispanic Men Who are Gay/Bisexual/MSM

In 2024, Hispanic men (a majority being gay/bisexual/MSM) had some of the highest rates of HIV incidence compared to other racial/ethnic groups. 36.0 per 100,000 Hispanic men were diagnosed with HIV in 2024, compared to 6.5 per 100,000 Asian/Pacific Islander men, 3.1 per 100,000 white men, and 16.4 per 100,000 multiracial men. Black men also had high rates of HIV diagnoses (40.8 and 41.5 for Black African American and Black African born respectively). Notably, there has been a significant increase in the number and proportion of all new HIV

diagnoses that are Hispanic MSM. In 2022 (with similar trends years prior), Hispanic men (a majority being MSM), made up 17% of all men newly diagnosed with HIV. This increased significantly in 2023, 2024, and continued into 2025 (25%, 26%, and 27% respectively).

### Greater Minnesota

In 2024, 22% of newly diagnosed cases lived in Greater Minnesota while 19% of people living HIV/AIDS in 2024 were in Greater Minnesota.

### People Experiencing Homelessness and/or Housing Instability

In 2019-2021, people experiencing homelessness and/or housing instability made up about 34% of all positive HIV tests conducted by MDH grantees. People experiencing homelessness and housing instability were one of the populations most at-risk for the Hennepin/Ramsey County HIV outbreaks from 2019-2024. People experiencing homelessness who are newly diagnosed and/or living with HIV are more difficult to reach as housing situations change, people are relocated, and it becomes more difficult to connect people to HIV care.

While there isn't a formal population estimate of people experiencing homelessness in MN, the Wilder Foundation released a one-night study where they came up with an estimate. According to their study in 2023, 10,522 people in MN were experiencing homelessness. This would be less than 1% of the overall population in MN.

### People Who Inject Drugs (PWID)

Injecting Drug Use (IDU) cases increased between 2017-2019 to 2022-2024 by 1%. 5% of all people newly diagnosed with HIV had IDU as a mode of transmission (7% MSM & IDU) and in 2022-2024, 6% of all people newly diagnosed with HIV had IDU as a mode of transmission (and 7% MSM & IDU). In 2024, PWID had the lowest rates of viral suppression compared to other modes of transmission. 83% of MSM were virally suppressed in 2024, 79% of heterosexual, and 76% of risk unknown were virally suppressed. Only 73% of PWID were virally suppressed in 2024. IDU is the mode of transmission that primarily drove the HIV outbreaks in Hennepin and Ramsey Counties between 2019 and 2024. This population continues to be of heightened vulnerability for HIV in Minnesota.

### Transgender People

The number of transgender people diagnosed with HIV has increased over the last 10 years compared to the previous decades. Transgender Minnesotans have lower rates of HIV care compared to Cisgender Minnesotans. At the end of 2023, a greater proportion of Transgender Minnesotans living with HIV (12%) were in-care but **not** virally suppressed compared to the whole state and Cisgender Minnesotans (5%). Only 75% of Transgender Minnesotans diagnosed with HIV in 2022 were virally suppressed within six months of diagnosis (compared to 80% of cisgender Minnesotans).

## Young Gay/Bisexual/MSM Males

Historically, the largest proportion of Gay/Bisexual/MSM diagnosed with HIV before 2021 was among 30–34-year-olds. However, the proportion of young Gay/Bisexual/MSM newly diagnosed with HIV has been increasing over the last three years, with 20–24 and 25–29-year-olds making up the majority of Gay/Bisexual/MSM cases. The proportion of 25–29-year-old Gay/Bisexual/MSM diagnosed with HIV grew from 19% in 2021 to 23% in 2022, 25% in 2023, and 21% in 2024. The proportion of 20–24-year-old Gay/Bisexual/MSM diagnosed with HIV increased steadily from 2019 to 2024. In 2019, 4% of all Gay/Bisexual/MSM were 20–24. In 2024, this age group made up 20% of all MSM diagnosed with HIV. This increase is also seen in the 13–19-year-old MSM age group. 13–19-year-old MSM went from 0% of all MSM diagnosed in 2021 to 1% in 2022 and 2023 to 4% in 2024.

## 2.2 Eligible Projects

Applicants may choose to apply for either the EIS program, the PrEP program, or both. Those applying for both must submit two separate program narratives. Section 3.3, “Steps for Completing a Proposal,” outlines which materials must be included in each proposal and which items only need to be submitted once per applicant.

