

Affordable Connectivity Program (ACP) Trusted Messenger Grant Application Solicitation

Applications and organizations will be screened for eligibility. Eligible organizations will be awarded funding and the amount of each grant award will be determined by the availability of County funds. In the event that the County must evaluate and score applications, an evaluation process will be followed in accordance with County policies and practices utilizing the following criteria:

Evaluation Criteria	Maximum Point Values
Workplan	35
Connections to targeted communities	45
Budget	20
Total Possible Points	100

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

For assistance contact: Karen Bollinger
Principal Procurement Specialist
karen.bollinger@co.ramsey.mn.us
651-266-8077

Applications Due: October 27, 2023, by 4:00 p.m.

Submission Date:

Applicant Information

Organization Name	
Director Name	
Director Title	
Mailing Address	
Email Address	
Phone Number	

Grantee Liaison Information: The day-to-day project contact, if different than the authorized contract signatory.

Liaison Name	
Liaison Title	
Mailing Address	
Email Address	
Phone Number	

About Your Organization

What is your organization's mission?	
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What communities will your agency serve?		
Approximately how many Ramsey County residents will be reached to learn about the ACP?	All Zip Codes	Targeted Zip Codes
How many County residents will you support with enrollment in the ACP?	All Zip Codes	Targeted Zip Codes

What types of community engagement and outreach will you or your agency/organization provide?

What is the primary geographic area you will target with your outreach, engagement and/or resource connections/referrals(s)?

How would you help with ACP enrollments?

If awarded an ACP Trusted Messenger grant, the partner agrees to the following:

	Yes	No
Attend grantee orientation meeting.		
Attend monthly check in meetings.		
Track outcomes.		
Submit periodic progress reports and final report.		
Agree to the terms and conditions of the Agreement.		

Annual Work Plan

Provide a detailed description of the activities your organization will engage in as an ACP Trusted Messenger. Please include a description of how your plan aligns to the key attributes of an ACP Trusted Messenger and how you will measure your plan's success. Plans may be considered for modifications as additional innovative opportunities arise.

Grantees are required to do ACP outreach to targeted and eligible [populations](#). Please describe your outreach objectives and your proposed activities to achieve and measure those objectives.

Objectives	Activities	Performance Measures

Key Personnel

List the key personnel who will be assigned to implement the business outreach activities as described in the work plan and provide the required grant reports. Indicate the number of hours or percent time assigned to the project.

Name	Explanation of Project Duties	Hours or Percent Time on Project

Eligibility Questions

	Yes	No
Eligible contractors may include, but are not limited to, culturally specific agencies, faith-based organizations, social service organizations, community nonprofit organizations, tribal governments, community clinics.		
Contractors must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number or 501c3 status or W9.		

Budget: Provide the full amount needed for your requested programs and services and the amount you are requesting at this time. We expect applicants to limit overhead costs to 15%. Also, provide a description for each amount. 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.

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. Applications received after the deadline will not be accepted by the County and will not be evaluated.
- C. 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.
- D. 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.
- E. 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, 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

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