

REQUEST FOR FUNDING

The Opioid Steering Committee and Beltrami County Board of Commissioners would like to invite our community partners to submit a request for funding application.

Applications are due by February 29, 2024, and recipients of the Opioid Settlement Funds will be notified by April 22, 2024.

Submit questions to:

AMY BOWLES, PUBLIC HEALTH DIRECTOR

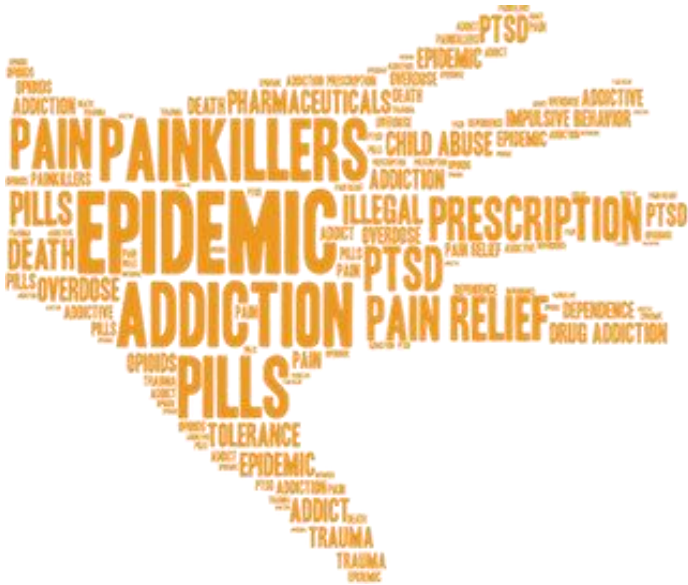
amy.bowles@co.beltrami.mn.us

<https://www.co.beltrami.mn.us/index.html>

218-333-8116

616 America Ave NW

Bemidji, MN 56601



Beltrami County and Opioid Steering Committee: Call to Action and Remediation Uses for Settlement Dollars

REQUEST FOR PROPOSALS (RFP)

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RFFA Part 1: Overview

1.1 General Information

- **Announcement Title:** Beltrami County and Opioid Steering Committee: Call to Action and Remediation Uses for Settlement Dollars
- **Beltrami County Website:** [Beltrami County Minnesota](#)
- **Application Deadline:** February 29, 2024

1.2 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

This is a competitive grant with a total estimated \$250,000 for funding period one May 2024-December 2025.

| Funding | Funding Period 1 May 2024 – December 2024 | Funding Period 2 May 2025 – December 2026 |
|----------------------------|--|--|
| Estimated Amount to Fund | TBD | TBD |
| Estimated Number of Awards | TBD | TBD |
| Estimated Award Maximum | \$50,000 | TBD |
| Estimated Award Minimum | \$5,000 | TBD |

Future Funding

Future funding will be made available to competitively apply for at the end of the first grant period.

Project Dates

The estimated funding start date is based on contract agreement and awardee acceptance of funding.

1.3 Eligible Applicants

Eligible applicants must meet the criteria of this application. The goal of this funding is to facilitate the growth of services provided in Beltrami County through establishing new or expanding existing programs. Successful applicants will be working to make a sustainable impact through activities that support one or more of the following categories: harm reduction, prevention, criminal justice, treatment and recovery.

Approved Activities

The Minnesota Opioids State-Subdivision and Memorandum of Agreement includes a list of opioid remediation uses. The intent of these activities is not intended to limit the work of Beltrami County organizations, the county is held accountable to report on remediation uses within these categories on a yearly basis.

- A. Treatment:
 - (1) Treat Opioid Use Disorder (OUD)
 - (2) Support People in Treatment and Recovery
 - (3) Connect People Who Need Help to the Help They Need (Connections to Care)
 - (4) Address the Needs of Criminal Justice-Involved Persons
 - (5) Address the Needs of the Perinatal Population, Caregivers, and Families, including Babies with Neonatal Opioid Withdrawal Syndrome (NAS)
- B. Prevention:
 - (1) Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
 - (2) Prevent Misuse of Opioids
 - (3) Prevent Overdose Deaths and Other Harms (Harm Reduction)
- C. Other Strategies
 - (1) First Responders
 - (2) Leadership, Planning, and Coordination
 - (3) Training
 - (4) Research
 - (5) Post-Mortem

Recipients of the Opioid Settlement funds from Beltrami county will, in their role, lead efforts that build upon local efforts that support community health improvement plans, while fostering community focused and collaborative evidence-informed approaches that prevent and address addiction across the areas of public health, human services, and public safety.

1.5 Questions and Answers

All questions regarding this RFFA must be submitted by email to amy.bowles@co.beltrami.mn.us.

RFFA Part 2: Funding Details

2.1 Priorities

Health Equity Priorities

It is the intent of the Opioid Steering Committee and Beltrami County Board to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making.

Opioid funding shall be used to support new or existing services in **Beltrami County** that is sustainable.

This funding will serve Beltrami County residents experiencing health disparities such as:

- Poverty
- Racial and ethnic discrimination
- Disability
- Lack of insurance
- Transportation
- Geographic location
- Age
- Concerns about confidentiality
- Incarceration
- Children of caregiver with Opioid Use disorder (OUD)
- Mental health, historical trauma

Grant outcomes will include:

- Report supporting success of project work.
- Number of individuals served or impacted.
- At end of the project, Opioid Steering Committee and Beltrami County will assess continued funding based on sustainment, outcomes, and success.

2.2 Eligible Projects

The applicant recipients shall choose from one of the Opioid Remediation Uses and consider:

- The State Memorandum [MN MoA.pdf \(state.mn.us\)](#)
- Assessing community need
- Committing to lessening and/or impacting [Drug Overdose Dashboard - MN Dept. of Health](#)
- Creating and/or implementing practices and/or programs that prevent opioid use, including youth education.

BELTRAMI COUNTY OPIOID SETTLEMENT: GRANT APPLICATION

All grantees will agree to the following grant requirements:

1. Work collaboratively with the Beltrami County Public Health Chief Strategists, Opioid Steering Committee, and Beltrami County Board of Commissioners.
2. Submit detailed budget expenses by October 5, 2024, and January 5, 2025, July 5 2025, January 5, 2026
3. Submit data to support project work twice per year, following the expense report schedule.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Per the MOA, Opioid Settlement Funds can only be utilized for future remediation activities.

All questions regarding spending will be directed to amy.bowles@co.beltrami.mn.us

2.3 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing a broad range of professionals with experience in program planning and project management, knowledge of health services, clinic experience, adolescent development, schools, and experience with grant writing and reviewing grants. Reviewers will be required to identify any conflicts of interest and steps will be taken to mitigate the conflict or the reviewer will not review an application if a conflict is identified. The review committee will evaluate all eligible and complete applications received by the deadline.

RFFA Part 3: Application and Submission Instructions

3.1 Application Deadline

| Application Due Date | Application Submission |
|---|---------------------------------------|
| February 29, 2024, no later than 11:59 p.m. | Email to amy.bowles@co.beltrami.mn.us |

Late applications will not be accepted. It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever.

3.2 Application Instructions

You must submit the following forms in the order listed below for the application to be considered complete:

- Form A: Application Face Sheet
- Form B: Project Narrative, 12-point font, single spaced, maximum 4 pages
- Form C: Budget Justification, 12-point font, single spaced, maximum 4 pages
- Form D: Due Diligence

Form A: Application Face Sheet

General Applicant Information – you can use this form

Applicant Legal Name (do not use a “doing business as” name, must match what is in SWIFT if a current vendor):

Business Address (street, city, state, zip):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

Director of Applicant Agency Information

Name:

Business Address (street, city, state, zip):

Phone Numbers:

Email:

Financial Contact for this Application

Name:

Phone Numbers:

Email:

Contact Person for this Application:

Name:

Business Address (street, city, state, zip):

Email:

Requested Funding

Total Amount Requested \$

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency’s governing board of the agency’s intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant: _____

Date of Signature: _____

Form B: Project Narrative

Overview (you can type in this space below)

Describe how you will use the Opioid funding and your agency’s capacity to effectively provide services with your targeted populations.

Remember, this funding cannot be used to pay for past services, but per the MOA must be used to pay for services that take place after the initiation of the grant. Evidence-Based Research and Models are encouraged by the MOA.

Organizational Capacity to Support SBHC Services Your Organization’s Background

Briefly describe your organization and tell why it will be successful by answering the questions below in the “response” box.

| QUESTION | REPNSE |
|--|--------|
| What is your organization’s history, current mission, and goals? | |
| Describe your organization and tell why it will be successful. | |

Project Narrative

Describe your project in detail in the “response box”.

| Question | Response |
|--|----------|
| What are the goals and objectives for your project (please include a timeline)? | |
| What geographic area is being served? | |
| Describe the population to be served. | |
| Describe your collaborating partners. | |
| Describe your needs assessment and identify any unmet needs, gaps or barriers and explain how receiving this funding would address these gaps. | |

Form C: Budget Justification – Instructions

Introduction

You will need to account for all your program costs under six different line items. The following paragraphs provide detailed information on what costs can go into those six lines. You will be required to show detailed calculations to support your costs. Failure to include the required detail could result in a delayed grant agreement if your application is selected for funding.

