



OPIOID RESPONSE INITIATIVE

APPLICATION FORM

Opioid Response Community Grants

Saint Paul – Ramsey County Public Health (SPRCPH) is soliciting proposals for community-based initiatives to improve community health focused on the opioid crisis that helps decrease opioid-related fatalities and non-fatal overdoses among Ramsey County residents. The contract term for accepted proposals will be for nine months from **June 1, 2024 through February 28, 2025**.

INSTRUCTIONS

Please use **Section 6: Scoring Criteria and Evaluation** as a guide to prepare your application. This will help ensure that all components are included in your proposal. It is expected that application forms should not exceed 15 pages. Additional parameters: one-inch margins, size 12 font, single-spaced are required. Tables and charts may be size 10 font, single-spaced.

Complete and submit this application and all attachments to: expenditure.grant@co.ramsey.mn.us.

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

All applications are due March 1, 2024 by 11:59 PM.

SECTION 1: PRIORITY AREA

1a. 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. For the selected priority area, please indicate the total funding amount requested for the priority area for which you are applying to.

	Priority	Award	Funding Amount Requested
<input type="checkbox"/>	1. Resources and services for pregnant/parenting people and babies that are impacted by opioid use, and to prevent opioid related overdoses and fatalities.	Up to (4) \$55,000 grants not to exceed a total of \$220,000	\$
<input type="checkbox"/>	2. Alternative and/or culture-specific approaches and supports for people in treatment/recovery.	Up to (4) \$55,000 grants not to exceed a total of \$220,000	\$
<input type="checkbox"/>	3. Connect people to services through health education, awareness or outreach that focuses on preventing opioid related overdoses and death.	Up to (4) \$50,000 grants not to exceed a total of \$200,000	\$
<input type="checkbox"/>	4. Supportive services to people involved in the justice system to reduce the likelihood of opioid overdoses and fatalities.	Up to (4) \$40,000 grants not to exceed a total of \$160,000	\$
<input type="checkbox"/>	5. Community health education, engagement, and outreach to youth / young adults about the dangers of opioid, fentanyl, and xylazine and substance use.	Up to (4) \$50,000 grants not to exceed a total of \$200,000	\$

1b. Do you anticipate needing and requesting an advance payment if awarded a grant?

Organizations 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.

Please mark one.

- Yes, my organization fits the eligibility and would like to request an advance payment.
- No, my organization would not like to request an advance payment.

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.

2a. Organization Name	
2b. Mailing Address	
2c. CEO/Director/Administrator Name	
2d. Title	
2e. Email	
2f. Phone	

2g. Primary Contact Name	
2h. Title	
2i. Email	
2j. Phone	

SECTION 3: PROGRAM AND SERVICES WORKPLAN

Please answer all of the following questions below and complete **Attachment 1: Program Workplan** based on the total funding amount requested.

3a. What is your organization’s mission, vision and values?
3b. Describe your current staff capacity to meet the priority area selected and your proposed workplan for which you are applying for? If your organization does not have the current capacity, describe how you plan to increase capacity to meet your proposed workplan.
3c. Describe how you will coordinate and/or collaborate with other community organizations, agencies, institutions, clinics, etc. to ensure your workplan will align with the <i>Saint Paul – Ramsey County Public Health Opioid Response Initiative Partnership Commitments</i>.

SECTION 4: GRANT REPORTING AND DATA

Please answer all of the following questions below.

4a. Please provide information about the target population(s) that you plan to serve. Include race/ethnicity information and approximately how many Ramsey County residents will be reached.

4b. Describe the geographic area(s) in Ramsey County which the proposed workplan will take place and share how or why these areas were selected. Include Ramsey County Zip Codes, if possible.

4c. Describe how you will ensure the proposed workplan will advance racial and health equity in the target population(s) and geographic area(s) shared above.

SECTION 5: BUDGET

Please complete **Attachment 2: Budget Summary** and **Attachment 3: Budget Detail and Justification** based on the total funding amount requested for the grant contract term: June 1, 2024 – February 28, 2025.

ATTACHMENT 1: PROGRAM WORKPLAN

Please ensure your proposed workplan is for the grant contract term: June 1, 2024 – February 28, 2025. Please refer to the [Sample Output and Outcome Measures for Grants](#) from the Minnesota Management and Budget (MMB) to help develop the workplan.

<p>GOALS What are the broad intended results you are hoping to accomplish through this grant proposal?</p>	<p>SMART Objectives What are the measurable step(s) you will take to achieve the goal(s)? SMART: Specific, Measurable, Achievable, Relevant and Time-Bound.</p>	<p>Strategies What are the tasks, duties, or activities you will complete to achieve the objective(s)?</p>	<p>Role(s) Responsible Who will lead the tasks, duties or activities?</p>	<p>Timeframe What is the anticipated timeframe in which you will complete your strategies?</p>

ATTACHMENT 2: BUDGET SUMMARY

Please complete the budget summary table below for the total funding amount requested for the entire contract term of June 1, 2024 – February 28, 2025. If you do not anticipate expenses in one or more of the categories, please list the total amount as \$0.00.

