



Community Innovation Award Grant Application Solicitation

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 applicants and evaluations of each application. The County will evaluate and score applications based on the following criteria and points:

Evaluation Criteria	Maximum Point Values
Program/services workplan	20
Focus is aligned with criteria and expectations	20
Budget	10
Total Possible Points	50

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:

To ask questions about this grant application solicitation, contact:

Ms. Kyle Dean, (she/her), Principal Procurement Specialist

kyle.dean@co.ramsey.mn.us

651-266-8078

- Questions must be received by the timeline outlined below.
- Other Ramsey County staff are not authorized to answer questions about this application solicitation except for during the Applicant Technical Assistance Support Sessions described below.
- Questions asked and answered during the Applicant Technical Assistance Support 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.

Answers to Questions Posted: [ramseycounty.us/CommunityInnovation](https://www.ramseycounty.us/CommunityInnovation)

Complete this application and submit to: Ramsey County Procurement at Expenditure.grant@co.ramsey.mn.us

SCHEDULE

Applicant Technical Assistance Support Sessions: Learn more about the Grant, process and ask questions.

Grant webpage with applications goes live	December 14, 2022
Applicant Technical Assistance Support Session	1. January 4, 2023, 10:00 am – 11:30 am at the Ramsey County Plato Building, 90 Plato Blvd W., St. Paul, 55107. 2. January 5, 2023, 5:30 pm – 7:00 pm at the Rondo Community Library, 461 Dale St. N. St. Paul, 55103.
Questions due	Tuesday, January 10, 2023
Answers posted	Tuesday, January 17, 2023
Applications Due	Wednesday, February 1, 2023, 5:00 pm, central standard time No applications will be accepted after the deadline.

Program Focus: As a direct response to Ramsey County’s current Community Health Improvement Plan (CHIP) priorities, Public Health’s Community Innovation for Racial and Health Equity grant program supports projects and initiatives that pursue innovative approaches and ideas to improving public health-focused outcomes in the community. These grants further support and embed capacity building, planning and implementation efforts within community-led organizations, including those led by racially and ethnically diverse community partners, that addresses a common health issue in a new approach/strategy. Applicants will propose programs or services that address Ramsey County’s current Community Health Improvement Plan priorities.

- Racial and Health Equity (formerly “Health in All Policies”)
- Healthy Eating, Active Living, and Tobacco-Free Living (SHIP)
- Access to Health Care Services
- Mental Health and Wellbeing
- Violence Prevention
- Climate Change
- Homelessness
- Opioid Crisis and Response

Eligible Applicants: Applicants must be a registered organization with the Minnesota Secretary of State or have a relationship with a fiscal agent. If you are using a fiscal agent, you need to include the fiscal agent’s name, information, and letter of support from the fiscal agent. Eligible organizations can receive one grant award per calendar year.

Criteria and Expectations:

- Applicants can only choose one Services Area in their application for proposed programs or services
 - **Vision and Capacity Building Service Area 1, awarded up to \$10,000:** includes but not limited to start-up cost, resources and supplies, operation, program design, relationship strategies, short-term development.
 - **Planning and Development Service Area 2, awarded up to \$20,000:** includes but not limited to community outreach, program delivery, service launch, scoping and refining program/project concept.

- **Implementation and Evaluation Service Area 3, awarded up to \$30,000:** includes but not limited to; analysis of program/project/service, program intervention, monitoring, qualitative and quantitative assessments, trainings
- Applicants will indicate at least one CHIP priority in their proposed programs and services

Further, applications should propose programs or services aligned with the program focus stated above, one of the service areas and the following criteria and expectations. Applications will be evaluated based on how each proposal addresses the following requirements:

- Utilize funds to address Community Health Improvement unmet needs
- Provide final narrative report and presentation to Public Health Department (photos, quantitative and qualitative data)
- Provide Monthly financial report (invoice, receipts, supplies, materials description)
- Complete background check requirements as part of the Notice of grant award or grant agreement terms. Background check requirements, if applicable, will be consistent with County criminal background check policy and procedures.
- Reflective of the R-HELT principles and values of:

Shared Vision –R-HELT values lived experiences and welcomes opportunities for those affected by inequities to identify solutions.

Truth-Telling – R-HELT members are comfortable being uncomfortable, call out inequities and their root causes, and use data, and storytelling to uplift voices and support change.

Long Term Commitment – R-HELT will continually reflect and be aware of community voices and work to undo forms of racism that produce gaps in racial and health inequities.

Internal Reach – R-HELT will build and support the capacity of policies, programs and staff to use a racial and health equity lens in their everyday work.

Community Outreach – R-HELT values open communication regarding department priorities, resources, barriers, and decision-making processes with community partners.

Inclusivity – R-HELT will foster a work culture that supports and upholds racial and health equity to ensure people and communities have all they need to thrive

Applicant Information

Organization Name	
Applicant Email	
Name (First and Last)	
Address	
Phone	
Website	

Status of your organization (Mark all that apply)

Limited Liability Corporation (LLC)	
Certified Small Business Enterprise (CERT SBE)	
Nonprofit (501c3)	
Fiscal Agent	
Other	

When was your organization created/founded?

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

Fiscal Agent. Attach a letter of support.

Main Contact (First and Last Name)	
Title	
Email	
Phone	

Summary of Request (Provide a brief description of your request).

--

Which community or communities does your organization serve?

--

Provide a clear description of the activities that responds to at least one of the CHIP priority and which service area you are requesting funds for (please describe how it meets the program focus)

If your services are successful, who will be impacted and what are the outcomes?

What community/communities will your program services focus on? Describe your organization's relationship to this community.

Please provide a brief 4-5 sentence biography of key staff/leaders of your organization who will be implementing your proposed activities.

Budget: Provide the full amount needed for your requested programs and services and the amount you are requesting at this time. Since The Community Innovation Award funding goal is to support direct program and services, we expect applicants to limit overhead costs to 15%. Also, provide a description for each amount. (For example, if you are requesting funding for a youth leadership stipend, provide the number of youths, amount per person received, and activities included, receive stipends, etc.) Outline your budget and briefly describe each budget item.

Line Item	Description /Budget Narrative	Total Proposed Amount
Administrative/Overhead Costs (not to exceed 15%) *		
Total		

* If Administrative/Overhead costs exceed 15%, please provide explanation in your budget narrative.

Do you need assistance to get these activities done successfully?

Yes	
No	
Maybe	

If you replied, YES or MAYBE, to the above question, please tell us what would support your organization to carry out your proposed activities successfully. (i.e. technical assistance, coaching, access to other funding, etc.)

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

What else would you like us to know about your work and/or this funding? (150 max)

County Reserved Rights and Data Practices Reminders

- A. 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.
- B. 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.
- C. Applications received after the deadline will not be accepted by the County and will not be evaluated.
- D. 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.
- E. 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.
- F. Electronic signatures of the Applicant will constitute an original signature and will be accepted.

Acknowledgement and Collusion Statement:

By signing below, I certify that I fully reviewed and understand the grant application and that I am authorized to submit this solicitation on behalf of the Applicant. Further, in signing below, I certify that this application has been prepared without any collusion with other applicants, competitors, County employees, County consultants, R-HELT member, or County Board members and without taking any other action which will restrict competition, constitute fraud or collusion.

Signature of Applicant

Date

Title of Applicant

Complete this application and submit to: Ramsey County Procurement at Expenditure.grant@co.ramsey.mn.us