### EIS Programs for People at Greatest Risk of HIV Infection

Early intervention services (EIS) are a priority activity authorized under Ryan White HIV/AIDS Program Part B of the [Title XXVI - HIV Health Care Services Program \(PDF\)](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf) (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf>), § 2651(e) of the federal Public Health Service Act. EIS programs, also commonly referred to as HIV testing, aim to reduce the risk of HIV transmission in populations at highest risk for acquiring HIV. EIS programs provide same-day rapid HIV testing, connection to HIV medical care and other support services for those who test positive, other appropriate HIV prevention services and counseling for all.

### EIS Program Reach

HIV testing programs provide accessible, free, culturally responsive services to the community members who would most benefit from them. These programs are funded to serve anyone seeking services, regardless of whether they belong to a vulnerable population or not. However, to address the disparities noted above, most outreach and program activities should be directed towards those most affected by the epidemic.

Agencies are encouraged to describe their experience serving specific communities disproportionately impacted by the HIV epidemic and to demonstrate community embeddedness through their application and work plan. Agencies may focus their outreach and testing services on more than one population within their EIS program and should scale their application to reflect the number of people projected to serve, including related outreach events, within the communities they intend to serve.

### Populations at Heightened Risk for HIV Transmission

- Black men who are gay/bisexual/MSM

- Black women (African American and African Born)
- Hispanic men who are gay/bisexual/MSM
- People listed above who are living in Greater Minnesota
- People Experiencing Homelessness and/or Housing Instability
- People Who Inject Drugs
- Transgender people
- Young gay/bisexual/MSM

### Purpose and Goals of EIS Programs

The purpose of EIS programs is to support elements of END HIV MN, the first step of the HIV Care Continuum in the diagnosis of individuals who are unaware of their HIV status, as well as to educate the community and de-stigmatize living with HIV. The primary goal of EIS programs is to serve individuals who are at greatest risk and/or have HIV but are unaware of their status with rapid HIV testing, prevention education, and rapid connection to care. EIS programming is intended to cover the whole state.

All funded agencies will adhere to relevant regulations and policies that govern the provision of EIS programs and will ensure that services are appropriate to the client's culture, geographic location, housing status, language, sex, sexual orientation, gender identification, age, and developmental level.

### Required EIS Program Activities

Applicants seeking funding under EIS Programs for People at Greatest Risk must include a description of how they will implement each of the following required program activities:

- Provide targeted HIV testing to help those who are unaware learn of their HIV status and receive referral to HIV care and treatment if found to be living with HIV.
- Coordinate services with other HIV prevention and testing programs to avoid duplication of effort.
- Plan to provide rapid-rapid point of care HIV testing or preliminary rapid HIV testing with referral to laboratory confirmatory testing, prevention counseling, social services and PEP or PrEP referrals, and immediately link newly identified HIV positive individuals with HIV medical care. *(Please note that MDH will not pay for laboratory confirmatory testing.)*
- Provide a rapid-rapid testing algorithm that uses two of the following separate testing technologies:
  - Biolytical INSTI HIV-1/HIV-2 Antibody Test Third Generation
  - OraQuick ADVANCE HIV-1/2 Antibody Test
  - Chembio Sure Check HIV- 1/2 Assay
  - Alere Determine HIV – 1/2 Antigen/Antibody Combo 4th Generation test

## 2026 HIV PREVENTION FUNDING

- If applying to provide preliminary rapid testing only (not providing a second confirmatory rapid test and instead choosing to use a lab based confirmatory test) will need to provide the non-MDH funded confirmatory test.
- Plan to successfully link all individuals testing HIV positive to medical care within 30 days of confirmed diagnosis.
  - Formal agreements must be in place for the referring agency to verify persons were linked to HIV medical care. Agencies must have formal referral relationships with HIV Medical Care providers in their area and be able to offer referrals to providers outside of their immediate service network.
- Report all positive test results as mandated to follow the [Reportable Disease Rule \(Communicable Disease Reporting Rule\)](http://www.health.state.mn.us/diseases/reportable/rule/index.html) ([www.health.state.mn.us/diseases/reportable/rule/index.html](http://www.health.state.mn.us/diseases/reportable/rule/index.html)), Chapter 4605. Case report forms are required to be submitted within 24 hours of a positive test result.
- **Assist clients with active referral services** to improve HIV care and prevention services at key points of entry.
- **Assist clients in access and linkage** to HIV care and treatment services such as HIV outpatient/ambulatory health services, medical case management, and substance use care through active referral.
- **Conduct outreach services and health education/risk reduction** counseling related to HIV diagnosis.
- Conduct prioritized outreach activities at times and in places where there is a high probability that eligible persons will be present who are HIV positive and unaware and/or are more vulnerable to HIV exposure.