Budget/Accounting Information	
Organization Name	
Contract Term	June 1, 2024 – February 28, 2025
Budget / Accounting Contact Name	
Budget / Accounting Contact Title	
Budget / Accounting Contact Email	
Budget / Accounting Contact Phone	

Budget Summary	
Category	Budget Amount
Salaries and Fringe	\$
Program and Supplies Expenses	\$
Travel	\$
Subtotal	\$
Administrative Costs (10%)	\$
Total Amount Requested	\$

ATTACHMENT 3: BUDGET DETAIL AND JUSTIFICATION

Please include all anticipated expenses for the full contract term. Each budget category should be completed for activities in each table below. If you do not anticipate expenses in one or more of the budget categories, please list the total amount as \$0.00.

Budget/Accounting Information	
Organization Name	
Contract Term	June 1, 2024 – February 28, 2025
Budget / Accounting Contact Name	
Budget / Accounting Contact Title	
Budget / Accounting Contact Email	
Budget / Accounting Contact Phone	

Salary and Fringe				
For each funded position, list the title, position justification including expected rate of pay, full-time equivalent, and fringe percent. Additional rows can be added or deleted, if needed.				
Position Title	Position Justification	FTE	Fringe %	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Salary and Fringe Total				\$

Subtotal <i>Enter the subtotal of expenses from all budget categories.</i>	
Budget Category	Total
Salary and Fringe	\$
Program and Supplies Expenses	\$
Travel	\$
Subtotal	
\$	

Administrative Costs <i>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, not to exceed 10% of overall budget, unless you have an approved federal rate that is higher.</i>	
Administrative Total Cost	
\$	

Award Fund Total <i>Enter all amounts into the appropriate row.</i>	
Subtotal	\$
Administrative Total Cost	\$
Grand Total	
\$	

ATTACHMENT 4: RESPONDER DECLARATIONS

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

- a. **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.
- b. **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.
- c. **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.
- d. **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 form, Responder acknowledges and certifies compliance with all applicable requirements indicated above.

Acknowledgement	
Organization Name	
Signature	
Printed Name	
Title	
Date	
Phone Number	
Email Address	

ATTACHMENT 5: 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 Opioid Response Community Grants and potentially move applications from one priority 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.

Acknowledgement	
Signature	
Printed Name	
Title	
Date	

SECTION 6: SCORING CRITERIA AND EVALUATION

Applications will be screened for eligibility. All eligible applications will be scored and evaluated in accordance with the County policies and practices utilizing the scoring criteria table below. Applications awarded funding and amounts for each grant award will be determined by the availability of County funds.

Evaluation Criteria	Max Point Values
Section 1: Overall Program and Services Workplan <ul style="list-style-type: none"> - Mission, Vision and Values (10) - Organizational Capacity (10) - Collaboration and Coordination (10) - Workplan (20) 	50
Section 2: Alignment with Grant Criteria and Expectations <ul style="list-style-type: none"> - Target Populations (15) - Racial and Health Equity (15) 	30
Section 3: Budget Consistency with Proposed Workplan	20
Total Possible Points	100

As part of the scoring of the first two sections above, applications will be evaluated on their alignment with the **Opioid Response Initiative’s Commitments**:

- We aim to connect with and gain the trust of our most affected communities, especially Black and American Indian residents. We use proven methods to show our commitment and work together to share responsibility.
- We consider relevant data when making decisions to ensure that our work benefits communities, saves lives and makes people healthier.
- We want to teach, involve and inform everyone in the county about the opioid crisis we are facing in this community. Increased awareness will make it easier to find help and influence the choices younger generations make about drugs.

APPLICATION SUBMISSION REQUIREMENTS

Before submitting your application to: expenditure.grant@co.ramsey.mn.us, please make sure you have included ALL attachments below with your completed application:

- Attachment 1: Program Workplan
- Attachment 2: Budget Summary;
- Attachment 3: Budget Detail and Justification;
- Attachment 4: Responder Declarations; and
- Attachment 5: County Reserved Rights and Data Practices Reminders.

You may attach additional documents as needed. It is expected that application forms should not exceed 15 pages. Additional parameters: one-inch margins, size 12 font, single-spaced are required. Tables and charts may be size 10 font, single-spaced.

Complete and submit this application and all attachments to: expenditure.grant@co.ramsey.mn.us.

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