Salary and Fringe:

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant, the expected rate of pay, and the total amount applicant expects to pay the position for the year. Grant funds can be used for salary and fringe benefits for staff members *directly* involved in applicant's proposed activities.

Contractual Services

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual Services budget line item in the proposed budget.

Applicant responses must include:

- Description of services to be contracted;
- Anticipated contractor/consultant's name (if known) or selection process to be used;
- Length of time the services will be provided; and
- Total amount to be paid to the contractor.

Travel

List the expected travel costs for staff working on the grant, including mileage, parking, hotel, and meals. **List any minimum travel requirements of the grant such as attending a statewide trainings/conference, etc. If none, delete these instructions.**

Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment.

Other

Include in this section any expenses the applicant expects to have for other items that do not fit in any other category. Some examples include but are not limited to staff training and incentives. Funds cannot be used for cash assistance paid directly to individuals.

Indirect Costs

Indirect costs are expenses of doing business that cannot be directly attributed to a specific program or budget line item. The following are examples that could be included in indirect costs:

The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a **maximum of 10%**.

Salary and Fringe

Justification:

Fringe Benefits Breakdown:

Total Salary and Fringe Requested \$ _____

Travel

Justification:

Total Travel Requested \$ _____

Supplies and Expenses

Justification:

Total Supplies and Expenses Requested \$ _____

Contractual

Justification:

Total Contractual Requested \$ _____

5. Other

Justification:

Total Other Requested \$ _____

Direct Cost Total

Add up the totals.

Subtotal \$ _____

Indirect

If applicable, enter the indirect cost rate being requested. The maximum that can be used is 10%.

_____ %

Multiply the indirect percentage by the Subtotal and enter the dollar amount here. Be sure to use whole dollar amounts, no decimals.

\$ _____

Total

This is the sum of line 6 (subtotal) and line 7 (indirect). Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. Use whole dollar amounts, no decimals.

Total \$ _____

Form D: Due Diligence Form

Section 1: Organization Structure

1. How many years has your organization been in existence?

Less than 5 years

5 or more years

2. How many paid employees does your organization have (part-time and full-time)?

1

2-4

5 or more

3. Does your organization have a paid bookkeeper?

No

Yes, an internal staff member

Yes, a contracted third party

Section 2: Systems and Oversight and Financial Health

4. Does your organization have internal controls in place that require approval before funds can be expended?

No

Yes

5. Does your organization have written policies and procedures for the following processes?

- Accounting
- Purchasing
- Payroll

No

Yes, for one or two of the processes listed, but not all

Yes, for all of the processes listed

6. Can your organization's accounting system identify, and track grant program-related income and expense separate from all other income and expense?

No

Yes

7. Are there any unresolved findings or exceptions?

No

Yes

8. From how many different funding sources does total revenue come from?

1-2

3-5

6+

9. From how many different funding sources does total revenue come from?

1-2

3-5

6+

Signature

I certify that the information provided is true, complete, and current to the best of my knowledge.

- **SIGNATURE:**

- **NAME & TITLE:**

- **PHONE NUMBER:**

- **EMAIL ADDRESS:**

RFFA Part 4: Appendix

Appendix A: Criteria for Scoring

A numerical scoring system will be used to evaluate eligible applications. Reviewers are also encouraged to provide comments along with their scores. Scores will be used to develop final recommendations. Applicants are encouraged to score their own application using the evaluation scoresheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Point System

- 5 points: Excellent
- 4 points: Very Good
- 3 points: Good
- 2 points: Somewhat poor
- 1 point: Poor

| Project Narrative |
|---|
| Goals and objectives |
| Collaboration descriptions |
| Geographical area targeted |
| Describe the population served |
| Describe the gaps or barriers that this project would address |
| Timelines |
| Unmet need / needs assessments |

| Budget and Budget Justification |
|---|
| Due Diligence Review Form |
| Accuracy of proposed budget |
| Detailed budget narrative |
| Budget narrative is consistent with the proposed objectives |

BELTRAMI COUNTY OPIOID SETTLEMENT: GRANT APPLICATION

| Diversity in Funding |
|---|
| Cultural competency / linguistic competency |
| Ability to address health equity |
| Target populations |
| Unmet need / needs assessments |
| Geographical area targeted |

| Program Specific Section |
|---|
| Meet the funding criteria |
| Plan for meeting community gaps, community needs, and focus on population impacted by opioids |