**APPLICATION FORM**

**Trusted Messenger Initiative (TM), 2024-2025**

**Application posted Monday, July 15, 2024**

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 voice 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 $36,000 each, to support activities through June 30, 2025.

* 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 Dakota 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 supports the goal to broaden the reach of this initiative. The vision for the Trusted Messenger Initiative is to center even more community voices that have a key role in building public health capacity across Minnesota.

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:** 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:** [**Expenditure.Grant@co.ramsey.mn.us**](mailto:Expenditure.Grant@co.ramsey.mn.us)

**The application includes the following:**

* Section 1: Applicant Information
* Section 2: Public Health Priority Area
* Section 3:
  1. Summary of Public Health Priority Area and Proposed Programs/Services
  2. Agency Description and Capacity
  3. Community Served
  4. Geographic Area
  5. Expansion/Innovation
  6. Proposed Budget Summary
  7. Advance Fund Request
* Section 4: County Reserved Rights and Data Practices Reminders, and Responder Declarations

**For assistance with submitting this grant application, contact:**

**Fouatee “Tee” Vang, Contract Manager**

Fouatee.vang@co.ramsey.mn.us I 651-266-8078

**To ask questions about this grant application, contact:**

**Fouatee “Tee” Vang, Contract Manager**

[fouatee.vang@co.ramsey.mn.us](mailto:fouatee.vang@co.ramsey.mn.us) I 651-266-8078

**Questions must be received by 4:00 p.m., CST, Monday, August 5, 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 must be received by 4:00 PM, CST, Monday, August 12, 2024**

**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​** | ​​ |
| **​​Title​​** | ​​ |
| **​​Email​​** | ​​ |
| **​Phone​** | ​​ |
|  |  |
| **​Primary Contact Name​** | ​​ |
| **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.**

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

**SECTION 2: PUBLIC HEALTH PRIORITY AREA**

**Please mark ONE priority area for which your agency is applying** **and indicate the total funding amount requested, UP TO a maximum of $36,000.**

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| --- | --- | --- |
|  | **Public Health Priority Area** | **Amount Requested: \* UP TO a maximum of $36,000** |
|  | **Healthy Communities:** The applicant collaborates to increase awareness and access to culturally informed public health information and programs which include healthy aging, Hmong health, sexual violence services, adolescent health, and child and teen checkups. 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 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 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 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 for people using drugs. | *Amount in dollars*. |
|  | **Environmental Health**: The applicant collaborates to find creative ways to increase participation in food scraps pick-up, household hazardous waste drop-off and electronics recycling programs, especially within racially and ethnically diverse communities. They also increase awareness of the Environmental Service Center, the future “one stop shop” for recycling and waste collection. | *Amount in dollars*. |
|  | **Climate Action:** The applicant collaborates to increases 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*. |

**SECTION 3: Summary of Public Health Priority Area and Proposed Programs/Services; Agency Description and Capacity; Community Served; Geographic Area; Expansion and Innovation; Proposed Budget; and Advance Fund Request**

Please answer each question below.

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| --- |
| **a. Summary of Public Health priority area and proposed programs/services**  Provide a brief description and/or work plan that supports your Public Health priority area. Include a summary of actions your organization will take during the term of the grant to address this priority area. **Action** **Examples**: Building organizational capacity to serve; developing or implementing programs/services; evaluation of outreach and engagement efforts, other. |
| 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.  - 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 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**. **Please identify the community (focus population) for your organization. Examples:** Youth, Adults, Elders, 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. |
| Click or tap here to enter text. |
| **d. Describe the geographic area(s) in Ramsey County where Trusted Messenger activities will take place.** Specify if you have capacity to pursue new or expand current community collaboration not only in Ramsey County but in adjacent counties including Dakota County for co-learning and community reach with like-minded organizations. **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. |
| Click or tap here to enter text. |
| **e. Describe innovative goals to expand current community impacts in your selected Priority Area.** 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** for the entire contract term of September 30, 2024 – June 30, 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** | |
| Agency Name | *Click or tap here to enter text.* |
| Contract Term | September 30, 2024 – June 30, 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.* |

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| --- | --- |
| **Proposed Budget Summary** | |
| **Category** | **Requested Amount per category** |
| Salaries and Fringe | $ |
| Sub-Contractor(s), (including certified interpreters; healers; musicians) | $ |
| Space/Technology Fees | $ |
| Supplies and Equipment (including food/catering) | $ |
| Communication or Marketing (including printing) | $ |
| Travel (at the federal mileage rate) | $ |
| Other (including gift cards; incentives; professional development opportunities) | $ |
|  |  |
| Subtotal | $ |
|  |  |
| Administrative Costs\*, not to exceed 10% of Total Salary & Fringe | $ |
|  |  |
| **Total Amount Requested \* UP TO a maximum of $36,000** | **$** |

**\* 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 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 up to the maximum rate of 10%, itemize specific administrative costs related to this project, or if administrative costs exceed 10%, please provide an explanation below or evidence of a federally approved indirect cost rate.

**g. 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 Trusted Messenger Initiative 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. 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 |  |