### Intended Short-Term Outcomes:

- Increased access to rapid HIV testing in community settings
- Provided individualized HIV education and prevention counseling to community members.
- Provided community members with HIV prevention materials and resources that fit their needs
- Increased PrEP awareness, access and use
- Increased awareness of free HIV testing services and how to access them
- Increased access to HIV testing, prevention methods, and connections to wrap around services among clients who may not otherwise receive medical care.

### Intended Intermediate Outcomes:

- Clients who received testing were encouraged to build a testing routine that fits their needs and encourages regular and repeat testing
- Increased in PrEP/PEP referrals and uptake
- Identified newly diagnosed HIV positive clients through testing and connect to positive care

- Reduced new transmissions
- Increased community knowledge of HIV and current prevention methods
- Decreased HIV stigma through outreach and education

### Work Plan Activities Narrative and Plan

Applicant must address all EIS narrative questions above and submit a detailed work plan for the first 12 months (July 1, 2026, through June 30, 2027) of the performance period. Thereafter submit yearly work plans for subsequent years of the grant cycle.

- Using Form E, present a work plan that includes all required EIS activities, projected outcomes, measures, timeline for each step and staff responsible for implementing each proposed activity. See Attachment B for a sample work plan. Workplans do not count toward page limits.

### EIS Program Expectations

Applicants should propose to develop an innovative and comprehensive EIS program that aligns with the [Minnesota Ryan White HIV/AIDS Program Service Area Standards: Early Intervention Services \(PDF\)](http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/early_intervention_services_standards.pdf) ([www.mnhivcouncil.org/uploads/3/4/7/5/34759483/early\\_intervention\\_services\\_standards.pdf](http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/early_intervention_services_standards.pdf)).

EIS programs should enhance the ability to identify individuals who are most vulnerable to HIV exposure and/or have HIV but are unaware of their status as they stand to benefit the most from the services. Applicants must ensure that individuals with HIV positive results are rapidly linked to medical care, whereas those with negative results and ongoing risk are actively referred to prevention strategies. In addition, funded applicants are expected to:

- Develop, implement, monitor, and evaluate a yearly work plan with all four required program activities.
- Develop an annual budget plan and budget narrative that align funding allocations with proposed work plan activities.
- Collect, track and document non-identifiable client-level HIV testing data and enter into the EvaluationWeb online data system.
- Hire, train staff, plan, and deliver services in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
- Prioritize services to known populations through local epidemiologic data, review of service utilization data, and/or strategic planning processes, to be at heightened risk for HIV infection.
- Submit quarterly progress reports throughout the grant performance period that include both quantitative and qualitative data.
- Comply with all relevant authorities including legislation, regulations, and program-specific policies, and meet universal standards requirements.

## EIS Program Evaluation

Applicants should propose developing strategies, processes, procedures, and systems and have qualified staff responsible for collecting, tracking, documenting, analyzing, and reporting non-identifiable client data. Applicants will conduct program evaluation activities as part of the grant. Evaluation variables may include but are not limited to the following:

- Number of individuals at heightened risk who were screened and tested for HIV.
- Number of individuals unaware of their HIV status who had preliminary positive results and were connected to confirmatory test.
- Number of individuals with positive results who were rapidly linked to medical care.
- Number of individuals with positive results who were linked/referred to Ryan White services and other HIV related services.
- Number of individuals with HIV negative results who were referred to other essential support services including HIV preventions services and PrEP.
- Number of outreach activities conducted to population(s) with heightened vulnerability.

## Pre-Exposure Prophylaxis (PrEP) Programs

PrEP is use of HIV medicine that can be taken before one is exposed to HIV. The Food and Drug Administration (FDA) has approved four PrEP medications for use. Two of the four approved medications consist of a combination of drugs in a single oral tablet taken daily (Daily oral PrEP). The other two are medications given by injection every two months – Cabotegravir (CAB) and Lenacapavir twice-yearly injectable PrEP. [6] When taken as prescribed, both oral and injectable PrEP reduce the risk of getting HIV through sex by about 99%. Oral PrEP has also been shown to reduce the risk of getting HIV from injection drug use by at least 74% when taken as prescribed. HIV testing is required to confirm that a person does not have HIV before starting PrEP. PrEP does not protect against pregnancy or other sexually transmitted infections (STIs), so it is best to use it with other risk reduction methods such as condoms and not sharing injection equipment.

