



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

REQUEST FOR PROPOSALS (RFP)

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<https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

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Questions and Answers:

- **FAQ:** Please submit questions about process, priorities, and application to amy.bowles@co.beltrami.mn.us.

RFP 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:** <https://www.co.beltrami.mn.us/services/public-health/>
- **Application Deadline:** February 27, 2026 by Noon.

1.2 Funding and Project Dates

Funding

This is a competitive grant with a total estimated \$70,000 for funding period Three (3) from July 2026- December 2027. For collaborative projects a larger award maximum may be considered.

Funding	Funding Period 3 July 2026 – December 2027	Funding Period 4 July 2027 – December 2028
Estimated Amount to Fund	\$70,000	\$70,000
Estimated Number of Awards	TBD	TBD
Estimated Award Maximum	\$30,000	TBD

Project Dates

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

1.3 Eligible Applicants

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 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.

Reference the Beltrami County 2025-2030 CHA/CHIP:

https://www.co.beltrami.mn.us/media/bdpbhcd0/final-cha-chip-booklet_2025.pdf

RFP 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.

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
- Transportation
- Age
- 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 \(state.mn.us\)](https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/)
 - <https://www.co.beltrami.mn.us/services/public-health/opioid-steering-committee/>

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 15, 2026, and January 15, 2027, July 15, 2027, and January 15, 2028 (quarterly)
3. Submit data to support project work by October 15, 2026, and January 15, 2027, July 15, 2027, and January 15, 2028 (quarterly)

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 the Opioid Steering Committee. The final approval will be made by the Beltrami County Board of Commissioners.

RFFA Part 3: Application and Submission Instructions

3.1 Application Deadline

Application Due Date	Application Submission
February 27, 2026, no later than 12:00 PM (Noon).	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. Application will receive a confirmation email from amy.bowles@co.beltrami.mn.us once application is received.

3.2 Application Instructions

Please use the attached forms in the order listed below for the application to be considered complete:

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

Applicants needing the application in a different format, please email amy.bowles@co.beltrami.mn.us for a word document. Applicants are not required to use the format provided. Applicants are required to ensure all forms are complete when submitted.

Form A: Application Face Sheet

General Applicant Information – you can use this form or create your own, be sure to answer all questions completely using 12-point font.

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

Project Overview (you can type in this space, if you create your own template clearly label each section)

Choose one project and describe in a few paragraphs how you will use the opioid funding. Why will your project be successful.

Organizational Capacity to Support Services or Activities and Your Organization's Background

Briefly describe your organization and tell why it will be successful by answering the questions below:

QUESTION	REPNSE
What is your organization's history, current mission, and goals?	
Describe your organization and tell why it will be successful with the funding.	

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: The following paragraphs provide detailed information on what costs go into each category. You will be required to show detailed calculations to support your costs (Please use the template following descriptions for narrative and expense break down).

Funding Descriptions:

Salary and Fringe:

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant, how this position supports the proposed project, and how this position aligns with the MN State MOU.

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 and name
- How will this contractual service enhance or support the success of your project

Travel

List training, required travel, and expected outcomes for your proposed project related to travel expenses.

Supplies and Expenses

Briefly explain the expected costs for items and services the applicant will purchase for the proposed project. These might include additional telephone equipment; postage; printing; photocopying; office supplies; training materials; and equipment. How do these purchases support the success of your proposed project

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 project 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. You are not required to request funding to cover indirect costs. 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%**.

Budget Template: you can use this form or create your own and use whole dollars.

Salary and Fringe

Narrative:

Fringe Benefits Breakdown:

Total Salary and Fringe Requested \$_____

Travel

Narrative:

Calculations:

Total Travel Requested \$_____

Supplies and Expenses

Narrative:

Calculations:

Total Supplies and Expenses Requested \$_____

Contractual

Narrative:

Calculations:

Total Contractual Requested \$_____

Other

Narrative:

Calculations:

Total Other Requested \$_____

Indirect

If applicable, enter the indirect cost rate being requested (10%).

_____ %

Total

This is the total sum of funding being requested by applicant.

Total \$_____

Form D: Due Diligence Form

Section 1: Organization Structure	
1.	<p>How many years has your organization been in existence?</p> <p><input type="checkbox"/> Less than 5 years</p> <p><input type="checkbox"/> 5 or more years</p>
2.	<p>How many paid employees does your organization have (part-time and full-time)?</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2-4</p> <p><input type="checkbox"/> 5 or more</p>
3.	<p>Does your organization have a paid bookkeeper?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, an internal staff member</p> <p><input type="checkbox"/> Yes, a contracted third party</p>
Section 2: Systems and Oversight and Financial Health	
4.	<p>Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
5.	<p>Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> • Accounting • Purchasing • Payroll <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all</p> <p><input type="checkbox"/> Yes, for all the processes listed</p>
6.	<p>Can your organization's accounting system identify, and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

BELTRAMI COUNTY OPOID SETTLEMENT: GRANT APPLICATION

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:**

RFP 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.* Do not submit with your application.

Point System: *Total points per application available 65*

Below are examples of the scoring system and definitions points awarded.

- **5 points:** Maximum impact, innovative, high impact to Beltrami community, Evidence-based.
- **4 points:** Very Good, likely to influence, sustainable, clear, consistent, substantial rationale.
- **3 points:** Good, likely sustainable, community need, minor weaknesses, or errors.
- **2 points:** Somewhat poor, unlikely sustainable, shortcoming that affect impact of success.
- **1 point:** Poor, didn't follow directions, doesn't align with remediation uses, not sustainable.
- **0 point:** Missing or not submitted, not eligible for funding.

Form B: Project Narrative	Points Available
Project Overview: use of Evidence-Based Research and Models	0-5
History, mission, goals	0-5
Projected success of organization	0-5
Project goals and objectives	0-5
Geographic area and population served	0-5
Collaborating Partners	0-5
Unmet needs, needs assessments, gaps	0-5
Total Score for form B	0-35

BELTRAMI COUNTY OPIOID SETTLEMENT: GRANT APPLICATION

Form C: Budget and Budget Justification	Points Available
Budget applicable to remediation use	0-5
Budget narrative is clear and consistent with the proposed objectives	0-5
Total Score for form C	0-10

Application Overall	Points Available
Application Face Sheet (Form A)	0-5
Project Narrative followed 12-point font, single spaced, maximum 4 pages (Form B)	0-5
Budget Justification followed 12-point font, single spaced, maximum of 4 pages (Form C)	0-5
Due Diligence complete (Form D)	0-5
Total Points	0-20

Reviewer notes:

Not Scored	Yes, No, Comments
Did applicant receive previous funding from Beltrami County Opioid Settlement funds?	Yes or No
A. If Yes, did applicant use funds appropriately, meet goals set in prior project and goals, and comply with contract?	Comments:
B. If no, did applicant apply for prior funding?	Yes or No
C. If applicant applied and not awarded, why?	Comments:
D. Recommend for funding (amount), why?	Comments: