**Important dates:**

Wed. April 16th, 2025: Request for applications posted.

Wed. April 23rd, 2025: Optional Zoom informational session **2:30 p.m. - 3:00 p.m.**

<https://zoom.us/j/94173810795?pwd=96fMDZqhl2ebPVMVglSVHMA4vw8G6Q.1>

Thurs. May 1st, 2025: Optional Zoom informational session **12:00 p.m. - 12:30 p.m.**

<https://zoom.us/j/91797449507?pwd=dmmwZWWxRgnI71iglb0sce0GTVYlOL.1>

Tue. May 6th, 2025: Final questions must be received by 2:00 p.m.

Thurs. May 8th, 2025: Last Q&A update posted by 2:00 p.m.

Wed. May 14th, 2025: Applications must be received by 2:00 p.m.

Summer 2025: Anticipated start date

**APPLICATION FORM**

**Trusted Messenger Initiative (TM) 2025-2026**

Application posted Wednesday, April 16th, 2025

Saint Paul – Ramsey County Public Health is looking for local community organizations to be a part of the Trusted Messenger Initiative. Trusted Messengers (TM) are local organizations who partner with public health to give residents better access to accurate, culturally specific, and linguistically appropriate public health information and healthcare services that align with the community’s needs. TM reach populations that are most affected by health inequities. Since 2022, this initiative has created a network that focuses on community voices and shared power.

**Funding:** Minnesota Department of Health (MDH), Infrastructure Grant

Saint Paul — Ramsey County Public Health is continuing this initiative and anticipates awarding approximately 10 grants, up to $34,000 each, to support activities through June 30, 2026.

* **The term of this agreement is anticipated to be from July 2025 to June 2026.** **Contracts issued as a result of this solicitation may be amended to extend up to a maximum contract term of five years if additional funds are available.**

The following are not requirements; however, these people or organizations are encouraged to apply:

* Those who have never contracted with Ramsey County before.
* Ethnically and culturally diverse, women-owned or veteran-owned organizations.
* Organizations with less than 50 employees.
* Organizations serving not only Ramsey County but also adjacent counties, including Washington County.

**Purpose:** The purpose of these grants is to generate and grow innovative ways to deliver a variety of public health services, resources and information.

Grant proposals could also benefit another county or multiple counties *in addition to* Ramsey County. This is not a requirement for applicants but does support our goal to broaden the reach of the initiative. Our vision for the Trusted Messenger Initiative is to build public health capacity across Minnesota by centering more and more community voices while addressing and improving community health.

This funding is just one element of Minnesota’s journey to modernize and strengthen the public health system. This grant program exists to look systematically at innovative ways to address health equity, access to culturally responsive programs and services, and decrease health disparities in communities negatively affected by systemic racism.

**Eligibility: All applicants must be registered with the State of Minnesota Secretary of State. Sole proprietors and public entities are exempt from this requirement.**

Applications and organizations will be screened for eligibility. The amount of grant awards will be determined by the availability of funds, the number of eligible applications and scoring of each application.

**\*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.

**A review team of county staff and community members will evaluate and score applications based on the following criteria and points:**

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Max Point Values** |
| **Proposed Programs/Services** | **15** |
| **Agency Description and Capacity** | **10** |
| **Community Served and Geographic Area** | **5** |
| **Community Engagement: Expansion and Innovation** | **15** |
| **Proposed Budget** | **5** |
| **Total Possible Points** | **50** |

**INSTRUCTIONS**

**Complete and submit the application to:**  [**paul.carlson@co.ramsey.mn.us**](mailto:paul.carlson@co.ramsey.mn.us)

The application includes the following four sections:

1. Applicant Information
2. Public Health Priority Area
3. Application Questions
   1. Agency Description and Capacity
   2. Community Served and Geographic Area
   3. Expansion/Innovation
   4. Proposed Budget Summary
   5. Advance Fund Request
4. County Reserved Rights and Data Practices Reminders, and Responder Declarations

**For assistance with submitting this grant application or to ask questions, contact: Paul Carlson, paul.carlson@co.ramsey.mn.us**

**Questions must be received by 2:00 p.m., CDT, May 6th, 2025**

* 2 Optional Info sessions via Zoom will be
  + Wed. April 23rd, 2025, from **2:30 p.m. - 3:00 p.m.**
  + <https://zoom.us/j/94173810795?pwd=96fMDZqhl2ebPVMVglSVHMA4vw8G6Q.1>
  + Thurs. May 1st, 2025, from **12:00 p.m. - 12:30 p.m.**
  + <https://zoom.us/j/91797449507?pwd=dmmwZWWxRgnI71iglb0sce0GTVYlOL.1>
* 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 listed above.

