**APPLICATION FORM**

**Community Innovation Grant for Racial and Health Equity (2024-2025)**

Applications and organizations will be screened for eligibility. The amount of grant awards will be determined by the availability of County funds, the number of eligible applications and evaluations of each application. The County will evaluate and score applications based on the following criteria and points:

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Max Point Values** |
| **Program/Services Workplan** | **20** |
| **Focus is aligned with CHIP criteria and expectations** | **20** |
| **Budget** | **10** |
| **Total Possible Points** | **50** |

**INSTRUCTIONS**

**Complete and submit the application to:** [**Expediture.Grant@co.ramsey.mn.us**](mailto:Expediture.Grant@co.ramsey.mn.us)**. The application includes the following:**

* Section 1: Priority Area
* Section 2: Applicant Information
* Section 3: Applicant Proposed Project Description, CHIP Priority Description, Budget
* Section 4: County Reserved Rights and Data Practices Reminders, and, Responder Declarations

For assistance, please contact: Steven Kensinger

Principal Procurement Specialist

[steven.kensinger@co.ramsey.mn.us](mailto:steven.kensinger@co.ramsey.mn.us)

(651) 266-8069

***NOTE: Submission of this documentation does not guarantee funding and no work can start until expenditure grant agreements have been fully signed by the organization and the County.***

**To ask questions about this grant application solicitation, contact: Steven Kensinger**

* Questions must be received by 2 p.m. on May 15, 2024.
* Other Ramsey County staff are not authorized to answer questions about this application solicitation.
* Questions asked and answered during the information sessions will also be included in the written questions and answers provided by the County.
* Individuals needing an interpreter or individuals with a disability needing accommodation should contact the Procurement Specialist above.

**All applications are due May 24, 2024 by 11:59 PM.**

**SECTION 1: PRIORITY AREA**

**Please mark the ONE priority area you are submitting a proposal for.** Each organization may only submit **ONE** application and may only select **ONE** Priority area. However, the application can focus on multiple Activity Categories within the selected Priority area. For the selected Priority area, please indicate the total funding amount requested for the priority area for which you are applying.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Priority Area** | **Activity Category** | **Funding Amount Requested** |
|  | **Racial and Health Equity** | **Write which category:**  **1. Capacity building,**  **2. Planning and development activities,**  **3. Implementation of programs/services, and/or,**  **4. Evaluation of efforts.** | *Amount in dollars*. |
|  | **Healthy Eating, Active Living, and Tobacco-Free Living** | **Write which category:**  **1. Capacity building,**  **2. Planning and development activities,**  **3. Implementation of programs/services, and/or,**  **4. Evaluation of efforts.** | *Amount in dollars*. |
|  | **Access to Health Care Services** | **Write which category:**  **1. Capacity building,**  **2. Planning and development activities,**  **3. Implementation of programs/services, and/or,**  **4. Evaluation of efforts.** | *Amount in dollars*. |
|  | **Mental Health and Well-being** | **Write which category:**  **1. Capacity building,**  **2. Planning and development activities,**  **3. Implementation of programs/services, and/or,**  **4. Evaluation of efforts.** | *Amount in dollars*. |
|  | **Violence Prevention** | **Write which category:**  **1. Capacity building,**  **2. Planning and development activities,**  **3. Implementation of programs/services, and/or,**  **4. Evaluation of efforts.** | *Amount in dollars*. |

**SECTION 2: APPLICANT INFORMATION**

Please provide the following information below and list a *Primary Contact* person. The *Primary Contact* will act as the grantee liaison and be the day-to-day primary project contact, if different than the authorized contract signatory. If application is selected, this primary contact will be contacted.

|  |  |
| --- | --- |
| **​Organization Name​** | ​​ |
| **​​Mailing Address​​** | ​​ |
| **​CEO/Director/Administrator Name​** | ​​ |
| **​​Title​​** | ​​ |
| **​​Email​​** | ​​ |
| **​Phone​** | ​​ |
|  |  |
| **​Primary Contact Name​** | ​​ |
| **Title​** | ​​ |
| **​Email​** | ​​ |
| **Phone​** | ​​ |

**If you are using a fiscal agent, please provide the name of the organization and key contact information. Attach a letter of support.**

|  |  |
| --- | --- |
| **​Contact (First and Last Name)** |  |
| **Title​** |  |
| **​Email​** |  |
| **​Phone​** |  |

**SECTION 3: APPLICANT PROPOSED PROJECT DESCRIPTION, CHIP PRIORITY DESCRIPTION, BUDGET**

Please answer all of the following questions below.

|  |
| --- |
| **3a. Summary of Proposed Project (250 words maximum, single-spaced)**  **Provide a brief description of your request, why it’s important to your community, and summary of proposed activities.** |
| Click or tap here to enter text. |

|  |
| --- |
| **3b. Description of Agency (2 pages maximum)**  **Please include the following details:**   * **When was your organization created/founded.** * **A description of past successful projects and initiatives that are similar to this project.** * **Brief biography of key staff who will be involved with this proposal - including expertise, capability and experience.** * **Description of communities served by your organization.** * **Any other details you feel are important for us to know.** |
| Click or tap here to enter text. |
| **3c. Statement of Need:**  **Describe the problem(s) and CHIP Priority Area that you propose to address. Include a clear description of the activities that respond to the Priority Area you are requesting funds for. If your services are successful, who will be impacted and what are the anticipated outcomes? Provide a narrative statement corresponding to the work plan and timeline describing the activities you plan to complete.** |
| Click or tap here to enter text. |