Exposure to HIV is a medical emergency and post exposure prophylaxis (PEP) is recommended to start within 72 hours after exposure. PEP can reduce one’s chance of getting HIV after possible exposure. PEP is a 28-day course of antiretroviral medication given to prevent HIV in a person without HIV who may have been recently exposed to HIV.[7] This exposure may be through sex or sharing syringes and/or other injection equipment with someone who has HIV.

### PrEP Program Reach

PrEP is a highly effective biomedical evidence-based intervention critical in preventing new HIV infections that continues to be underused. Many people at high risk of acquiring HIV infection are not receiving PrEP. The CDC identifies PrEP as a highly effective HIV prevention tool with the potential to significantly alter the trajectory of the HIV epidemic in both the United States and Minnesota – provided that access and uptake increase substantially among those who could benefit from it. The US Preventive Services Task Force gave PrEP a grade “A” recommendation, which requires commercial health plans and Medicaid to cover select preventive services [8].

Since MDH began supporting PrEP services in 2012, the number of Minnesotans using PrEP to reduce their risk of acquiring HIV has grown from 143 to 8,599 in 2024. The PrEP-to-Need Ratio (PnR) has risen from 0.46 to 26.8 in 2024, which is 26 PrEP users for every new HIV diagnosis [9]. However, this number is lower than CDC’s goal of 50% coverage.

**PrEP-to-Need Ratio (PnR)** is the ratio of the number of PrEP users to the number of people newly diagnosed with HIV. It serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention in a geographic region or demographic subgroup. A lower PnR indicates more unmet need for PrEP. (Source: [AIDSVu \(https://aidsvu.org/\)](https://aidsvu.org/)).

The CDC estimates that there are 1.2 million Americans at substantial risk for HIV who could benefit from PrEP, but fewer than 1 in 4 use it [10]. A 2018 study by Dr. Smith et al. estimated there were about 21,820 adults with PrEP indications in Minnesota [11]. In 2025, a HIV modeling tool study by Dr. Patrick Sullivan and colleagues showed that “even a modest 3.3% annual decline in PrEP coverage over the next 10 years could lead to over 8,600 additional preventable HIV infections in USA and \$3.6 billion in lifetime medical costs” [12]. Also, the CDC estimates that successful expansion of PrEP access, in combination with other interventions, can be expected to prevent as many as one in five new HIV infections each year [13].

Populations that can benefit from PrEP:

- Sexually active persons with behavioral indication for PrEP,
- Persons who inject drugs, and
- Persons who request it

Additionally, providers can integrate PrEP into routine primary care to help reduce missed opportunities for offering it.

### Purpose and Goals of PrEP Programs

The purpose of this grant is to implement PrEP programs that will increase PrEP awareness, access, and use among people who can benefit from it. Additionally, the purpose is to increase awareness of and access to non-occupational post-exposure prophylaxis (PEP) among people who likely have been exposed to HIV and awareness of doxycycline post-exposure prophylaxis (Doxy PEP).

The primary goal is to prevent new HIV transmission by increasing PrEP and PEP services, aiming to increase PrEP coverage to achieve CDC's goal of 50% of estimated people with indications for PrEP who can benefit from it.

### Approach

Applicants must present a detailed year one work plan that aligns the PrEP program goals with action steps and performance measures for each. Identify through testing the number of persons with HIV infection who are aware of their status and uninfected persons at ongoing risk for HIV acquisition.

### Key Tasks and Deliverables

Like the HIV treatment cascade, PrEP care can be defined as a system of PrEP service delivery or a continuum of ongoing healthcare services for persons at ongoing risk of HIV infection. A comprehensive PrEP care continuum includes several key steps:

- Engage, identify, and recruit persons with heightened vulnerability to HIV infection and/or a willingness to take PrEP
- Assess and screen persons with indications for PrEP use and actively refer and link PrEP eligible candidates with PrEP providers
- Conduct needed laboratory and testing services and prescribe PrEP medication
- Support risk reduction, retain people in care, and support adherence and follow-up care to stay HIV negative

A complete PrEP care continuum is crucial for effective delivery of services. Each key step includes several specific related activities that must be implemented. Progress must be made in each step to achieve the primary goal of preventing and reducing new HIV transmissions.