**All applications must be received by 2:00 PM, CDT, May 14th, 2025**

**SECTION 1: 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.

|  |  |
| --- | --- |
| **​Agency Name​** | ​​ |
| **​​Mailing Address​​** | ​​ |
| **​CEO/Director/Administrator Name​** (authorized contract signatory) | ​​ |
| **​​Title​​** | ​​ |
| **​​Email​​** | ​​ |
| **​Phone​** | ​​ |
|  |  |
| **​Primary Contact Name​**  (day-to-day project) | ​​ |
| **Title​** | ​​ |
| **​Email​** | ​​ |
| **Phone​** | ​​ |

**If you are using a fiscal agent,** please provide the name of the agency and key contact information. Attach a letter of support with commitment for the duration of the contract.

|  |  |
| --- | --- |
| **​Fiscal Agent** |  |
| **Key contact name and title** |  |
| **​Email​** |  |
| **​Phone​** |  |

**SECTION 2: PUBLIC HEALTH PRIORITY AREA**

**Please check ONE priority area for which your agency is applying** **and indicate the total funding amount requested, UP TO a maximum of $34,000.**

|  |  |  |
| --- | --- | --- |
|  | **Public Health Priority Area** | **Amount Requested: \* UP TO a maximum of $34,000** |
|  | **Healthy Communities:** The applicant collaborates with Public Health to increase awareness and access to culturally informed public health information and programs which include healthy aging, Hmong health promotion, sexual violence services, adolescent health, child and teen checkups, mental health and wellbeing. Extra effort is made to reach racially and ethnically diverse communities, immigrant families and new Minnesotans who face the greatest health inequalities, language barriers, and/or may be isolated from county and other community services. | *Amount in dollars*. |
|  | **Women, Infants, and Children (WIC):** The applicant collaborates with Public Health to increase WIC program awareness and referrals of pregnant and postpartum women and their children so they may receive healthy food, nutrition education and lactation support. Extra effort is made to reach people early in pregnancy and multigenerational African American populations. | *Amount in dollars*. |
|  | **Family Health and Home Visiting:** The applicant collaborates with Public Health to promote equity in birth outcomes for racially and ethnically diverse communities, especially African American, Native American, Latino/x and immigrant populations. Extra effort is made to support families, fathers and other caregivers, to navigate care before and after birth and to increase cultural and community connections using a holistic approach. | *Amount in dollars*. |
|  | **Clinical Services:** The applicant collaborates with Public Health to increase awareness and access to vaccines and immunizations, tuberculosis care, sexual and reproductive health services such as HIV and STD testing and treatment, syringe services, wound care, naloxone training and outreach with people who use drugs and communities disproportionately impacted by overdose. | *Amount in dollars*. |
|  | **Environmental Health:** The applicant collaborates with Public Health to find creative ways to increase participation in food scraps collection, household hazardous waste drop-off and electronics recycling programs, especially within racially and ethnically diverse communities. They also increase awareness of the Environmental Center, the “one stop shop” for recycling and waste collection. | *Amount in dollars*. |
|  | **Climate Action:** The applicant collaborates with Public Health to increase awareness of climate change and its impacts on health as well as the county’s resources and programs to lessen those impacts. | *Amount in dollars*. |
|  | **Emergency Preparedness and Response**: The applicant collaborates with Public Health to increase awareness and access to culturally informed public health information before, during and after public health emergencies such as localized and pandemic infectious disease outbreaks, severe weather incidents and mass casualty and fatality incidents. Extra effort is made to reach racially and ethnically diverse communities. | *Amount in dollars*. |

**SECTION 3: Application Questions**

|  |
| --- |
| **a. Summary of proposed programs/services**  Provide a brief description of programs/services or work plan that supports the Public Health priority area selected above. Include a summary of **actions** your organization will take to implement what is proposed. Include evaluation of outreach and engagement efforts.  **Action** **Examples**: Building organizational capacity to sustain operations for teen HIV prevention clinic; develop a sustainable Healthy Aging education series for seniors; implement an embedded Community Health Worker program or service at your agency. |
| Click or tap here to enter text. |
| **b. Agency description and capacity (1/2 page maximum). Please include the following details:**   * The date your organization was created/founded. * A description of past innovative activities/programs/services and your ***capacity*** to be innovative again. * **A list of key staff** who will be involved, including their: skills, capacity, and experience.   **Example:** Amanda will be the lead community health worker; she will mentor 3 new community health workers given 20 years of clinic CHW experience and is in community college for health and nutrition. She will work 10 hours/week mentoring staff to build clinic CHW capacity and will work another 8 hours /week supporting elders at the food shelf who have special nutrition needs. Kristin will work 8 hours/month to provide surveys to our patients and food shelf patrons to gather feedback on improving services; she has 20 years of evaluation experience and is trained in Qualtrics survey platform. |
| Click or tap here to enter text. |
| **c. Community served and geographic area(s):** Describe where in Ramsey County Trusted Messenger activities will take place. Specify if you have capacity to pursue new or expand current community collaboration and impacts not only in Ramsey County but in adjacent counties, including Washington County.  **Reminder:** This is not a requirement for applicants but rather supports the goal to broaden the impact of this initiative. The vision is to center even more community voices that have a key role in building public health capacity across Minnesota.  **Examples of “community served”:** LGBTQIA+ Youth, Spanish speaking adults with children, African American elders. OTHER examples: Racially and ethnically diverse communities; immigrant families and new Minnesotans who face the greatest health inequalities, language barriers, and/or may be isolated from county and other community services.  **Examples of “geographic area”:** District 10; Frogtown and Rondo neighborhoods; Senior high-rise apartment complexes in East St. Paul. |
| Click or tap here to enter text. |
| **d. Expansion and Innovation:** Specify innovative ways you will expand your current work or implement new ideas to impact communities within the Public Health priority area selected above.Include how you will be creative and allow for learning along the way. Share how you will gather information on what worked and what may not have worked as anticipated. |
| Click or tap here to enter text. |

**f. Proposed Budget Summary**

Please complete the proposed budget summary below including the **total funding amount requested** 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: Accounting Contact is who will submit invoices.** | |
| Agency Name | *Click or tap here to enter text.* |
| 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.* |

|  |  |
| --- | --- |
| **Proposed Budget Summary:** Include details of projected expenses in each line item | |
| **Budget Category** | **Requested Amount per category** |
| **Salaries/Fringe -** Include each staff person’s rate of pay and total salary and fringe projection, assuming a 12-month initial contract term: *Click or tap here to enter text* | $ |
| **Contracted Services –** Examples: certified interpreters; healers; musicians, resilience trainers.  *Click or tap here to enter text* | $ |
| **Space/Technology -** Examples: event space/rental; new computer charging cord.  *Click or tap here to enter text* | $ |
| **Supplies/Equipment -** Examples: food/catering; table for tabling at events.  *Click or tap here to enter text* | $ |
| **Communication/Marketing –** Examples: printing fees; Zoom subscription.  *Click or tap here to enter text* | $ |
| **Travel** – Mileage will be at the federal mileage rate. *Click or tap here to enter text* | $ |
| **Other –** Examples: gift cards or other community incentives; internal professional development for agency staff (conference registration/hotel/per diems).*Click or tap here to enter text* | $ |
|  |  |
| Subtotal | $ |
|  |  |
| **Administrative Costs –** Include details. Costsnot to exceed 15% of Subtotal.  *Click or tap here to enter text:* | $ |
|  |  |
| **Total Amount Requested**  **\*up to a maximum of $34,000** | **$** |

**\* 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: accounting, administrative, and costs to operate and maintain facilities. Enter descriptions of your administrative costs and % rate you are requesting.