|  |
| --- |
| **3d. Please provide information about the community/communities (focus population(s)) that you plan to serve. Include race/ethnicity information and approximately how many Ramsey County residents will be reached. More information about the focus population for the selected CHIP priority can be found here:** [**Community Health Improvement Plan (CHIP)**](https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/CHIP%202019-2023%20%2022_0927.pdf) |
| Click or tap here to enter text. |

|  |
| --- |
| **3e. Describe the geographic area(s) in Ramsey County which the proposed project workplan will take place and share how or why these areas were selected. Include Ramsey County Zip Codes if possible.** |
| Click or tap here to enter text. |

|  |
| --- |
| **3f. Describe how you will ensure the proposed activities/workplan will advance racial and health equity in the focus population(s) and geographic area(s) shared above. Include any other kind of data you plan to collect.** |
| Click or tap here to enter text. |

**BUDGET SUMMARY**

Please complete the budget summary below for the total funding amount requested for the entire contract term of August 1, 2024 – July 31, 2025. If you do not anticipate expenses in one or more of the categories, please enter $0.00 for the budget amount for that category.

|  |  |
| --- | --- |
| **Budget/Accounting Information** | |
| Organization Name | *Click or tap here to enter text.* |
| Contract Term | August 1, 2024 – July 31, 2025 |
| Budget / Accounting Contact Name | *Click or tap here to enter text.* |
| Budget / Accounting Contact Title | *Click or tap here to enter text.* |
| Budget / Accounting Contact Email | *Click or tap here to enter text.* |

|  |  |
| --- | --- |
| **Budget Summary** | |
| **Category** | **Budget Amount** |
| Salaries and Fringe | $ |
| Sub-Contractor(s) | $ |
| Space/Technology Fees | $ |
| Supplies and Equipment | $ |
| Communication or Marketing | $ |
| Travel | $ |
| Other | $ |
|  |  |
| Subtotal | $ |
|  |  |
| Administrative Costs\* | $ |
|  |  |
| **Total Amount Requested** | **$** |

**\* Administrative Costs**

Administrative costs are defined as “costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function or activity but are necessary for the general operation of the organization and the conduct of activities it performs.” Examples of such expenses include accounting, administrative, and costs to operate and maintain facilities. Enter descriptions of your administrative costs and rate you are requesting, if applicable. For example, you can request the minimum rate of 10%, itemize specific administrative costs related to this project, or if administrative costs exceed 15%, please provide an explanation below or evidence of a federally approved indirect cost rate.

**ADVANCE FUND REQUEST**

The County understands that there may be instances where an Eligible Grantee may need initial support to start service. Eligible Grantee may request an advance payment up to 25% of their total budget, based on need. If you are requesting advance funds, please identify it clearly on your proposal. As part of the advance fund request, the County may request supporting document(s), etc. All advance fund requests will go through an internal review process. There is no guarantee that each request will be approved. The County will inform Eligible Grantee on the result. If the advance fund request is approved, there will be language in the contract detailing the terms of the advance funds.

Organizations are eligible for an advance if the organization employs fewer than 100 employees or is a small-business enterprise certified under the Central Certification Program (CERT), a nonprofit organization, or a veteran-owned business. Other organizations will be considered upon demonstration of need.

**Do you anticipate needing and requesting an advance payment if awarded a grant?**

**Please mark one.**

​​ Yes, my organization would like to request an advance payment.

​​ No, my organization would not like to request an advance payment.

**SECTION 4: COUNTY RESERVED RIGHTS AND DATA PRACTICES REMINDERS AND RESPONDER DECLARATIONS**

1. The County expressly reserves the right to amend or withdraw this solicitation at any time and to reject any or all responses, and to waive any informalities or irregularities in the responses as may be deemed in the best interest of the County.

1. The County reserves the right to review applications for the Community Innovation Award and potentially move applications from one service area to another as is deemed necessary based on the types of grants or programs and services offered.
2. Applications received after the deadline will not be accepted by the County and will not be evaluated.
3. The County reserves the right to request any additional information at any stage of the solicitation process. Compliance shall be at the applicant's expense.
4. Upon submission, a solicitation response becomes the property of the County and will not be returned. The County retains the right to use any concept or idea presented in any solicitation response, whether or not that solicitation response is accepted. All information included in the submitted solicitation response will be classified in accordance with Minnesota State law governing data practices.
5. Electronic signatures of the Applicant will constitute an original signature and will be accepted.

**RESPONDER DECLARATIONS**

The undersigned certifies, to the best of their knowledge and belief, that:

1. **Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.

1. **Authorized Signature.** This Declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.
2. **Non-Collusion Certification.** 1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and, 2. The contents of the Response have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the appropriate authorities for investigation and appropriate action.
3. **Conflict of Interest.** Contractor certifies there are no actual, potential, or perceived conflicts of interest regarding this RFP or in submission of their proposal; or alternatively, a statement has been included in the response explaining any conflict of interest and how to avoid, mitigate or neutralize the conflict.

By signing this application, Responder acknowledges and certifies compliance with all applicable requirements indicated above.   

|  |  |
| --- | --- |
| **Acknowledgement** | |
| ​​Organization Name​ | ​​ |
| Signature | ​​ |
| Printed Name | ​​ |
| Title |  |
| Date |  |
| Phone Number |  |
| Email Address |  |