## Required PrEP Program Activities

Applicants seeking funding under PrEP must include a description of how they will implement each of the following required program activities:

- Promoting PrEP awareness, PrEP 101 education, and increased access to services
- Using internal and external resources to successfully identify, recruit, link, prescribe, and retain people who can benefit from PrEP
- Screening potential clients for eligibility and enrolling eligible and willing clients in PrEP
- Prescribing PrEP
- Supporting services that include regular attendance at medical appointments, regular HIV and sexually transmitted infections (STI) testing, adherence counseling, education on condom use, safer sex practices, and risk reduction counseling
- Supporting client navigation, such as assessing client insurance status
- Improving access to PrEP services by removing barriers and implementing a low-threshold approach to services
- Increasing awareness of and access to HIV PEP and doxy PEP activities

## Intended Short-Term Outcomes:

- Increased PrEP awareness, access, and use
- Increased referral and linkage to a PrEP provider among people who can benefit from PrEP
- Increased PrEP prescriptions among people who can benefit from PrEP
- Increased PrEP coverage among people who can benefit from PrEP
- Increased PEP awareness and access
- Increased PEP prescriptions among people who have likely been exposed to HIV.

## Intended Intermediate Outcomes:

- Ensure that at least half of all individuals eligible for PrEP receive a prescription

Applicants shall propose strategies that ensures a complete PrEP care continuum including necessary information for people to make informed decision and choices, resources, and support needed to take PrEP as prescribed and retain clients in PrEP care. In addition, develop needed workflow or protocols for rapid linkage to medical care for persons who test positive during screening or while on PrEP and support those that discontinue PrEP.

## Service Care Implementation Models

There are two best practice implementation models: clinical based or in-house and referral or collaborative. Applicants shall choose the best model that fits within their organizational structure.

- **Clinical (or In-house model):** When the entire range or complete PrEP care continuum of services are offered at a single location under one roof – an “in-house” one-stop shop. Some services may require some resources from other collaborative partners. Applicant must describe how the agency will implement all PrEP services in-house.
- **Collaborative Model (or referral model):** Most PrEP care services are mainly provided by referral services delivered through a well-coordinated network of one or more trusted partners that include community-based organizations, health care organizations and pharmacies. Each partner offers a specific PrEP service(s) that together seamlessly completes the full spectrum of PrEP care services. Applicants proposing a collaborative model must name or identify partner organizations that will provide each PrEP service. A memorandum of understanding (MOU) or a letter of commitment (LOC) formalizing the partnership must be submitted for each referral partner that provides one or more of the required PrEP care services after the award and before grant agreement execution.

### Service Care Delivery Strategies

There are a variety of PrEP service care delivery strategies that are proven to be effective that include:

- Targeted outreach
- Navigation - (helping clients who are vulnerable to HIV access PrEP with as few barriers as possible.)
- TelePrEP - (defined as conducting PrEP screening, initiation or follow-up visits by phone or web-based consulting with patients.)
- Home-based
- Mobile-based

Applicants must propose effective strategies that are evidence-based and shown to successfully deliver PrEP care services. You may propose to implement one or multiple service delivery strategies that best fit within organizational structure, setting, location and priority populations needs to achieve program intended outcomes. There is no one size fits all PrEP service delivery strategy.

Applicants must offer a complete PrEP care continuum of activities regardless of the implementation model and service delivery strategies proposed. A comprehensive continuum includes PrEP promotion, awareness and education, recruitment of potential PrEP users, identification of clients, HIV testing, screening for PrEP eligibility, referral and linkage of eligible individuals to providers, initiation/prescription of PrEP, and follow-up activities (e.g., adherence support, retention in care and support services following stoppage of PrEP).

### Work Plan Activities Narrative and Plan

Applicants must address all work plan narrative questions and present a detailed work plan for the first 12 months (July 1, 2026, through June 30, 2027) of the performance period. Thereafter submit yearly work plans for subsequent years of the grant cycle.

## Collaboration and Coordination

Applicant shall provide an overview of the intended partners and collaborators that together will effectively deliver PrEP care services within their service area. Include clearly identified tasks to be performed and amount of funding expected to be allocated to each collaborating partner.