**g. Advance Fund Request**

If you are requesting advance funds, please specify it below. The County understands that there may be instances where an Eligible Grantee may need financial support to start service. Eligible Grantees may request an advance payment up to 25% of their total budget, based on need. All advance fund requests will go through an internal review process which requires an Advance Fund Request form capturing details of the request, including agreed payback schedule. As part of the advance fund request, the County may request supporting document(s), etc. There is no guarantee that a 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 of: $\_\_\_

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

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

1. Competition in Responding

The County desires open and fair competition. Questions from responders regarding any of the requirements of the Solicitation must be submitted in writing to the Purchasing and Contracting Contact listed in the Solicitation before the due date and time. If changes are made, the County will issue an addendum.

Any evidence of collusion among responders in any form designed to defeat competitive responses will be reported to the necessary authorities for investigation and appropriate action.

1. Addenda to the Solicitation

Changes to the Solicitation will be made by addendum and posted in the same manner as the original Solicitation. Any addenda issued will become part of the Solicitation.

1. Responder’s right to edit, submit, resubmit and/or cancel or withdraw its response

A responder may edit, submit, resubmit and/or cancel or withdraw its response at any time before the response due date. Requests should be submitted in writing via e-mail to the Purchasing and Contracting contact listed the instructions.

1. Responses will not be returned

Upon submission, responses will not be returned.

1. Rights Reserved

The County reserves the right to:

· Reject any and all responses received;  
· Waive or modify any informalities, irregularities, or inconsistencies in the responses received;  
· Negotiate with the highest scoring Responder(s);  
· Terminate negotiations and select the next response providing the best value for the County;  
· Short list the highest scoring Responders;  
· Require Responders to conduct presentations, demonstrations, or submit samples;  
· Interview key personnel or references;  
· Request a best and final offer from one or more Responders; and  
· The County reserves the right to request additional information.

1. Public disclosure of response documents

All materials submitted in response to this Solicitation will become property of the County. During the evaluation process, all information concerning the responses submitted will remain private or nonpublic and will not be disclosed to anyone whose official duties do not require such knowledge. Responses are private or nonpublic data until the completion of the evaluation process as defined by Minn. Stat. § 13.591. The completion of the evaluation process is defined as the County having completed negotiating a contract with the selected contractor(s). The County will notify all responders in writing of the evaluation results.

1. Trade secret information

Responders must not submit trade secret material as part of their response, as defined by Minn. Stat. § 13.37. The County does not consider cost or prices to be trade secret material, as defined by Minn. Stat. § 13.37. A Responder may present and discuss trade secret information during an interview or demonstration with the County, if applicable.

In the event trade secret data are submitted, Responders must defend any action seeking release of data it believes to be trade secret, and indemnify and hold harmless the County, its agents, and employees, from any judgments awarded against the County in favor of the party requesting the data, and any and all costs connected with that defense.

1. Conditions of Offer

Unless otherwise approved in writing by the County, Responder’s cost proposal and all terms offered in its response that pertain to the completion of professional services will remain firm for 180 days, until they are accepted or rejected by the County, or they are changed by further negotiations with the County prior to contract execution.

1. Award

Any award that may result from this Solicitation will be based upon the total accumulated points as established in the Solicitation. The County reserves the right to award this Solicitation to a single Responder, or to multiple Responders, whichever is in the best interest of the County, providing each Responder is in compliance with all terms and conditions of the Solicitation. The County reserves the right to accept all or part of an offer, to reject all offers, to cancel the Solicitation, or to re-issue the Solicitation, whichever is in the best interest of the County.

1. Responder’s costs

The County shall not be responsible for any costs incurred by Responder in connection with this Solicitation. Responder shall bear all costs associated with response preparation, submission, and attendance at interviews, or any other activity associated with this Solicitation or otherwise.

1. Responder’s ideas

Upon submission, a solicitation response becomes the property of the County and will not be returned. All information included in the submitted solicitation response will be classified in accordance with Minnesota State law governing data practices.

1. Requirements Prior to Contract Execution

Prior to contract execution, a responder receiving a contract award must comply with any submittal requests. A submittal request may include, but is not limited to, a Certificate of Insurance.

**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​ | ​​ |
| Authorized Signature | ​​ |
| Printed Name | ​​ |
| Title |  |
| Date |  |
| Phone Number |  |
| Email Address |  |