## PrEP Program Expectations

Applicants shall propose to develop and implement an innovative and comprehensive PrEP care program that will identify HIV negative people at greatest risk who stand to benefit the most, screen for HIV and PrEP need and prescribe PrEP. People with HIV who had been unaware of their HIV status identified during screening and while on PrEP will be rapidly linked to medical care services. In addition, funded applicants are expected to:

- Adhere and comply with the U.S. Public Health Service's PrEP clinical providers' guideline and supplement.
- Collect, track, and document non-identifiable client-level HIV testing data and enter into the CDC's sponsored Evaluation-Web online data system or a comparable data software system such as an electronic health record (EHR) that can generate required data variables.
- Comply with all relevant authorities including legislation, regulations, and program-specific policies, and meet universal standards requirements.
- Develop PrEP policies, procedures, and workflow protocols within the organization that align with CDC PrEP guidance.
- Develop, implement, monitor, and evaluate a yearly work plan with all required activities of the PrEP care continuum.
- Develop annual budget plan and budget narrative that aligns funding allocations with proposed work plan activities.
- Hire, train staff, plan, and deliver services in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
- Prioritize the provision of services to populations known, through local epidemiologic data, review of service utilization data, or strategic planning processes, to be at disproportionate risk for HIV infection.
- Provide ongoing staff training on PrEP related topics to effectively deliver PrEP services in coordination with other health care services.
- Submit quarterly progress reports throughout the grant performance period that include both quantitative and qualitative data.

## PrEP Program Evaluation

Applicant shall propose to conduct program evaluation activities as part of the grant. Propose to conduct key performance measures for each activity along the PrEP care continuum to monitor and evaluate drop-offs or gaps along the PrEP care continuum.

Applicants should propose developing strategies, processes, procedures, and systems and have qualified staff responsible for collecting, tracking, documenting, analyzing, and reporting both aggregate and client-level, non-identifiable data. Aggregate and client-level evaluation variables will include, but are not limited to, the following:

- Number of recruited clients who can benefit from PrEP\* recruited.
- Number of people testing negative for HIV who can benefit from PrEP
- Number of persons who were linked to a PrEP provider\*\*
- Number of people who received PrEP prescriptions (oral and injectable PrEP)
- Number of clients who were adherent to PrEP and remained on PrEP
- Number of clients who stopped taking PrEP and for whatever reason (e.g., seroconversion, lack of adherence, medication side effects, self-removal, lost to follow, other reason).
- Number of persons who received PEP prescriptions
- Number of clients tested positive for HIV while in PrEP care

\*Persons who “can benefit from PrEP” include sexually active persons with behavioral indications for PrEP, persons who inject drugs as well as those who self-requested PrEP.

\*\*A person is considered linked to a PrEP provider after they attend their first appointment. A PrEP provider is a health care professional who conducts evaluations for PrEP eligibility and clinical appropriateness, prescribes PrEP and provides comprehensive management of persons taking PrEP.

## Organizational Capacity

The applicant shall provide a brief overview of the agency’s vision and mission, as well as a description of the most relevant programmatic experiences and the expertise of their staff which positions them to effectively implement proposed program activities, with a focus on administering, implementing, managing, monitoring and evaluating state and federal grant programs. The description must include an oversight plan of the grant funds and programmatic activities.

## Budget Justification and Narrative

Applicants must provide a line-item budget and budget narrative according to each program category (salaries, fringe benefits, travel and subsistence, supplies, equipment, contractual, other expenses, etc.) as applicable to proposed activities. Refer to **Attachment A** Budget Justification and Budget Plan instructions.

- Propose a 12-month line-item budget (July 1, 2026 – June 30, 2027) for the first-year’s performance period.
- A separate budget justification and summary plan will be submitted each subsequent year of the grant cycle according to the timeline set in the grant agreement.
- All budget allocations on each line item must relate or align with the proposed program activities in the narrative section and work plan.
- Justify all costs proposed in detail. A justification narrative must clearly explain the amounts requested in each line item.

- A budget plan that includes costs that are necessary, reasonable, allowable and are consistent with the proposed program activities.
- A budget that is clear and easy to follow the calculations of the proposed costs, especially when it includes estimation methods such quantities, unit cost and other narrated details

## **Incentives**

When incentives are requested, the incentive must relate to proposed PrEP activities in the work plan. In addition, the grantee must adhere and comply with MDH's grant agreement and incentive policy language about handling, distribution, invoicing, lost or stolen, reconciliation, tracking and documentation of incentives, separation of duties and subcontracting. Incentives will be reviewed routinely and evaluated individually. Approval of any incentive is not guaranteed. Please see the MDH Incentives Use Policy. Additionally, all HIV Prevention grantees are required to have their own incentive policy and procedures. Please attach your agency's current incentive policy when submitting your proposal.

## **Indirect Cost**

Indirect costs refer to a category of costs charged for activities, goods or services across more than one program and cannot be easily separated by program. To charge for indirect cost the agency must choose one of the two methods: approved federally negotiated rate or de-minimis rate – flat rate on modified total direct costs (MTDC). To use a federally negotiated rate attach a copy of the approved rate. To use the de-minimis rate of up to 15%, no proof or documentation is required, but the indirect costs covered cannot be charged or included again as direct costs in the budget plan.

## **Other Required Grant Activities**

PrEP does not prevent other sexually transmitted infections; other prevention strategies are needed such as condom use, harm reduction intervention, and syringe services program.

## **Condom Distribution Activities**

Condoms are highly effective in preventing the sexual transmission of HIV and other STIs. Project proposals must include a method for distributing and tracking condoms to persons at risk for HIV and STIs. Condoms can be purchased using grant funds. In addition, condoms can be supplemented by accessing the annual MDH Condom Distribution Project depending on availability of funds. Condom supplies via the condom distribution project are not guaranteed and the amount of product offered each year varies.

## **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, late payment fees, finance charges, or contingency funds.

- Research projects.
- Syringe related supplies, including safer smoking and snorting supplies.
- Medications.
- Personnel costs for solely the provision of PrEP medication and recommended clinical care associated with PrEP.
- HIV treatment, viral hepatitis treatment, or primary care services for PrEP or PEP.

## 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 comply with all conditions of the grant agreement once signed.

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

### 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 terms in the grant agreement have been met.

Quarterly progress reports outlining activities related to the grant, with specific emphasis on program objectives. Data must be entered in a timely manner. Reports will highlight the data referenced in the data tracking portion of the required activities listed above.

The quarterly progress reporting schedule will be as follows. If a due date falls on a weekend day, the report will be due on the business day prior to the due date.

- First quarter (July – September) due Oct. 21
- Second quarter (October – December) due Jan. 21
- Third quarter (January – March) due April 21.
- Fourth quarter (April – June) due July 21.

### Grant Monitoring

MDH will conduct annual monitoring visits and financial reconciliations throughout the grant period. They will be scheduled individually with each grantee. Funded applicants will also participate in quarterly calls with MDH.

The [Minn. Stat. § 16B.97 \(https://www.revisor.mn.gov/statutes/cite/16B.97\)](https://www.revisor.mn.gov/statutes/cite/16B.97) and [Policy on Grant Monitoring \(PDF\) \(https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the 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
- Financial reconciliation of grantee’s expenditures at least once during the grant period on grants over \$50,000.

### Technical Assistance (TA)

MDH will provide technical assistance to grantees through quarterly grantee calls, required training, and individual ad hoc calls when requested. MDH will assist with development of materials and messaging for use by grantees. MDH will provide additional TA as required in program development for new grantees and provide or facilitate HIV testing and Evaluation Web trainings.

### Grant Payments

Per [Policy on Grant Monitoring \(PDF\) \(https://mn.gov/admin/assets/grants\\_policy\\_08-10\\_tcm36-207117.pdf\)](https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.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 invoice and payment schedule will be monthly.

## 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 F) 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/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.

### **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.

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing MDH employees, other government staff (DHS, local public health) and other experts in the field. 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 and not subject to appeal.** 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

The review committee will be reviewing each applicant using a standardized scoring system to determine the extent to which the applicant meets the selection criteria. Please see **Attachment C: Example Scoresheet** for more information on the evaluation criteria

### 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 Policy on Preaward Risk Assessment.

### Rating Table

This rating table is a guide for programs to use when scoring applications.

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

### Proposal Evaluation and Selection Process

Below is a list of forms that will be scored.

Form	Title	Maximum possible Points
Form C	EIS Proposal Narrative Questions	70
Form D	PrEP Proposal Narrative Questions	145

Each reviewer will independently score and submit individual scores for each proposal. All reviewers' scores will be tabulated and ranked. Reviewers' recommendations will be taken into consideration by MDH when making final funding decisions.

### Notification

MDH anticipates notifying all applicants via email of funding decisions, awards and denials, in mid April 2026. All decisions are final. MDH reserves the right to negotiate changes to the proposed activities and budgets submitted. If requested, applicants will be provided feedback on their proposal.

## RFP Part 3: Application and Submission Instructions

### Notice of Intent

Applicants are strongly encouraged to submit a non-binding Notice of Intent by Feb. 20, 2026. While prospective applicants are strongly encouraged to submit a Notice of Intent, it is not a mandatory 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.

Complete [Form A: Notice of Intent](#)

(<https://www.health.state.mn.us/diseases/stds/rfp/hivforma.docx>). MDH will only accept a notice of intent submitted via email to [health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us). Include “Notice of Intent – 2026 HIV Prevention Projects RFP” in the email subject line and attach Form A. Agencies submitting a notice of intent will receive confirmation from MDH that it was received.

### 3.1 Application Deadline

**All applications must be received by MDH no later than 4:30 p.m. Central Time, on Friday March 20, 2026. 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 mail, delivery, computer, or technology problems.

**Acknowledgement of application receipt.** MDH will “reply all” to the email address that submitted the application to acknowledge receipt of your application within one business day 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 means MDH did not receive your application/documents. Please contact McKinzie Woelfel ([mckinzie.woelfel@state.mn.us](mailto:mckinzie.woelfel@state.mn.us)) after that time frame for further instructions.

### 3.2 Application Submission Instructions

Applicants must include the following information in the body of the email when they submit their proposal:

- Contact name
- Contact title
- Agency/clinic
- Mailing address
- City, State, Zip
- Email

Applicants are responsible for reviewing their proposal to ensure all required documents are complete. Submit the full proposal by email. On the subject line write: “2026 HIV Prevention Funding” with two to three PDF attachments as follows:

- Submit as PDF attachment #1:

- Agency Cover Page, Checklist and Certification (Form B),
- EIS Proposal Narrative (Form C), and/or PrEP Proposal Narrative (Form D)
- Work Plan (Form E) for each proposal, EIS and/or PrEP
- Your agency's current incentive policy
- • Submit as PDF attachment #2:
  - Form F: Conflict of Interest Disclosure
  - Form G: Due Diligence Review
- Submit as PDF attachment #3 (for non-governmental and/or non-tribal agencies only):
  - **IRS Form 990** and/or **Certified Financial Audit** and/or **Federally Approved Indirect Rate**

### 3.3 Application Instructions

You must submit all required forms: B - G in order for the application to be considered complete. All forms can be downloaded from [STI and HIV Request for Proposals \(RFP\) \(https://www.health.state.mn.us/diseases/stds/rfp/index.html\)](https://www.health.state.mn.us/diseases/stds/rfp/index.html). Form A: Notice of Intent is encouraged but not required.

#### Steps for Completing a Proposal

To ensure that you submit a complete proposal, follow Steps 1 through 6 outlined below.

##### Step 1

Complete **only one** [Form B: Agency Cover Page, Checklist, and Certification \(https://www.health.state.mn.us/diseases/stds/rfp/hivformb.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/hivformb.docx). This form provides contact information and other information required by the State. A signature of the director of the applicant agency is required in the certification section. Please also use the checklist on this form to check each component as it is completed.

##### Step 2

Complete [Form C: EIS Proposal Narrative Questions \(https://www.health.state.mn.us/diseases/stds/rfp/hivformc.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/hivformc.docx) and/or [Form D: PrEP Proposal Narrative Questions \(https://www.health.state.mn.us/diseases/stds/rfp/hivformd.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/hivformd.docx) for the program you are applying for. If applying for two programs, EIS and PrEP, you must submit both Form C and Form D. These forms are scored by reviewers.

##### Step 3

Complete one [Form E: Work Plan Template \(https://www.health.state.mn.us/diseases/stds/rfp/hivforme.docx\)](https://www.health.state.mn.us/diseases/stds/rfp/hivforme.docx) for each program you are applying. Present a work plan that includes required activities, a timeline for each step and the

position responsible for implementing each proposed activity. See Attachment B for a sample work plan. Work plans do not count toward page limits.

#### Step 4

Complete one [Form F: Conflict of Interest Disclosure](https://www.health.state.mn.us/diseases/stds/rfp/coi.pdf) (<https://www.health.state.mn.us/diseases/stds/rfp/coi.pdf>).

#### Step 5

Complete one [Due Diligence Review](https://www.health.state.mn.us/diseases/stds/rfp/dd.pdf) (<https://www.health.state.mn.us/diseases/stds/rfp/dd.pdf>).

- Community Health Boards and Tribal Nations do not need to submit this attachment as part of their proposal. Non-governmental and/or non-tribal organizations must also include the Financial Statement, IRS Form 990, or the Certified Financial Audit Form.

#### Step 6

- Attach your agency's current incentive policy.

**Complete proposals are due by 11:59 p.m. on Friday, March 20, 2026.**

Incomplete applications will be rejected and not evaluated.

Proposals must include all required application materials. 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 proposal that does not meet these requirements.**

By submitting a proposal, 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.**